Form **990** 

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Department of the Treasury Internal Revenue

# **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)

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

OMB No 1545-0047 Open to Public Inspection

Serv	vice								
A F	or the	2006 calendar y	ear, or tax year beginning	g 07-01-2006 and endin	g 06-30-2007	,	D Empl	over i	dentification number
_		pplicable Please	C Name of organization THE CENTER FOR RURA	L			-	-	
	ddress ch	label or	DEVELOPMENT INC	O box if mail is not delivered	to atreat addres	al Deam /austa		2913 hone	04 number
ГΝ	ame cha	nge <b>print or</b> type. Se	2202 € 11/1/2 27	O DOX II Maii is not delivered	to street addres	s) Room/suite	-		
☐ Ir	nitial retu			uptry and 7ID ± 4					ethod Cash Accrual
F	ınal retur	n tions.	SOMERSET, KY 42501	and Zir + 4				_	ecify) ⊫ ecify) ⊫
┌ A	mended	return					, 00.	nei (sp	
ГА	pplication	pending							
				and 4947(a)(1) nonexemp					section 527 organizations
		trusts	s must attach a completed	Schedule A (Form 990 or 9	90-EZ).		-		or affiliates? Yes No
G V	Neb sit	e: ► WWW CENT	ERTECH COM			H(b) If "Yes			
1 6		*** - * * · · · · · / ab a al · · · ·	-by one) <b>In IZ (11</b> F01/6) (2)	) ◀ (insert no )	1) or				See instructions )
					<u> </u>	H(d) Is this	a separate	e retur	n filed by an organization
				porting organization <b>and</b> its gro t if the organization chooses to			d by a gro		
		file a complete retu		· · · · · · · · · · · · · · · · · · ·		I Grou	Exemp	tion N	lumber ►
	~ ~ ~ ~ ~ ~	againts. Add line	s 6b, 8b, 9b, and 10b to	line 12 h 20 127 042		M Check	<b>▶</b> ∏ if	the org	janization is <b>not</b> required to
	art I				. Fund Bal				0, 990-EZ, or 990-PF)
	1		rfts, grants, and similar a	ges in Net Assets or	r Fund Bai	ances (See	tne II	ISTFL	ictions.)
	a		o donor advised funds		1a				
	ь		pport (not included on lin		1b	8	0,163		
	c	•	support (not included on l	•	1c		8,100		
	d	•	ntributions (grants) (not i	•	1d				
				•					
	e	<b>Total</b> (add lines 1a through 1d) (cash $$6,015,964$ noncash $$18,960,523$ )  Program service revenue including government fees and contracts (from Part VII, line 93).						1e 2	24,976,487
	3	Membership dues and assessments						3	2,889,579
	4	·					·  -	4	66,139
	5		st on savings and temporary cash investments					5	00,139
	6a	Gross rents .			   6a		4,005	-	
	ь		enses		6b	10	+,003		
	c	•		6b from line 6a				6c	164,005
ıψ	7						H	7	101,000
Revenue	8a		om sales of assets	(A) Securities	<del></del>	(B) O ther	<del></del>	-	
Ω Ū			itory	(A) Securities	8a	(B) o the			
	ь		basis and sales expenses		8b				
	c		ittach schedule)		8c				
	d	, , ,	,	nns (A ) and (B)				8d	
	9			nedule) If any amount is			—		
	a				J J,		'		
		Gross revenue ( contributions re	not including \$ ported on line 1b)	or	9a				
	b	Less direct exp	enses other than fundra	sing expenses	9b				
	С	Net income or (I	oss) from special events	Subtract line 9b from line	e 9a			9c	
	10a	Gross sales of 11	nventory, less returns ar	nd allowances	10a				
	b	Less cost of go	ods sold		10b				
	С	Gross profit or (loss	) from sales of inventory (atta	ach schedule) Subtract line 10b	from line 10a			10c	
	11	Other revenue (	from Part VII, line 103)				. [	11	40,832
	12	Total revenue A	dd lines 1e, 2, 3, 4, 5, 6	c, 7, 8d, 9c, 10c, and 11			. [	12	28,137,042
	13	Program service	es (from line 44, column	(B))				13	7,422,129
ŷ	14	Management an	d general (from line 44, o	column (C))				14	2,124,438
Expenses	15	Fundraising (fro	m line 44, column (D))				. [	15	
Ж	16	Payments to affi	ılıates (attach schedule)					16	
	17	Total expenses	Add lines 16 and 44, col	umn (A )				17	9,546,567
ج ج	18	Excess or (defic	it) for the year Subtract	line 17 from line 12 .				18	18,590,475
Net Assets	19	Net assets or fu	nd balances at beginning	g of year (from line 73, co	lumn (A )) .		. [	19	5,021,988
<u> </u>	20	Other changes i	n net assets or fund bala	inces (attach explanation	)			20	
z —	21	Net assets or fu	nd balances at end of ye	ar Combine lines 18, 19,	and 20 .			21	23,612,463
_									= (0.00.6)

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	( <b>D</b> ) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	_				
221		22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	2,076,771	1,151,062	925,709	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	435,904	221,493	214,411	
29	Payroll taxes	29	178,412	98,092	80,320	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	54,992	28,030	26,962	
34	Telephone	34	142,235	71,732	70,503	
35	Postage and shipping	35	18,291	6,501	11,790	
36	Occupancy	36	210,700	209,992	708	
37	Equipment rental and maintenance	37	273,023	262,477	10,546	
38	Printing and publications	38	27,802	9,840	17,962	
39	Travel	39	196,275	101,257	95,018	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule) 🕏	42	348,775	348,775		
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
Ь		43b				
C		43c				
d		43d				
e		43e				
f ~		43f				
g	Total functional evacuace Add lines 32s through 42s	43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)  Costs. Check	44	9,546,567	7,422,129	2,124,438	0

If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_\_, (ii) the amount allocated to Program services \$\_\_\_\_\_, and (iv) the amount allocated to Fundraising \$\_\_\_\_\_\_

Form **990** (2006)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	nat is the organization's primary exempt purpose? ► TO PF		Program Service Expenses
pub	organizations must describe their exempt purpose achievements in a cleolications issued, etc. Discuss achievements that are not measurable. (So intable trusts must also enter the amount of grants and allocations to other	ection 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
а	THE CENTER FACILITATES REGIONAL DEVELOPMEN TECHNOLOGY, MANUFACTURING, COMMERCE, TRAD		
	(Grants and allocations \$ ) If th	nis amount includes foreign grants, check here 🕨 🦵	7,422,129
b			
	(Grants and allocations \$ ) If the	nis amount includes foreign grants, check here 🕨 🦵	
С			
d	· · · · · · · · · · · · · · · · · · ·	nis amount includes foreign grants, check here 🕨 🦵	
_			
	(Grants and allocations \$ ) If th	nis amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$ ) If th	nis amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equal line 44,	column (B), Program services)	7,422,129

						Page <b>4</b>
Part I	•					
Note:	Where required, attached schedules and amo column should be for end-of-year amounts or		he description	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	•		beginning of year	45	End of year
46	Savings and temporary cash investments		<b>⊢</b>	2,259,171	46	1,762,593
475	Accounts receivable	47a	764.725			
4/a	Less allowance for doubtful accounts	47a 47b	704,723	2.133.681	47c	764,725
	Less allowance for doubtral decounts	17.5				75 1,125
48a	Pledges receivable	48a				
Ь	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable			2,179,770	49	1,829,046
50a			50a			
h	key employees (attach schedule)  Receivables from other disqualified person		50a			
	4958(c)(3)(B) (attach schedule)	58(c)(3)(B) (attach schedule)				
51a	Other notes and loans receivable (attach schedule)	=1=				
ر ا ما	Less allowance for doubtful accounts	51a 51b			51c	
ମ୍ବଟ୍ଟ <b>52</b>	Inventories for sale or use				52	
ਤੱ   53	Prepaid expenses and deferred charges		410,382	53	112,895	
54a	Investments—publicly-traded securities		54a			
Ь	Investments—other securities (attach sch	ŗ	Cost FMV		54b	
55a	Investments—land, buildings, and	, , ,	'			
	equipment basis	55a				
Ь	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments—other (attach schedule) .				56	
57a	Land, buildings, and equipment basis	57a	21,128,447			
b	(		1,280,595	4 447 050		
58	schedule)	57b	1,200,595	1,117,856	57c	19,847,852
36	Other assets, including program-related in (describe -	ivestillellts				
			)		58	
59	Total assets (must equal line 74) Add line	s 45 through	158	8,100,860	59	24,317,111
60	Accounts payable and accrued expenses			2,423,801	60	371,017
61	Grants payable		<b>⊢</b>	1,013	61	96,592
62	Deferred revenue			270,875	62	19,530
্ৰ 63	Loans from officers, directors, trustees, an	nd key emplo	yees (attach			
'	schedule)				63	
ኔ; 64a	Tax-exempt bond liabilities (attach schedi	ule)	[		64a	
Ь	Mortgages and other notes payable (attacl	h schedule)	[		64b	
65	Other liablilities (describe ►			383,183	65	217,509
66	<b>Total liabilities</b> Add lines 60 through 65			3,078,872	66	704,648
	anizations that follow SFAS 117, check here					
g 67	67 through 69 and lines 73 and 74 Unrestricted			5,021,988	67	23,612,463
등 <b>67</b> 68 <b>69</b>	Temporarily restricted			3,021,900	68	25,012,405
등 69	Permanently restricted	<b>⊢</b>		69		
iii ora	anizations that do not follow SFAS 117, che		-			
D Org	complete lines 70 through 74					
는 등 70	Capital stock, trust principal, or current fu		70			
설 <b>71</b>	Paid-in or capital surplus, or land, building		71			
\$10\$ <b>71</b> 72 <b>72</b>	Retained earnings, endowment, accumulat	,	-		72	
ᆸ   73	Total net assets or fund balances Add lin					
2	through 72 (Column (A) <b>must</b> equal line 19	anu coluinr	(b) must equal	5,021,988	73	23,612,463
1	······ · · · · · · · · · · · · · ·	-,		1		

Par	tiv-A Reconciliation of Revenuthe instructions.)	ie per Audited Finai	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other suppor	t per audited financial sta	tements			a	28,137,042
ь	A mounts included on line <b>a</b> but not on	•					<u> </u>
1	Net unrealized gains on investments	•	Ь1	1			
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)					1	
			b4				
	Add lines <b>b1</b> through <b>b4</b>					ь	
c	Subtract line <b>b</b> from line <b>a</b>					С	28,137,042
d	A mounts included on Part I, line 12, bi	ut not on line <b>a</b>					
1	Investment expenses not included on	Part I, line	d1				
2	6b		41			1	
2	Other (specify)		d2				
	Add lines <b>d1</b> and <b>d2</b>						
e	Total revenue (Part I, line 12) Add lind					e	28,137,042
Par	IV-B Reconciliation of Expens		ncial St	atements	With Expe	nses pe	er Return
а	Total expenses and losses per audited	financial statements .				а	9,546,567
b	A mounts included on line <b>a</b> but not on	Part I, line 17					
1	Donated services and use of facilities		<b>b1</b>				
2	Prior year adjustments reported on Par 20	t I, line	b2				
3	Losses reported on Part I, line		b3				
4	Other (specify)		- 55				
-	o ther (speeny)		b4				
	Add lines <b>b1</b> through <b>b4</b> .					] ь	
c	Subtract line <b>b</b> from line <b>a</b>					С	9,546,567
d	A mounts included on Part I, line 17, b	ut not on line <b>a:</b>					
1	Investment expenses not included on	Part I, line					
	6b		d1				
2	Other (specify)		d2				
	Add lines <b>d1</b> and <b>d2</b>		- <u>""</u>			4	
e	Total expenses (Part I, line 17) Add li	nes <b>c</b> and					9,546,567
	d					e	- , ,
Par	director, trustee, or key eminstructions.)					not comp	
	(A) Name and address	<b>(B)</b> Title and average hours per week devoted to position		npensation <b>d, enter -0)</b>	employee bendered com	efit plans & pensation	<b>(E)</b> Expense account and other allowances
See A	dditional Data Table						
			-				<del> </del>

Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensated oprofessional and other independent contractors listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization have a written conflict inference plotter?  TYPE Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other Benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (B) Committees to majove benefits by an address of the instructions.)  (B) Committees to majove benefits by an address of the instructions.)  (C) Compensation place instructions is the person below and enter the amount of compensation or other benefits of the instructions of the instructions.)  (B) Committees to majove benefits by an address of the instructions.)  (C) Compensation place instructions or the inst	A Commant Officers Discrete	. Two tables and Ma	F	inad\			T	
A re any officers, directors, trustees, or key employees listed in Form 990, Part V - A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, and III-B, related to each other through family or business  The professional professional and other independent contractors listed in Schedule A, Part II, and III-B, related to each other through family or business  The professional professional and other independent contractors listed in Schedule A, Part II, and III-B, receive compensated professional and other independent contractors listed in Schedule A, Part II. and III-B, receive compensation for many other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related arganization".  If "Yes," attach a statement that includes the information described in the instructions  Does the organization have a written conflict of interest policy?  If "Yes," attach a statement that includes the information described in the instructions.  (a) Non-mer officers, princetors, Trustees, and Key Employees That Received Compensation or other benefits (If any former officer, director, trustee), or key employee received compensation or other benefits (If any former officer, director, trustee), or key employee received compensation or other benefits (If any former officer, director, trustee), or key employee received compensation or other benefits (If any former officer, director, trustee), or key employee received compensation or other benefits (If any former officer, director, trustee), or key employee received compensation or other benefits (If any former officer, director, trustee), or key employee received compensation or other trustees, and Advances  (a) Compensation of the first trustees and Advances  (b) Learns and Advances  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation	·		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Yes	No	
Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or Or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).  75b No any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. A or II-B, related to each other through family or business relationship(s).  75c No any officers, directors, trustees, or key employees listed in Schedule A, Part II. A or II-B, related to the origination from any other originations, whether tax exempt or related to the origination of "related origination" as the instructions from any other originations, whether displays the origination of "related origination" as a written conflict of interest policy?  75c No	Enter the total number of officers, directo	rs, and trustees permitte	_	n business at board				
employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or 11-8, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of related organization?  If "ves," attach a statement that includes the information described in the instructions.  The Benefits (If any former officer, director, frustees, and Key Employees That Received Compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation  (B) Contractions to implicate the amount of compensation or other benefits in the appropriate column. See the instructions.)  (B) Contractions to implicate the amount of compensation or other benefits in the appropriate column. See the instructions.)  (B) Contractions to implicate the amount of compensation or other benefits in the appropriate column. See the instructions.)  (C) Compensation  (D) Contractions to implicate the amount of compensation or other benefits in the appropriate column. See the instructions.)  (B) Contractions to implicate the amount of compensation or other lists of the instructions.)  (B) Contractions to implicate the instructions.)  (	<del>-</del>		· —					
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).  Do any officers, directors, structures, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of Terlated organization?  If "Yes," attach a statement that includes the information described in the instructions.  Does the organization have a written conflict of interest policy?  If "Yes," attach a statement that includes the information described in the instructions.  (A) Name and address. Directors, Trustees, and Key Employees That Received Compensation or other benefits in the appropriate column. See the instructions.  (B) It is the instructions.  (C) Compensation (C) Compensation or other benefits in the appropriate column. See the instructions.  (B) It is the instructions.  (C) Compensation or other benefits in the appropriate column. See the instructions.  (B) It is the instructions.  (C) Compensation or other benefits in the appropriate column. See the instructions.  (B) It is the instructions.  (C) Compensation or other benefits in the appropriate column. See the instructions.  (B) It is the instructions.  (C) Compensation or other benefits in the appropriate column. See the instructions.  (B) It is the instructions.  (C) Compensation or other benefits in the appropriate column. See the instructions.  (C) Compensation or other benefits or the instructions.  (C) Compensation or other benefits or the instructions.  (B) It is the instruction of the instructions.  (C) Compensation or other benefits or th				•				
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).  Do any officers, directors, fusices, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, and II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" and a statement that includes the information described in the instructions.  Trives," attach a statement that includes the information described in the instructions.  Trives Promer Officers, Directors, Trustees, and Key Employees That Received Compensation or other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Itams and Advances  (C) Compensation employee benefit spans and definition of the defi	employees listed in Schedule A, Part I, o	r highest compensated pr	ofessional and other inc	lependent				
Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".  If "Yes," attach a statement that includes the information described in the instructions.  Does the organization have a written conflict of interest policy?  75d No No Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Leans and Advances  (C) Compensation  (D) Confibitions to employe benefit plans and defermed unpulsable of defermed unpulsable of the instructions.)  Part VI Other Information (See the instructions.)  (E) Expense account and defermed unpulsable of defermed unpulsable of the instructions of	contractors listed in Schedule A , Part II-	contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business						
employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-3, receive compensation from any other organizations, whether tax exempt or traxable, that are related to the organization? See the instructions for the definition of "related organization" in "Yes," attach a statement that includes the information described in the instructions.  Does the organization have a written conflict of interest policy?  75d No Provide Provided Provi	relationships? If "Yes," attach a stateme	nt that identifies the indiv	iduals and explains the	relationship(s) .	75b		No	
No organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  To boos the organization have a written conflict of interest policy?  75d  No organization.  No organization are written conflict of interest policy?  75d  No organization are written conflict of interest policy?  75d  No organization are written conflict of interest policy?  75d  No organization are written conflict of interest policy?  75d  No organization are written conflict of interest policy?  75d  No organization are written conflict of interest policy?  75d  No organization are written conflict of interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict or interest policy?  75d  No organization are written conflict organization or other elements or the element organization or other benefits or the policy are written and enter the amount of compensation or other benefits or the policy are written and enter the amount of compensation or other benefits or the policy are written are written and enter the amount of compensation or other benefits or the policy are written and enter the amount of compensation or other benefits or the policy are written and enter the amount of compensation or other benefits or the policy are written and enter the amount of compensation or other benefits or the policy are written and enter the amount of compensation or other benefits and enter the amount of compensation or other benefits or the policy	Do any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V-A, or hig	hest compensated				
tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".  The definition of the defin	employees listed in Schedule A, Part I, o	r highest compensated pr	ofessional and other inc	lependent				
organization*	contractors listed in Schedule A , Part II-	·A or II-B, receive compe	nsation from any other	organizations, whether				
Does the organization have a written conflict of interest policy?  Type  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Othe Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.  (A) Name and address  (B) Loans and Advances  (C) Compensation (F) not paid enter -0-)  Do the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  Were any changes made in the organizating or governing documents but not reported to the IRS?  Type in the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 No  16 'Yes,' attach a conformed copy of the changes  Do the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 No  16 'Yes,' has it filled a tax return on Form 990-T for this year?  79 No  16 'Yes,' has it filled a tax return on Form 990-T for this year?  79 No  16 'Yes,' has it filled a tax return on Form 990-T for this year?  79 No  16 'Yes,' has it filled a tax return on form 990-T for this year?  79 No  16 'Yes,' and the organization of the organization   20 If 'Yes,' enter the name of the organization   21 And Check whether it is exempt or nonexempt	tax exempt or taxable, that are related to	the organization? See the	e instructions for the de	finition of "related	75c		No	
Does the organization have a written conflict of interest policy?    Tit V=B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other Bentits (If any former officer, director, fursite, fursi								
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Othe Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances (C) Compensation (C) Compensation (Finity paid enter-0-) and determine plans and determine plans and determine plans and determine plans and determine plans.  (E) Expense account a other allowances of the allowances	If "Yes," attach a statement that includes	the information describe	d in the instructions					
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Othe Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances (C) Compensation (C) Compensation (Finity paid enter-0-) and determine plans and determine plans and determine plans and determine plans and determine plans.  (E) Expense account a other allowances of the allowances	Does the organization have a written con	flict of interest policy? .			75d		No	
Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation (P) Contributions to employee benefit plans and deferred compensation of other allowances and deferred compensation of other allowances.  (C) Compensation (P) Contributions to employee benefit plans and deferred compensation or other benefits (P) Expense account a other allowances.  (B) Loans and Advances  (C) Compensation (P) Contributions to employee benefit plans and deferred compensation or other benefits (P) Contributions to employee benefit plans and deferred compensation or other benefits (P) Compensation (P) Contributions to employee benefit plans and deferred compensation or other benefits (P) Compensation (P) Contributions to employee benefit plans and element or each compensation of the allowances (P) Compensation (P) Contributions to employee benefit plans and element or each compensation of the allowances (P) Compensation (P) Compensati					satio	n or (	the	
TEVI Other Information (See the instructions.)  Dot the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	(described below) during the benefits in the appropriate of	e year, list that person column. See the instru	n below and enter the ctions.)	(D) Contributions to	sation	or oth	er ——	
TVI Other Information (See the instructions.)  Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  Were any changes made in the organizing or governing documents but not reported to the IRS?  77 No Dif "Yes," attach a conformed copy of the changes  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 No Sif "Yes," has it filed a tax return on Form 990-T for this year?  78 No Sif "Yes," has it filed a tax return on Form 990-T for this year?  79 No Sif be organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80 No Pif "Yes," enter the name of the organization and check whether it isexempt ornonexempt	(A) Name and address	(B) Loans and Advances	(If not paid enter -0-)		otl	ner allow	ances	
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change				ріалэ				
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change								
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change								
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	The Thermation (See the	instructions )				<b>3</b> 4		
detailed statement of each change	·					Yes	No	
Were any changes made in the organizing or governing documents but not reported to the IRS?	•	-	·					
If "Yes," attach a conformed copy of the changes  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78a No  18b No  18 If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach  a statement  19 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  19 If "Yes," enter the name of the organization   and check whether it is   exempt or   nonexempt	detailed statement of each change				76		No	
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  The proof of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  The proof of the organization of the organization with a statewide or nationwide organization organization?  The proof of the organization is a statewide or nationwide organization organization organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization?  The proof of the organization is a statewide or nonexempt organization is a statewide organization.	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		No	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	If "Yes," attach a conformed copy of the	changes						
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	Did the organization have unrelated business gross	s income of \$1,000 or more dui	ring the year covered by this	return?	78a		No	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement					78b			
a statement								
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?					79		No.	
governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		ion with a statewide or nationw	ide organization) through cor	nmon membership.	<u> </u>		<del>                                     </del>	
If "Yes," enter the name of the organizationand check whether it is rexempt or ronexempt					800		N.	
and check whether it is exempt or nonexempt	governing bodies, tidatees, officers, etc., to diff to	the exempt of honexempt dry	amedion:		ova		1110	
	If "Yes," enter the name of the organizati	on ►						
Enter direct or indirect political expenditures (See line 81 instructions)   81a		and check whether it	ıs  exempt <b>or</b> no	onexempt				
	Enter direct or indirect political expendit	ures (See line 81 instruct	tions) <b>  81a  </b>					

Dar	t VI Other Information (continued)		Yes	No
			res	NO
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II (See ınstructions ın Part III ) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
_	If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85fto its	$\vdash$		
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax  year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
	Gross receipts, included on line 12, for public use of club facilities 86b	1		
87 87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a	1		
	Gross income from other sources (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them )			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►			
Ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			_ <del></del>
		89f		Νο
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		00-		NI a
00-	Light the states with which a convertible return in filed by MV	89g		N o
	List the states with which a copy of this return is filed KY			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)			66
91a	The books are in care of F THE CENTER FOR RURAL DEVELOPMENT Telephone no F (606)	677-6	000	
	2292 S HWY 27			
	Located at ▶ SOMERSET, KY ZIP + 4 ▶ 42501			
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		Yes	No
	account)?	91b		No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			

	90 (2006)							Page 1
Part \	,						Yes	No
c A	t any time during the calendar yea	ar, did the organizatio	n maintain a	an office outside	of the United	States? 9:	lc	No
If	"Yes," enter the name of the forei	gn country ►						
9 <b>2</b> Se	ection 4947(a)(1) nonexempt charita	able trusts filing Form	990 ın lıeu d	of <b>Form 1041—</b> C	heck here .			<b>►</b>
ar	nd enter the amount of tax-exemp	t interest received or	accrued du	rıng the tax yea	ır	. ▶ 92		
art V	Analysis of Income-P	roducing Activiți				_		
ote: <i>E</i>	Inter gross amounts unless otherwi	se indicated.		business income	<u> </u>	ection 512, 513, or 514	<b>(E)</b> Relate	
			(A) Business	<b>(B)</b> Amount	(C) Exclusion	( <b>D)</b> Amount	exempt f	unction
		_	code	Amount	code	Amount	incon	ne ———
	Program service revenue							
	PROGRAM SERVICE REVENUE							2,889,57
Ь_								
c _								
d_								
e _								
fΝ	Medicare/Medicaid payments .							
g F	Fees and contracts from governme	ent agencies						
<b>4</b> N	Membership dues and assessmen	ts						
	interest on savings and temporary cash ir	H			14	66,139		
	Dividends and interest from secur	<u> </u>						
	Net rental income or (loss) from re	-				<del>                                     </del>		
	debt-financed property	<u> </u>			16	164.005		
	non debt-financed property	-			16	164,005		
	Net rental income or (loss) from personal	· · · ·				<del>                                     </del>		
	Other investment income Gain or (loss) from sales of assets other t	-						
	Net income or (loss) from special	· -						
	Gross profit or (loss) from sales o	-						
	Other revenue <b>a</b> MISCELLANE	· -						40,83
ь	<u> </u>							10,03
- c								
d –								
й – е								
_	Subtotal (add columns (B), (D), an	nd (E))				230,144		2,930,41
	otal (add line 104, columns (B), (I	` ''				<u> </u>		60,555
	ne 105 plus line 1e, Part I, should e	., , , , ,	ne 12, Part I.				<u>,                                      </u>	
art \	VIII Relationship of Acti	vities to the Acc	omplishr	nent of Exen	npt Purpos	es (See the inst	tructions	 ;,)
ine No	Explain how each activity for w	hich income is reporte	ed ın columr	n (E) of Part VII	contributed in			
▼	of the organization's exempt pu	<u> </u>						
	AN INTEGRAL PART OF THE CRURAL AREAS A MINIMAL C							
93A	PROVIDING TRAINING AND	CONSULTING ALLO	WS THE CE	NTER TO CON	TINUE TO FU	RNISH QUALITY C	ULTURAL	
	PROGRAMS AND MODENR TE EDUCATIONAL AMMENITIES		RALCOMM	UNITIES THAT	MIGHT NOT	OTHERWISE BE EX	POSED T	o suc
	THE CENTER, WORKING WITH		VMENTAL A	GECNIES ASS	SISTS IN ADM	IINISTERING GRA	NT PROGE	AMS
93A	FOR RURAL COMMUNITIES A							(AIII)
<i>3</i> 3 A	ADMINISTRATION FEE THES			ENEFIT TO TH	E CENTER WH	IOSE GOAL IS PRO	MOTING	
	MISCELLANEOUS INCOME E			SES THROUGH	OUT THE YE	ΔR IS REINVESTER	) IN PROG	
103A	THAT FURTHER THE CENTER							IKANS
	TECHNOLOGY IN RURAL CON	MMUNITIES						
	T. C				a.a.e	- (0 11 11		,
art!	IX Information Regardin	ig Taxable Subsi	idiaries a		<u>aea Entitie</u>		<i>uctions.</i> (E	
	ne, address, and EIN of corporation,	Percentage of		( <b>C)</b> Nature of activ	rities	( <b>D)</b> Total income	End-of	-year
	artnership, or disregarded entity  REALTY LLC	ownership interest					asse	ets
292 S F	HIGHWAY 27	100 00	% REAL ESTA	ATE HOLDING		0		350,00
)-9999 9-9999	ET, KY42501 999							,
	LINKS LLC							
OMERS	HIGHWAY 27 ET, KY42501	100 00	% NETWORK	OPERATION CENT	ER	54,701		54,70
9-9999	999	01				1		
		%						
Part	X Information Regardin	· ·	ociated v	vith Persona	l Benefit C	ontracts (See tl	he	
	instructions.)					<b>,</b>		_
a) Di	d the organization, during the year, recei	ve any funds, directly or i	ndırectly, to pa	ay premiums on a p	ersonal benefit c	ontract?		✓ No
<b>b)</b> D	id the organization, during the yea	ar, pay premiums, dire	ectly or indi	ectly, on a pers	onal benefit c	ontract?	☐ Yes	√ No
OTE:	If "Yes" to <b>(b),</b> file Form 8870 <b>an</b>	<b>d</b> Form 4720 (see inst	ructions).					

Part		nformation Regarding Trans controlling organization as defi			Entities Comp	lete only if the org	ganizati	on is
							Yes	No
106		e reporting organization <b>make</b> any bode? if "Yes," complete the schedu			ned in section 512	2(b)(13) of		Νo
		(A) Name and address of each controlled entity	Employer I	(B) dentification mber	(C) Description of transfer		D) of transf	er
		Totals						
							Yes	No
107		e reporting organization <b>receive</b> an ode? if "Yes," complete the schedu			defined in section	512(b)(13) of		Νο
	(A) Name and address of each controlled entity		Employer I	(B) Employer Identification Desc Number tr		1	(D) Amount of transfe	
		Totals						
108	Did th	e organization have a binding writte	an contract in effe	ict on August 17, 200	)6 covering the in	tarasts rants	Yes	No
100		ies and annuities described in ques		ict on August 17, 200	o covering the in	terests, rems,		
Pleas	an	der penalties of perjury, I declare that I ha d belief, it is true, correct, and complete D ******				of which preparer has a		
Sign Here	_ <b>  7</b>	Signature of officer			Date			
		LONNIE LAWSON PRESIDENT, CEO  Type or print name and title						
Paid Pren	arer's	Preparer's signature WILLIAM J WILSON III		Date 2008-05-15	Check if self-empolyed	Preparer's SSN or PTIN	(See Gen	Inst W)
Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4 WILSON & COMPA	NY PSC		•	EIN ▶		
		PO BOX 1120 SOMERSET, KY 4	2502			Phone no 🕨 (606) 67	8-5158	

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

DLN: 93490136023668

#### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust **Supplementary Information—(See separate instructions.)** 

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Employer identification number

THE CENTER FOR RURAL			Linployer identifica	ation number
DEVELOPMENT INC			61-1291304	
Part I Compensation of the Five				nd Trustees
(See page 2 of the instruction  (a) Name and address of each employee paid more than \$50,000	(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
HOME	EXEC VP 40 00	80,769	17,681	0
LEXINGTON, KY 40513	<u> </u>			
HOME MONTICELLO, KY 42633	SYSTEM ARCHI 40 00	74,675	20,281	o
RODNEY MURPHY	DID OF BURLE			
HOME SOMERSET, KY 42501	DIR OF PUBLI 40 00	82,500	10,616	0
LARRY COMBS	DIR OF BUSIN			
711 HACKER DR LONDON, KY 40741	40 00	63,126	16,124	0
PAT BRADLEY	DIR OF DEVEL	60 667	14141	
1250 HIGHWAY 931 S WHITESBURG, KY 41858	40 00	60,667	14,141	0
Total number of other employees paid over \$50,000	7			
	Tive Highest Paid Indepe	ndent Contractor	s for Profession	al Services
	uctions. List each one (wheth			
(a) Name and address of each independent of	contractor paid more than \$50,0	00 <b>(b)</b> Тур	e of service	(c) Compensation
TELEOLOGIC LEARNING		SO FTWA RE PRO	DUIC	1,500,000
PO BOX 209 EUREKA,IL 61530		SOTTWAKETRO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,500,000
VISIONTEK				
100 MCCASLIN BLVD SUITE 310 LOUISVILLE, CO 80027		SO FTWARE PRO	DUC	365,031
INTERACT SYSTEMS				
DO BOY 0222266		SOFTWARE PRO	DUC	272,756
PO BOX 9333366 ATLANTA,GA 31193				
SCHAFER'S CATERING				
375 HATFIELD ROAD		CATERING		151,551
LIBERTY, KY 42539 BLACKBOARD INC				
PO BOX 200154		SO FTWA RE		75,000
PITTSBURG, PA 15251  Total number of others receiving over \$50,00	nn for			
professional services	30 101			
(List each contractor who	Five Highest Paid Indepe o performed services other t enter "None". See page 2 fo	han professional se		
(a) Name and address of each independent			e of service	(c) Compensation
None	eontractor para more than \$50,0	(2) 1 / p	0 01 3014100	(c) compensation

Total number of other contractors receiving over

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities ► \$(Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B )	1		Νo
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	_		
а	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
С	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3 <b>a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			!
	of how the organization determines that recipients qualify to receive payments )	3a		Νo
Ь	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		Νο
ь	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	N Reason for Non-Private	Foundation Status	(See pages 4 th	rough 7 of the	instructions.	)
cert	ify th	nat the organization is not a private four	ndation because it is (P	lease check only <b>C</b>	NE applicable bo	эх )	
5	Г	A church, convention of churches, or	association of churches	Section 170(b)(1	)(A )(ı)		
6	Г	A school Section 170(b)(1)(A)(ii) (A	Also complete Part V )				
7	Γ	A hospital or a cooperative hospital s	service organization Sec	tion 170(b)(1)(A)	(111)		
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A	)(v)		
9	Γ	A medical research organization oper	rated in conjunction with	a hospital Section	170(b)(1)(A)(ıı	ı) Enter the ho	spital's name, city
		and state 🕨					
10	Γ	An organization operated for the bene	fit of a college or univer	sity owned or opera	ated by a govern	mental unit	
		Section 170(b)(1)(A)(iv) (Also comp	lete the <b>Support Schedu</b>	le ın Part IV-A)			
11a	굣	An organization that normally receive	es a substantial part of it	s support from a g	overnmental unit	or from the ge	neral public
		Section 170(b)(1)(A)(vi) (Also comp	lete the <b>Support Schedu</b>	le ın Part IV-A)			
11b	Γ	A community trust Section 170(b)(1	)(A)(vı) (Also complete	the Support Sched	<b>lule</b> in Part IV-A	)	
12	Γ	An organization that normally receive	es (1) more than 33 <sub>1/3</sub> 9	<b>%</b> of its support fro	m contributions,	membership fe	ees, and gross
		receipts from activities related to its	charitable, etc , function	ns—subject to certa	aın exceptions, a	nd (2) no more	than 331/3% of
		its support from gross investment inc	ome and unrelated busi	ness taxable ıncom	ne (less section !	511 tax) from b	ousinesses
		acquired by the organization after Jur	ne 30, 1975 See sectioi	n 509(a)(2) (Also	complete the <b>Su</b>	pport Schedule	in Part IV-A)
13	Γ	An organization that is not controlled requirements of section 509(a)(3) C		•		,	se meets the
		requirements of section 309(a)(3) C	neck the box that descri	ibes the type of suf	pporting organiza	ition	
		┌ Type I ┌ Type II ┌ Typ	e III - Functionally Inte	grated $\Gamma$ T	ype III - Other		
		Provide the following informa	ation about the supporte	d organizations. (s	see page 7 of the	instructions.)	
				(c)	(b)		T
			(b)	Type of	Is the sup	ported	
		(a)	Employer	organization (described in	organization li		(e) Amount of
1	lame(	(s) of supported organization(s)	ident if icat ion	lines 5 t hrough	supporting org governing do		support?
			number	12 above or	governing do	cuments	_
				IRC section)	Yes	No	
Tota						<u> </u>	<u> </u>
14	_	An organization organized and operat	ed to test for public safe	ity Section 509(a)	(4) (See page 7	of the instruct	ions )
	,	Ingamental operation		-, (u)	· · · · · · · · · · · · · · · · · · ·		·-·- /

Schedule A (For	m 990 or 990-EZ) 2006	Page <b>4</b>
	Support Schedule (Complete only If you checked a box on line 10, 11, or 12) Use cash	_
Note: You may u	se the worksheet in the instructions for converting from the accrual to the cash method of accounting.	

Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d)	2002	<b>(e)</b> Total
15	Gifts, grants, and contributions received (Do not	16,357,587	12,207,519	11,983,642		7,441,699	47,990,447
46	include unusual grants See line 28 )		, ,			, ,	
16	Membership fees received						0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of						
	facilities in any activity that is related to the	2,516,512	2,696,877	3,186,332		2,913,112	11,312,833
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section	88,109	61,460	44,481		129,692	323,742
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						0
	not included in line 18  Tax revenues levied for the organization's benefit						
20	and either paid to it or expended on its						0
	behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without						_
	charge Do not include the value of services or facilities generally furnished to the public without						0
	charge						
22	Other income Attach a schedule Do not include	00.044	60.074	04.750		64 222	220.405
	gain or (loss) from sale of capital assets 🛮 📆	98,044	69,071	91,758		61,232	320,105
23	Total of lines 15 through 22	19,060,252	15,034,927	15,306,213		10,545,735	59,947,127
24	Line 23 minus line 17	16,543,740	12,338,050	12,119,881		7,632,623	48,634,294
25	Enter 1% of line 23	190,603	150,349	153,062		105,457	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lın	ne 24 📂	26a		972,686
Ŀ	Prepare a list for your records to show the name of	and amount conti	ributed by each pe	erson (other			
	than a governmental unit or publicly supported org	anızatıon) whose t	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a <b>Do</b>	not file this list w	ith your return. E	nter the total			
	of all these excess amounts			▶	26b		
	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c		48,634,294
	Add Amounts from column (e) for lines 18	323,742	2 19	0			. ,
·	·	·			26d		643,847
_	Public support (line 26c minus line 26d total)				26e		47,990,447
	Public support percentage (line 26e (numerator) d	ividad by lina 26c	(denominator))	_	26f		
				7 **********		_ "	98 68 %
27		ınts ıncluded ın lır					
	prepare a list for your records to show the name of	,		n year from, each	aisqua	ilinea pers	on
	Do not file this list with your return. Enter the sun				(2222)		
	(2005) (2004)		(2003)		(2002)		
Ŀ	For any amount included in line 17 that was receiv						
	records to show the name of, and amount received	•					•
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as	well as ındıvıdual:	s ) <b>Do no</b>	ot file this	list with your
	return. After computing the difference between the	amount received	and the larger am	nount described in	n <b>(1)</b> or (	( <b>2)</b> , enter t	he sum of
	these differences (the excess amounts) for each y	ear					
	(2005)(2004)		(2003)		(2002)		
					_		_
c	Add Amounts from column (e) for lines 15		16				
	17 20		21		<b>&gt;</b>	27c	
c	Add Line 27a total	and line 27b tot	 al		•	27d	
	Public support (line 27c total minus line 27d total)	)			•	27e	
•	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f	-		
•	Public support percentage (line 27e (numerator) d				27g	. I	
_				donominator\\		<u> </u>	
	Investment income percentage (line 18, column (e				27h	1	2005
28	Unusual Grants: For an organization described in li	, ,	•	<del>-</del>	-	-	•

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b	i	İ
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
`	with student admissions, programs, and scholarships?	   32c		ĺ
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Gooples of an inaterial assa by the organization of on its behalf to senting attended	324	l	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to	-		
ā	Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b		
(	Employment of faculty or administrative staff?	33c		
	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		1
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		l

Total lobbying expenditures (Add lines **c** through **h.**)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Pa	rt VI-A Lobbying Expenditu (To be completed ONI					the inst	tructio	ns.)	
Che	ck <b>a</b> if the organization belong					a" and "lı	mited o	ontrol"	provisions apply
		obbying Expend				(a) Affiliated			<b>(b)</b> o be completed for all electing
	(The term "expenditure	s" means amounts p	oald or incurred	)		tota	ıls		organizations
36	Total lobbying expenditures to influe	nce public opinion (	grassroots lobb	yıng)	36				
37	Total lobbying expenditures to influe	nce a legislative bo	dy (dırect lobby	ing)	37				
38	Total lobbying expenditures (add lin	es 36 and 37)			38				
39	Other exempt purpose expenditures				39				
40	Total exempt purpose expenditures	(add lines 38 and 39	9)		40				
41	Lobbying nontaxable amount Enter	the amount from the	following table-	_					
	If the amount on line 40 is—	The lobbying nonta	axable amount	is—					
	Not over \$500,000	20% of the amount or	n line 40						
	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	41				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	the excess over \$1,	500,000					
	Over \$17,000,000	\$1,000,000							
42	Grassroots nontaxable amount (ente	er 25% of line 41)			42				
43	Subtract line 42 from line 36 Enter	-0- if line 42 is mor	e than line 36		43				
44	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs mor	e than line 38		44				
	Caution: If there is an amount on eith								
	(Some organizations that	4-Year Averagi						na hala	
		instructions for line					Coluii	ilis belo	, vv
			Lo	bbying Expendit u	res Duri	ng 4-Yea	r Avera	ging Pe	eriod
	Calendar year (or		(a)	(b)	(	c)	(	d)	(e)
	fiscal year beginning in) 🕨		2006	2005	20	04	20	003	Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of l	ıne 45(e))							
47	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% o	of line 48(e))							
50	Grassroots lobbying expenditures								
	rt VI-B Lobbying Activity b	y Nonelecting P	ublic Charit	ies					
	(For reporting only by						of the	e ınstrı	uctions.)
	ing the year, did the organization atte mpt to influence public opinion on a le	· · · · · · · · · · · · · · · · · · ·	·	- '	ıcludıng	any	Yes	No	A mount
а									
b	Paid staff or management (Include	compensation in exp	penses reported	l on lines <b>c</b> throug	h <b>h.</b> )				
c	Media advertisements	maka mushir							
d	Mailings to members, legislators, o	r the public							
	Dublications or subliched as been all								
e f	Publications, or published or broads								
e f g	Publications, or published or broads Grants to other organizations for lo Direct contact with legislators, thei	bbying purposes	t officials or a le	agislative hody					

# Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of Yes No (i) Cash 51a(i) Nο (ii) Other assets a(ii) Νo **b** Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) Νo (ii) Purchases of assets from a noncharitable exempt organization b(ii) Nο (iii) Rental of facilities, equipment, or other assets b(iii) Yes (iv) Reimbursement arrangements b(iv) Nο (v) Loans or loan guarantees b(v) Νo (vi) Performance of services or membership or fundraising solicitations b(vi) Yes c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Νo d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (d) (a) (b) (c) Description of transfers, transactions, and sharing Line no A mount involved Name of noncharitable exempt organization arrangements SOMERSETPULASKI CO RENTAL OF FACILITIES 51b(III) 28.185 CHAMBER OF COMMERCE SOMERSETPULASKI CO RENTAL OF FACILITIES 51b(III) 400 DEVELOPMENT FOUNDATION WEB HOSTING AND DEVELOPMENT SOMERSETPULASKI CO 51b(vi) 2,900 CHAMBER OF COMMERCE 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule (a) (b) (c) Name of organization Type of organization Description of relationship

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DLN: 93490136023668

OMB No 1545-0172

Form **4562** 

Department of the Treasury Internal Revenue

# **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

Service	<u>-</u>				,			I	Sequence No 67
Name(s) shown on retur		Busine	ss or activ	ity to which	this form re	lates	Iden	tifyin	g number
THE CENTER FOR RUR DEVELOPMENT INC	AL	INDIR	ECT DEPR	ECIATION			61-1	2913	04
Part I Election	n To Expense (	Certain Proper	ty Unde	r Section	179				
	you have any li				re you co	mplete	e Part I.		
1 Maximum amount S		9						1	\$ 108,000
2 Total cost of section		•		•				2	
<b>3</b> Threshold cost of se						•	• • •	3	\$ 430,000
4 Reduction in limitati								4	
<b>5</b> Dollar limitation for	•	line 4 from line 1 I	fzero or le	ess, enter - 0	)- If marrie	d filing		_	
separately, see inst	ructions		• •		• • •	•	• • •	5	
(a)	Description of pro	perty		' '	(business us	se (	( <b>c)</b> Elected (	ost	
6					only)				_
7 Links discussion Cub		l-n- 20			-	$\perp$			
7 Listed property Ent			ın aaluman	(a) lines 6	. <b>7</b>				
<ul><li>8 Total elected cost o</li><li>9 Tentative deduction</li></ul>		•	in column	(c), lines o	anu / .	•		8 9	
			05 50 50 4			•		_	
10 Carryover of disallow 11 Business income limitation		·			· · · ·	•		10	
		•				•		11	
12 Section 179 expens		•			. —	<del></del>		12	
13 Carryover of disallo					· <b>▶</b> 13				
Note: Do not use Par Part III Special						t inclu	ıda lıstad nr	onerty	y ) (See instructions )
14 Special allowance for property) placed in s	r qualified New Yor	k Liberty or Gulf O	pportunity					<b>14</b>	y y (See instructions )
15 Property subject to			200101157				•	15	
16 Other depreciation (		rection						16	334,159
	Depreciation (I	Oo not include li	sted pror	ertv.) (Se	e instructi	ons.)	· · · ·		331,133
		o no morado n	Secti			01.017			
17 MACRS deductions	for assets placed ı	n service in tax ye	ars beginn	ıng before 2	006 .			17	
<b>18</b> If you are electing general asset acc		•		_	•				
general asset acc	The check her	(c) Basis for			· · ·	· ·	.▶□		
(a) Classification of property	( <b>b</b> ) Month and year placed in service	depreciation (business/invest use only—see instruct	ment (d	Recovery period	(e) Conve	ntion	( <b>f</b> ) Metho	d	(g)Depreciation deduction
<b>19a</b> 3-year property		,	,						
<b>b</b> 5-year property									
<b>c</b> 7 - year property									
<b>d</b> 10-year property									
e 15-year property									
<b>f</b> 20-year property <b>g</b> 25-year property				25 yrs			S/L		
<b>h</b> Residential rental				25 yrs 7 5 yrs	MM		S/L S/L		
property				7 5 yrs	MM				
i Nonresıdentıal real				39 yrs	ММ		S/L		
property					ММ		S/L		
Sec	tion C—Assets Plac	ed in Service Durir	ng 2006 Ta	x Year Using	the Altern	at ive D	epreciat ion	Syste	em
20a Class life	_						S/L		
<b>b</b> 12-year				12 yrs	N4 N4		S/L		
c 40-year  Part IV Summ	 ary (see instruc	tions)		40 yrs	ММ		S/L		
21 Listed property Ent								21	
22 Total. Add amounts	from line 12, lines	14 through 17, lin				ne 21	Enter here	22	334,159
and on the appropria	ove and placed in	service during the	current ye	ar, enter the	•	Τ.			331,133
portion of the basis					23				Farrer <b>4F63</b> (2006)

43 A mortization of costs that began before your 2006 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2006) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No. (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax 25 year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (b) (c) (d) (e) (a) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 . . . . . . 34 Was the vehicle available for personal use No Yes Yes No No Yes No Yes Yes No Yes No during off-duty hours? . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vechicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2006 tax year (see instructions)

Form **4562** ( 2006)

43

44

Software ID: Software Version:

**EIN:** 61-1291304

Name: THE CENTER FOR RURAL

DEVELOPMENT INC

#### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONTRIBUTIONS EXPENSE	43a	3,040		3,040	
<b>b</b> EXPENSES	43b				
c ADVERTISING	43c	79,420	45,488	33,932	
d PS ARTS AND CULTURE PROGRAMMI	43d	145,526	145,526		
e PS CENTERNET EXPENSE	43e	268,870	268,870		
f PS CONSULTING	43f	425,261	425,261		
g CONTRACT LABOR	43g	248,926	213,663	35,263	
h PS EKCEP	43h	66,786	66,786		
i EQUIPMENT PURCHASES	43i	906,011	902,803	3,208	
j FOOD SERVICE	43j	194,816	169,841	24,975	
k PS GRANT OVERHEAD EXPENSE	43k	483,475	483,475		
I PS INTERNET EXPENSE	431	99,393	99,393		
m PS MERCHANT DISCOUNTS	43m	7,913	7,913		
n MISCELLANEOUS	43n	29,911	11,630	18,281	
o OTHER SUPPLIES	43o	165,611	94,149	71,462	
p PS SOFTWARE PURCHASES	43p	1,907,611	1,907,611		
q PSTRAINING PROJECT	43q	10,200	10,200		
r UTILITIES	43r	243,522	42,290	201,232	
s PS WYMT STUDIO	43s	17,979	17,979		
t SS ARC	43t	15,000		15,000	
u SS BAD DEBTS	43u	32,266		32,266	
v SS EDUCATION AND TRAINING	43v	9,406		9,406	
w SS EXCELLENCE IN ENTREPENEURS	43w	7,694		7,694	
x SS FO UNDER'S CLUB	43x	18,755		18,755	
y SSINSURANCE	43y	58,777		58,777	
z SS MAINTENANCE	43z	78,131		78,131	
aa SS PRO FESSIONAL FEES	43aa	40,253		40,253	
ab SS SECURITY	43ab	13,416		13,416	
ac SS SOFTWARE PURCHASES	43ac	5,418		5,418	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JERRY A RICKETT 362 OLD WHITLEY RD LONDON,KY 40743	CHAIRMAN 1 00	0		
DR JOSEPH L FINK III A 256 ASTECC BLDG LEXINGTON, KY 40506	VICECHAIRMAN 1 00	0		
DR JO MARSHALL 808 MONTICELLO ST SOMERSET, KY 42503	SECRETARY 1 00	0	0	0
JAMES R LACY 300 SANFIELD RD CAMPTON,KY 41301	TREASURER 1 00	0	0	0
CLAY PARKER DAVIS 145 WOODLAND DRIVE SOMERSET, KY 42501	DIRECTOR 1 00	0	0	0
ROBERT S HARRIS 3844 S HWY 27 SOMERSET, KY 42503	DIRECTOR 1 00	0	0	0
CONNIE HUNT 4456 NEW BRODHEAD RD MOUNT VERNON,KY 40456	DIRECTOR 1 00	0	0	0
ALVIN SHARPE 157 FLORENCE AVE WILLIAMSBURG,KY 40769	DIRECTOR 1 00	0	0	0
MALCOLM WALL 1217 KANNAPOLIS PL LEXINGTON,KY 40513	DIRECTOR 1 00	0	0	0
JEAN M DORTON 719 TWIN OAK DRIVE PAINTSVILLE,KY 41240	DIRECTOR 1 00	0	0	0

#### Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KELLY KNIGHT 1631 ASHWOOD DR LEXINGTON,KY 40502	DIRECTOR 1 00	0	0	0
LONNIE LAWSON 315 WHITSON SPUR RD SOMERSET, KY 42503	PRES CEO 40 00	125,000	27,801	0
CHARLEY SIMPSON 2046 PINEY GROVE RD NANCY,KY 42544	VP/CIO 40 00	86,625	19,923	0

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### TY 2006 Land etc. Schedule

Name: THE CENTER FOR RURAL

DEVELOPMENT INC

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDINGS AND EQUIPMENT	17,718,145	1,280,595	16,437,550
LAND	3,410,302		3,410,302

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## **TY 2006 Other Changes in Net Assets Schedule**

Name: THE CENTER FOR RURAL

DEVELOPMENT INC

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	14,616
BOOK / TAX DEPREC DIFFERENCE ERROR	-14,616

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# **TY 2006 Other Expenses Not Included Schedule**

Name: THE CENTER FOR RURAL

DEVELOPMENT INC

Description	Amount	
BOOK / TAX DEPREC DIFFERENCE ERROR	-14,616	

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### **TY 2006 Other Liabilities Schedule**

Name: THE CENTER FOR RURAL

DEVELOPMENT INC

Description	Description Beginning of Year Amount End of Year Amount	
INTEREST PAYABLE		4,408
PAYROLL RELATED LIABILITIES	383,183	213,101

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#### **TY 2006 Other Income Schedule**

Name: THE CENTER FOR RURAL

DEVELOPMENT INC

Description	2003	2002	2001	2000	Total
MISCELLANEOUS INCOME	98,044	69,071	91,758	61,232	320,105