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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)

		of the Ti		The organization may have to use a copy of this return to satisfy state r	eporting requirements.	Open to Public Inspection
_				indar year, or tax year beginning JUL 1, 2008 and ending J		, mopoundit
_	Check t	, (C Name of organization	D Employer identificati	on number
	applical	us us	IAS	-		
	Addr	96 p	thed or	REGIONAL CITIZENS ADVISORY COUNCIL		
	Nam chan	ge [ˈ	ype.	Doing Business As	92-013	3631
	Initia retur	n l	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	Termi ation	in In	struc-	3709 SPENARD ROAD 100	•	77-7222
	Amer	nded t	lons.	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,110,318.
	Appli Lion	- 1		NCHORAGE, AK 99503	H(a) Is this a group return	
	pend	ing F	Name	e and address of principal officer:DONNA SCHANTZ	for affiliates?	Yes X No
				SPENARD RD, SUITE 100, ANCHORAGE, AK 9	H(b) Are all affiliates include	
1	T <u>a</u> v.øy			(X 501(a) (3) 4 (insert no.) A047(a)(1) or 507	if "No," attach a list.	
J	Webs	ite: 🕨	WWW	I.PWSRCAC.ORG	H(c) Group exemption no	-
					of formation: 1989 M St	
	art I		nmai		07 101110010	ate of legal dormene, 2220
_	T 1	Brieft	v desc	nbe the organization's mission or most significant activities: TO PROVIDE	FOR THE OVER	STCHT
Governance	1			RING, ASSESSMENT, AND EVALUATION OF OIL		
Ē	2			box if the organization discontinued its operations or disposed of more		2011/
ž	3					19
ŏ	4	Numb	er of i	voting members of the governing body (Part VI, line 1a)	(0)	19
ජේ න	5	Total	numbe	ndependent voting members of the governing body (Part VI, line 1b)	2 5	<u> </u>
į	6	Total	numbe	er of volunteers (estimate if necessary)	6	44
Activities	7a	Total	aross	er of volunteers (estimate if necessary)	7a	0.
⋖	, a	Netu	g. 005 orelate	ed business taxable income from Form 990-T, line 34	7b	Ŏ.
_	† 			Security to to to the security of the security	Prior Year	Current Year
	8	Contr	bution	ns and grants (Part VIII, line 1h)	3,071,197.	3,102,708.
Ž				rvice revenue (Part VIII, line 2g)	3,011,131.	3,102,700.
Revenue	10	invesi	ment i	income (Part VIII, column (A), lines 3, 4, and 7d)	46,184.	6,032.
œ	11	Other	reveni	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,490.	1,578.
	12			ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,122,871.	3,110,318.
				similar amounts paid (Part IX, column (A), lines 1-3)	3,122,011.	3,110,310.
				d to or for members (Part IX, column (A), line 4)		
g				er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,505,790.	1,805,886.
Expenses	18 a	Profes	ssional	fundraising fees (Part IX, column (A), line 11e)	2,303,.301	1700370001
8				Ising expenses (Part IX, column (D), line 25)		
ŵ				ses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,732,023.	1,472,035.
	18	Total e	expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,237,813.	3,277,921.
	19			s expenses. Subtract line 18 from line 12	<114.942.>	<167,603.>
86					Beginning of Year	End of Year
Sets	20 21 22 1rt II	Total a	assets	(Part X, line 16)	1,125,307.	948,613.
₹	21			es (Part X, line 26)	338,036.	328,945.
翌	22			or fund balances, Subtract line 21 from line 20	787,271.	619,668.
E	ırt II			re Block	, , , , , , , , , , , , , , , , , , , ,	023,000-
7		Under	penalties	s of perjury, I declare that I have examined this return, including eccompanying schedules and statements, at Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	nd to the best of my knowledge and	belief, it is true, correct,
ø		310 00	mpiete. t	Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	•	\ \
Sign	,	.	<u></u> →	Oliva Selvouto	14-26-2	.010
Her			Signatu	ire of officer	Date	
\equiv	_		DON	NA SCHANTZ, PROG. COORD./ACTING EXEC. DI	ያ ድ ርጥር ድ	
<u> </u>				print name and title		
Paid		Prepa	rer's	Date, Che		entifying number
Paid		signat		· Ille 12. com 4/14/13 Self-	loyed > (see Instruction	ons)
	arer's	Firm's	name (or	MIKUNDA, COTTRELL & CO., CPA'S	EIN D	***
U3e	Only	yours if	r iployed),		LINE	
か		addres. ZIP + 4	s, and	ANCHORAGE, AK 99503	Phone no. ► (90'	71278-8878
NA		L		nis return with the preparer shown above? (see instructions)	TEHONO NO. P \ 30	X Yes No
		_		For Privacy Act and Paperwork Reduction Act Notice, see the separate instr	untions	Form 990 (2008) 1
الآلائدة	01 12-1 S	-		EDULE O FOR ORGANIZATION MISSION STATEMEN		
	L)				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

_	1 990 (2008) REGIONAL C. rt III Statement of Program Service	ITIZENS ADVISORY COUNCE		1 Page 2
1		SEE SCHEDULE O FOR COL	NTINUATION	IN
	VALDEZ AND THE OIL TANKI		COUNCIL PERFORMS A	
	VARIETY OF FUNCTIONS AIR			
2	TRANSPORTATION THROUGH I Did the organization undertake any significant p			<u>A.</u>
_	the prior Form 990 or 990-EZ?			es X No
	If "Yes", describe these new services on Sched			63 (22)140
3	Did the organization cease conducting, or make		ny program services?Y	'es X No
4	If "Yes", describe these changes on Schedule (Describe the exempt purpose achievements for			
7	Section 501(c)(3) and 501(c)(4) organizations ar			
	allocations to others, the total expenses, and re			
		rolled, if any, for basis program service rep	, orted.	
4a	(Code:)(Expenses \$ 2,1 OIL SPILL PREVENTION AND	134,308. including grants of \$ D. RESPONSE-WORKS TO MI)(Revenue \$ INIMIZE THE RISKS AND)
	IMPACTS ASSOCIATED WITH			
	PREVENTION AND RESPONSE			AND
	EFFECTIVE REGULATIONS; 1	TERMINAL OPERATION AND	ENVIRONMENTAL	
	MONITORING-IDENTIFIES AC			
	CHRONIC POLLUTION AT THE			AND
	VESSEL TRAFFIC SYSTEMS N	MONITORS PORT PORT AND	TANKER OPERATIONS.	
			· · · · · · · · · · · · · · · · · · ·	
Ab.	(Code:) (Expenses \$	including groups of C) 1D-11-11-11	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			<u>. </u>	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
				
		· · · · · · · · · · · · · · · · · · ·		
4d	Other program services. (Describe in Schedule C	0.)		
	(Expenses \$ including g		ie \$)	
4e	Total program service expenses > \$	2,134,308. (Must equal Part IX,	Line 25, column (B).)	
			Form	990 (2008)

	n 990 (2008) REGIONAL CITIZENS ADVISORY COUNCIL 92-0133	<u> 3631</u>	<u> </u>	age :
Pa	rt IV Checklist of Required Schedules			
			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		ļ
	public office? If "Yes," complete Schedule C, Part I	3	Ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		ľ	ĺ
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		L
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice		1	Ì
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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	Ì	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ves." complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	<u> </u>		
••	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	x	ł
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<u> </u>		
-	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	,
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		148		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-4	-	
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	i .	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
13		15_	Į I	X
16		13		
10	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, Part III	10		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	16 17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 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 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
		24-		X
_	If "No", go to question 25	24a		A
	•	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	امدا		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7.7
	disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			42
	pnor year? If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	1	43.3	23
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization?	1 .		
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes " complete Schedule NJ, Dart I	51		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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		X
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

Form **990** (2008)

	990 (2008) REGIONAL CITIZENS ADVISORY COUNCIL 92-0133 **T V Statements Regarding Other IRS Filings and Tax Compliance	631	<u> </u>	age 5
			Yes	No
1a	Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of	1	3 .	2.5
•	U.S. Information Returns. Enter -0- if not applicable	4	1	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4	i	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>). ~ `* <u>°</u>
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.	10	X	┼—
20		,		
h	filed for the calendar year ending with or within the year covered by this return 2a 27			
Ü	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	\vdash
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<u>3a</u>	 	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		
	If "Yes," enter the name of the foreign country:	45		Y
			ļ !	. 4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	l	١٠	
		······ **		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	<u>5b</u>		
				{
8-	Tax Shelter Transaction? Did the organization sollor any contributions that were not tax deductible?	5c_		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a_		_
		C.		
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b_		3 3
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
	to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year			1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	, ,		
	benefit contract?	7e	200	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 508(a)(3)	,		. ; 1
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	*********	, J	,
	excess business holdings at any time during the year?	8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	*******		
a	Did the organization make any taxable distributions under section 4966?	9a]	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		

Form **990** (2008)

12a

10 Section 501(c)(7) organizations. Enter: N/A

Section 501(c)(12) organizations. Enter: N/A

a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

b Gross Income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Section A. Governing Body and Management

Form 990 (2008) REGIONAL CITIZENS ADVISORY COUNCIL 92-0133631 Pa

[Part VI] Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			1123
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			'**
b				:
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			. 1
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
e	Does the organization have members or steel/helders?	e		Y
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			2 T 1 4
	by the following:	J	Manager	_ 3
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9 a	Does the organization have local chapters, branches, or affiliates?	9a		X
ь	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?	8b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's malling address? If "Yes," provide the names and addresses in Schedule O	11		_X_
<u>Sec</u>	tion B. Policies			
	,		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	_X_	
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ļ	-	4
				
	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	• • • • • • • • • • • • • • • • • • • •	15b	Х	
	Describe the process in Schedule O. (see instructions)	Ì		Į
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			- 4
	taxable entity during the year?	<u>16a</u>		<u> </u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			,
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			i
^ 4	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available to	or		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization.	on: 🕨		
	GREGORY DIXON - 907-277-7222			
	PWRCAC, 3709 SPENARD ROAD, SUITE 100, ANCHORAGE 99503			

Form	990	(2008)

REGIONAL CITIZENS ADVISORY COUNCIL

92-0133631

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed,

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter & in columns (D), (E), and (F) if no compensation was paid.
- 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) Name and Title	(B)				(C)			(D)	(E)	(F)
Manie and Title	Average hours	10	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per	÷	T	Ī	1	T	T,	from	from related	other
	week	1				-		the	organizations	compensation
		활	stre	1	ì	2	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		를	nal tr		ğ	8.	.	(44-271099-141130)		and related
		Individual trustee or director	Institutional trustee	ğ	Key employee	Highest compensated	20			organizations
DONALD KOMPKOFF SR.					F		1-			
DIRECTOR	1.00				1.			0.	0.	0.
JIM NESTIC					T	Π				
DIRECTOR	1.00				ł			0.	0.	0.
JOHN FRENCH						T				
DIRECTOR	1.00	X			<u>L</u> .			0.	0.	0.
JOHN ALLEN	ļ				Г					
DIRECTOR	1.00	X	<u>L</u>			L		0.	0.	0.
SHERI BURETTA										
TREASURER	1.00	X	_	X	<u> </u>	L.	L	0.	0.	0.
JANE EISEMANN		1				1				
DIRECTOR	2.00	X	Щ		$oxed{oxed}$	<u> </u>		0.	0.	
P. ANDERSEN-FAULKNER								İ	. —	
DIRECTOR	2.00	X	_		ļ	<u>L</u>	L	0.	0.	0.
AL BURCH		ļ			ļ	ļ			!	
DIRECTOR	1.00	X			1_	<u> </u>		0.	0.	0.
MARILYNN HEDDELL					1				}	
DIRECTOR	2.00	X			<u> </u>			0.	.0.	0.
BLAKE JOHNSON										
DIRECTOR/AT-LARGE	1.00	X			<u> </u>	_		0.	0.	0.
GEORGE LEVASSEUR										
DIRECTOR	1.00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
STEPHEN LEWIS									_	
PRESIDENT	2.00	X	\Box	X	<u> </u>	<u> </u>		0.	0.	0.
CATHY HART	4 00				l					_
SECRETARY	1.00	X	-	X		_		0.	0.	0.
PAT DUFFY		[_
DIRECTOR	1.00	X	-			 		0.	0.	0.
NANCY BIRD								_		_
DIRECTOR	1.00	X	\vdash			_		0.	0.	0.
WALTER PARKER	1 4	إي		7.				_	_	•
VICE-PRESIDENT	1.00	A		X		\vdash		0.	0.	0.
IVER MALUTIN DIRECTOR	1.00	x						0.	0.	^
B32007 12-18-08	T-00	A [L			0.1		0 . Form 990 (2008)

Form 990 (2008) REGIONAL	CITIZE	NS	A	DV.	IS	OR'	Y	COUNCIL	92-0133	631	P	age 8
Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours	(B) Average hours (chec)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		of
	week	Individual bustee or director	institutional trustee	Officer	Key employes	Highest compensated	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensa rom th anızat d relat anizat	ation le tion ted
THANE MILLER DIRECTOR	1.00	x						0.	0.			0.
JOHN VELSKO DIRECTOR	1.00							0.	0.			0.
DOROTHY MOORE DIRECTOR	1.00	X	 	 				0.	0.			0.
CHARLES TOTEMOFF DIRECTOR	1.00							0.	0.			0.
STAN STEPHENS DIRECTOR	1.00	x						0.	0.			0.
PETE KOMPKOFF DIRECTOR	1.00							0.	0.			0.
JOHN DEVENS EXECUTIVE DIRECTOR	40.00			Х				156,847.	0.	-		0.
DONNA SCHANTZ PROG. COORD./ACTING EXEC	40.00			x				116,486.	0.			0.
STAN JONES PUBLIC RELATIONS	40.00					x		117,947.		_		0.
								201 200				
Total number of individuals (including those	in 1a) who red	ceivi	n be	10re	thai	n \$1	00,0	391,280. 000 in reportable	0.			0.
compensation from the organization		****				••••					Yes	No No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	ıch ındividual							** ********** ********* *		7 3	1443	X
4 For any individual listed on line 1a, is the sur and related organizations greater than \$150	,00 0? If "Yes ,"	· co	mple	ite S	Sche	dule	J f	or such individual	·	4	ж. Х	d
Did any person listed on line 1a receive or au the organization? If "Yes," complete Schedu Section B. Independent Contractors				rom	алу	unr	elate	ed organization for servi	ces rendered to	5	<u> b_</u>	<u>X</u>
1 Complete this table for your five highest con	npensated ind	lepe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of compens	ation f	rom	
the organization. NONE (A) Name and business a	address	•		• • • • •				(B) Description of si	ervices C	(C omper		
,								·				
2 Total number of independent contractors (in from the organization	cluding those	in 1) wh	o re	ceiv	ed r	nore	than \$100,000 in comp		Form §	200 "	1000

....

'art				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
and omer similar amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1b 1c 1d 1e 41,697.				
<u> </u>	g	Noncash contributions included in lines 1a-1f; \$					
<u> </u>		Total. Add lines 1a-1f		3102708.			
ļ		-	Rusiness Code				
2	2 a					A SECTION ASSESSMENT OF THE PERSON OF THE PE	**************************************
	ь						
Ž	c					·	
	d						
PRINTER	e	-					
	f	All other program service revenue			· · · · · · · · · · · · · · · · · · ·		
1		Total. Add lines 2a-2f				,	
3		Investment Income (including divider	ids, interest, and				
1			, • .	6,032.			6,032
4	ļ	Income from investment of tax-exem		0,0020			<u> </u>
5		Royalties	.				
"			Real (ii) Personal	,		,	
6	а	Gross Rents	Tion (ii) t orsoriai				
"	b	Less: rental expenses		,	, , ,		•
		Rental income or (loss)			4 4	3, 4	
	d	Net weet the server of the server		rate photograph in the many which I design degrade			-
7	_		curities (ii) Other		· #	, ,	
′	•	assets other than inventory	(ii) Ou lei	,	" 🐫	, -	, •
	h	Less: cost or other basis					
}		and sales averages		4.	•	` ` `	,
	_	Gain or (loss)		13 ,	•		
	d				The section of the se	ر معهدالاجتداء المعالمة والمعالمة والم	
8	-						
1 -	a	Gross income from fundraising event including \$	of .	() * T		,]	•
i i		contributions reported on line 1c). Se	-· I	` `	´ •		
ľ		•		. , , ,	、 ;		, ,
	_	Part IV, line 18		" .			·
		Less: direct expenses		havelengte state and on the co. X	The same of the sa		dearly explanation grant
_		Net income or (loss) from fundraising					
9		Gross income from gaming activities.			_	` `	
ŀ		Part IV, line 19	1				
1		Less: direct expenses		CRL -> Inffiliation of the same of the sam	der de de la desta de la desta de la desta de la desta de la del	ميست دد مندسوس	بديد ترسيست
		Net income or (loss) from gaming acti		·			
10		Gross sales of inventory, less returns		,	!	. [
		and allowances	1	,		ŀ	- >
			, b	n description of the second	manufacture expension	magain participal is	والمعادد المدادية
Ь—	c	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code	and the second section of the second	ان چند دنیا دخت دسین ده		A1 4 80 4 4 4 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10
11	a	RESEARCH AND OTHER	541700	1,578.			1,578
1	þ						
	c		1				
	d	All other revenue					
1	_	Total. Add lines 11a-11d	>	1,578.			
1	u				0.	0.	7,610

Form 990 (2008) REGIONAL CITI
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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					6.5° A
	organizations in the U.S. See Part IV, line 21				- P.
2					
	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	541.187.	252.244.	288.943	
6	Compensation not included above, to disqualified	i			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,124,955.	846,442.	278,513.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	19,954.	11,224.	8,730.	
10	Payroll taxes	119,790.	78,992.	40,798.	
11	Fees for services (non-employees):				
а	Management				
b	·	54,438.	24,997.	29,441.	
C	Accounting	9,489.	<u> </u>	9,489.	· · ·
d		49,637.	49,637.	372071	
е	Professional fundraising services. See Part IV, line 17		Na Caralla Maria		
f	Investment management fees				
g g					
12	Advertising and promotion	5,244.	4,451.	793.	
13	Office expenses	9,778.		9,778.	
14	Information technology	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	
15	Royalties				
16	Occupancy	119,241.	· · · · · · · · · · · · · · · · · · ·	119,241.	
17	Travel	231,487.	115,041.	116,446.	
18	Payments of travel or entertainment expenses		113/011.	220, 230.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	70,696.	49,147.	21,549.	
20	Interest			21,343.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,774.		17,774.	
23	1	42,946.	18,573.	24,373.	
24	Other expenses. Itemize expenses not covered	42,340.	10,5/3.		
24	above. (Expenses grouped together and labeled		·		
	miscellaneous may not exceed 5% of total	_	,		
_	expenses shown on line 25 below.)	E0C 104	506 104		
	CONTRACT EXPENSE	596,124.	596,124.		
b	MINOR EQUIPMENT	56,646.	4,620.	52,026.	
C	PROFESSIONAL SERVICES	47,448.	18,008.	29,440.	
d	UTILITIES	33,335.	11,026.	22,309.	
8	SUPPLIES	25,075.	10,095.	14,980.	-
f	All other expenses	102,677.	43,687.	58,990.	
25	Total functional expenses. Add lines 1 through 24f	3,277,921.	2,134,308.	1,143,613.	0.
26	Joint Costs. Check here X if following		ſ		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation .				
83201	0 12-18-08				Form 990 (2008)

		2008) REGIONAL CITIZENS ADVISORY COL Balance Sheet	NCIL	92-	0133631 Page 11
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	997,270.	2	865,730.
	3	Pledges and grants receivable, net		3	23,697.
	4	Accounts receivable, net			2,062.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
တ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prenaid expenses and deferred charges	50.591.	9	47.703.
		Land, buildings, and equipment: cost basis 10a 77,672]	
		Less: accumulated depreciation. Complete	1		
	_	Part VI of Schedule D 10b 68, 251.	27,195.	10c	9,421.
	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)	1,125,307.	16	948,613.
	17	Accounts payable and accrued expenses	334,536.		325,445.
	18	Grants payable		18	
	19	Deferred revenue	3,500.	19	3,500.
	20	Tax-exempt bond liabilities		20	
20	21	Escrow account liability. Complete Part IV of Schedule D		21	
i i	22	Payables to current and former officers, directors, trustees, key employees,	"是是一个一个		13 477 700 00
Liabilities		highest compensated employees, and disqualified persons. Complete Part II of Schedule L	The second secon	22	Marine William San
}	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	<u> </u>	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
<u> </u>	26	Total liabilities, Add lines 17 through 25	338,036.		328,945.
		Organizations that follow SFAS 117, check here ▶ 🐰 and complete		٧.	1821
ر س		lines 27 through 29, and lines 33 and 34.		S	1.12
ည	27	Unrestricted net assets	787,271.		619,668.
層	28	Temporarily restricted net assets		28	
E	29	Permanently restricted net assets		29	
Net Assets or Fund Balance	~~	Organizations that do not follow SFAS 117, check here			1
느		complete lines 30 through 34.			
13.	30	Capital stock or trust principal, or current funds		30	
8	31	Paid in or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	787,271.	33	619,668.
ł	34	Total liabilities and net assets/fund balances	1,125,307.	34	948,613.
Par		Financial Statements and Reporting			
					Yes No
1	Acco	unting method used to prepare the Form 990: 🔲 Cash 🛮 🛣 Accrual 📗	Other		thank rather manufacture
2a		the organization's financial statements compiled or reviewed by an independent	accountant?		2a X
		the organization's financial statements audited by an independent accountant?			
c		s" to lines 2a or 2b, does the organization have a committee that assumes respo			
		w, or compilation of its financial statements and selection of an independent acco			
За	As a	result of a federal award, was the organization required to undergo an audit or au	dits as set forth in the Sing	gle Au	
	Act a	nd OMB Circular A-133?			3a X
Ь	If "Ye	s," did the organization undergo the required audit or audits?	······		3b 900 (2008)
3201	12-18-	-08			Form 990 (2008)

the second control of the second control of

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public Inspection S

Marine Ur (iie Organizat							•		ricentifica		
Part I	Reason	for Public Char	AL CITIZENS A rity Status (All organi	ADVISC	DRY CO	UNC11	rt \ /aaa inr	to otions	9	2-013	3631	<u></u>
			because it is: (Please c				rt.) (See tris	structions,				
1 🔲			es, or association of chu				NhV 1VAVi	1			•	
2			70(b)(1)(A)(ii). (Attach S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-\-\(\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,.				
3 🔲			ital service organization			170(b)(1)	YAKIII). (AI	tach Scho	adule H.)			
4 🔲			operated in conjunction								al's nar	ne.
	city, and stat							· · · · · · · · · · · · · · · · · · ·		•		•
5 🗔		ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	nt describ	oed in		
6 🔛	A federal, sta	ate, or local governm	nent or governmental un	it describe	ed in sectio	n 170(b)(1)(A)(v).					
7 🔲		ion that normally red (b)(1)(A)(vi), (Comple	ceives a substantial part	of its supp	port from a	governm	ental unit o	or from the	e general	public des	cribed	in
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Dort III)							
9 🗓			eives: (1) more than 33			rom contr	ibutions n	nembersh	in fees a	and ames r	eceints	from
•			nctions - subject to cert									
			axable income (less sec									
		509(a)(2), (Complete			.,			,				
10 🗀			perated exclusively to te	st for pub	lic safety.	See sectio	on 509(a)(4	4). (see in:	structions	s)		
11 🔲			perated exclusively for t								of one	or
			ations described in sect									
	describes the	type of supporting	organization and compl	let <u>e lin</u> es 1	1e through	11h.				_		
	a Type I	ь	_ Type II	с 🔲 Тур	e III - Func	tionally in	tegrated		d [_	Type III -	Other	
e	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified	persons o	ther tha	an
	foundation m	anagers and other t	han one or more publict	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50	9(a)(2).	•
f			ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e lil				
		rganization, check th	***************************************					·····				لــا
9			organization accepted a			-						T
			lirectly controls, either a				described	in (ii) and i	(iii) below		Yes	No_
			upported organization? n described in (i) above?							11g(i		┼─-
					 ?					11g(ii		 -
			person described in (i) about the organizations							11g(ii	91.	
		onowing intermedicin	accorting organizations	uie organ	nzation su	opurts.						
	of supported nization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) listed in your organization in col Orga		(vi) la organizati (i) organiz U.S	on in col.		mount o	of		
			(See instructions))	Yes	No	Yes	No	Yes	No			
								ļ				
	,											_
					ļ							
				ļ				ļ				
				ļ				ļ	 	<u> </u>		
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							 	ļ	 			
	ļ	• .						1				
otal	i						ļ	L	L	L		
HA For Pi	rivacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for F	orm 990.	•	Schedu	le A (Fon	m 990 or 9	190-EZ) 2008

	edule A (Form 990 or 990-EZ) 2008 ert II Support Schedule for				0(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi) Page 2
	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and			İ			
	membership fees received. (Do not		1				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ļ	ļ		}	
	or expended on its behalf						
3	The value of services or facilities						•
	furnished by a governmental unit to					1	
	the organization without charge	<u>. </u>					
4	Total. Add lines 1 - 3						
ō	The portion of ເບີເລີ Contributions				1		
	by each person (other than a	. "			•		
	governmental unit or publicly	· ,	`: · .				
	supported organization) Included	. , , , , , , , , , , , , , , , , , , ,	~	`	,		
	on line 1 that exceeds 2% of the	•	, , , ,	· · · ``			
	amount shown on line 11,		.*			٠ .	
	column (f)		· · · · · ·	* 1, 1, 1,		• •	
6	Public Support. Subtract line 5 from line 4				· · · · · · · · · · · · · · · · · · ·		
	ction B. Total Support		. 	L	<u></u>		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4		1 1				-
	Gross income from interest,						
	dividends, payments received on				ŀ		
	securities loans, rents, royalties				}		
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			i	·	,	
12	Gross receipts from related activities,	etc. (see instruct	ions)	:		12	
	First five years. If the Form 990 is for				tax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2008 (li	ine 6, column (1) d	livided by line 11, o	column (f)		14	%
	Public support percentage from 2007					15	%
	33 1/3% support test - 2008. If the o						x and
	stop here. The organization qualifies	as a publicly supp	oorted organization				▶□
b	33 1/3% support test - 2007. If the o						
	and stop here. The organization quali						► []
17a	10% -facts-and-circumstances test	- 2008. If the org	janization did not o				
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"		· · · · · ·		•	-	
ь	10% -facts-and-circumstances test	-					
_	more, and if the organization meets th	-	•				
	organization meets the "facts-and-circ				•		. —
18	Private foundation. If the organization						
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				edule A (Form 990	

Sch	edule A (Form 990 or 990-EZ) 2008 R	EGIONAL C	CITIZENS A	DVISORY C	OUNCIL	92-01	33631 Page 3
Pi	art III Support Schedule for	Organizations	Described in	Section 509(a)	(2) (Complete only	if you checked the	box on line 9 of Part I.)
Se	ction A. Public Support	-					
Cal	endar year (or fiscal year beginning in)	(a) 2004	(ы) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,778,316,	2,911,335.	3,064,720,	3 071 197.	3,102,708	14,928,276.
2	Gross receipts from admissions, merchandise sold or services per-	}	1				1
	formed, or facilities furnished in			•			
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and cities paid to				i		i
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 - 5	2,778,316.	2,911,335.	3,064,720.	3.071.197.	3,102,708	14 928 276
7ε	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u> </u>
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of 196 of the total of lines 9,						
	10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b			N. 4	4 4 4 4 44	1/1 YE - 7 1/2 1/4 1/4	<u> </u>
_	Public support (Subtract line 7c from line 6.)	> 0 ° N €		я _у (*		W W	14 928 276.
	ction B. Total Support					4 > 0000	40.7.4.4
	endar year (or fiscal year beginning in)	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	2,778,316.	2,911,335.	3,064,720.	3.071.197.	3,102,708	14.928.276.
IUa	dividends, payments received on			ŀ	ļ		ļ
	securities loans, rents, royalties and income from similar sources	34,769.	66,917.	75,437.	46,184.	6,032	229,339.
h	Unrelated business taxable income	34,703.	00,317.	13,437.	40,104.	0,034	6 669,339.
_	(less section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						ļ
	Add lines 10a and 10b	34,769.	66,917.	75,437.	46,184.	6,032	229,339.
_	Net income from unrelated business	34,703.	00,51,	7374371	10/101	0,052	223,3331
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	3,128.	6.	35,737.	5,490.	1.578	45,939.
13	assets (Explain in Part IV.)	7/2201	9.1	.*	,	× 1,	15 203 554
	First five years. If the Form 990 is for	the organization's	first second third	1 fourth or fifth ta	y vear as a section	501(c)(3) organ	
	check this box and stop here	THE OTHER PROPERTY.		.,,			▶□
Sec	tion C. Computation of Publ	c Support Per	rcentage				
	Public support percentage for 2008 (olumn (fl)		15	98.19 %
	Public support percentage from 2007		•	***************************************		16	98.01 %
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13. column (fi)	-	17	1.51 %
	Investment income percentage from	•			····· · · · · · · · · · · · · · · · ·	18	1.63 %
	33 1/3% support tests - 2008. If the						
	more than 33 1/3%, check this box as						▶ X
ь	33 1/3% support tests - 2007. If the						and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
							==

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public 🦓 Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ,

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the	organization	answered	"Yes," to	Form 990.	Part IV.	line 5 (Prox	v Tax).	then
			,		,	1	, ·,,	

 Section 501(c)(4), (5), or (6) organiza 	tions. Complete Part III.			
Name of organization			Emp	loyer identification number
	L CITIZENS ADVIS			92-0133631
Part I-A To be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
See the instructions for S				
1 Provide a description of the organiz	zation's direct and indirect politic	al campaign activities	in Part IV.	
2 Political expenditures				•
3 Volunteer hours				
			.,,	
Part I-B To be completed b	y all organizations exem	pt under section	501(c)(3).	
See the instructions for S	•		• • • •	
1 Enter the amount of any excise tax		der section 4955	>	
2 Enter the amount of any excise tax				
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				
b if "Yes." describe in Part IV.				
Part I-C To be completed b	y all organizations exem	pt under section	501(c), except section	on 501(c)(3).
See the Instructions for S	Schedule C for details.			
1 Enter the amount directly expended		ction 527 exempt fund	ction activities	S
2 Enter the amount of the filing organ				
, -	.,,,,,,	*		B
3 Total of direct and indirect exempt				
Form 1120-POL, line 17b			· · · · · · · · · · · · · · · ·	B
4 Did the filing organization file Form				
5 State the names, addresses and er				
Enter the amount paid and indicate	if the amount was paid from the	e filing organization's f	unds or were political contri	butions received and
promptly and directly delivered to a	a separate political organization,	such as a separate se	gregated fund or a political	action committee (PAC).
If additional space is needed, provi	de information in Part IV.			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	, ,		filing organization's	contributions received and
			funds. If none, enter -0-	promptly and directly delivered to a separate
				political organization.
				If none, enter -0
		1		
				Ì
				<u> </u>
,				
LUA For Drivery Ass and Department	Packetian Act Nation rea th	a Instructions for Ex	rm 990 Schedule C	(Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008					IL 92-0	133631 Page 2
Part II-A To be completed b			•		at filed Form 576	3
(election under sec				hedule C for details.		
A Check ► if the filing organiza		-				
Limi	its on Lob	bying Expe	nd "limited control" p nditures ınts paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pul	lic opinion (grassroots lobbying)		3,000.	
b Total lobbying expenditures to infl					49,637.	
c Total lobbying expenditures (add I					52,637.	
d Other exempt purpose expenditur					3,225,284.	
e Total exempt purpose expenditure	es (add line	s 1c and 1c	0		3,277,921.	
f Lobbying nontaxable amount. Ent	er the amo	unt from the	following table in bo	th columns.	313,896.	
If the amount on line, te, column (a) c	or (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		_ 20% of	the amount on line 1e	a	_	Sal Francisco
Over \$500,000 but not over \$1,00	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			cess over \$500,000.	·	100
Over \$1,000,000 but not over \$1,5	ver \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000			cess over \$1,000,000		
	er \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,0			ess over \$1,500,000.	,	
Over \$17,000,000				ì		
<u>-</u>					78,474.	# 1 Table 1

h Subtract line 1g from line 1a. Enter					0.	
i Subtract line 1f from line 1c. Enter					0.	
j If there is an amount other than ze		riin e 1n ori	line 11, did the organiz	zation file Form 4720	_	
reporting section 4911 tax for this	year7	<u></u>	raging Period Under		<u></u> <u>L</u>	Yes No
	ns below.	it made a so See the ins	ection 501(h) election tructions for lines 2:	n do not have to comp a through 2f of the ins		
	Lobi	ying Expen	ditures During 4-Ye	ar Averaging Period	·	
Calendar year (or fiscal year beginning in)	(a) á	2005	(b) 2006	(c) 2007	(പ) 2008	(e) Total
2a Lobbying non-taxable amount					313,896.	313,896.
b Lobbying ceiling amount		`			•	
(150% of line 2a, column(e))		. `		*		470,844.
c_Total lobbying expenditures					52,637.	52,637.
d Grassroots non-taxable amount					78,474.	78,474.
e Grassroots ceiling amount			·· ···································	 	10,4/4.	10,4/4.
(150% of line 2d, column (e))		Î	,	<u>'</u>		117,711.
4. Gracernate labbuing ownered					3,000.	
Grassroots lobbying expenditures					Schedule C (Form 9	3,000.
					ocueante C (Form 9	シン ひょ かみハ・ピケン えんいね

Schedule C (Form 990 or 990-EZ) 2008 REGIONAL CITIZENS ADVISORY COUNCIL 92-0133631 Page 3

[Part II-B] To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

		(a)		o)
		Yes	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			 -	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		l	•	
а	Volunteers?		\mathbf{x}		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
e	Publications, or published or broadcast statements?		X		
1	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		x		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Х		
	Other activities? If "Yes," describe in Part IV		Х		
	Total lines 1c through 1i		7		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			100	
	If "Yes," enter the amount of any tax incurred under section 4912	,	• •		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	•	· ·		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			,	
art	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.			· 	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
art	III-B To be completed by all organizations exempt under section 501(c)(4), 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR i				ion
	answered "Yes." See Schedule C instructions for details.	n Fart u	-A, ques	uon 3 is	
1	Dues, assessments and similar amounts from members		[1]		
2 .	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic	 • al	·		
	expenses for which the section 527(f) tax was paid).	<i>,</i> e,	1 1		
	Current year		2a		
ь	Carryover from last year		2b		
c ·	Total		1 - 1		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pr				
4	expenditure next year?		A.		
4	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	· · · · · · · · · · · · · · · · · · ·	
			4		

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 8, 7, 8, 9, 10, 11, or 12. Open to Public 1

Name of the organization

Employer identification number

	REGIONAL CITIZENS	ADVISORY COUNCIL	92-0133631
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 w	vitting that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or pl	leasure) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a conserva	ition easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	-		2b
c	** * *	cture included in (a)	2c
đ			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the taxable
	year >		
4	Number of states where property subject to conservation easi	ement is located >	
5	Does the organization have a written policy regarding the period	<u> </u>	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and		·
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the o	rganization's accounting for
	conservation easements.	- 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, edu	•	ervice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these ite		
b	If the organization elected, as permitted under SFAS 116, to re		
	or other similar assets held for public exhibition, education, or	research in furtherance of public service, pro-	vide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	-	, provide
l	the following amounts required to be reported under SFAS 116	-	
	Revenues included in Form 990, Part VIII, line 1		
Ь	Assets included in Form 990, Part X		> \$
<u> </u>			
A	For Privacy Act and Paperwork Reduction Act Notice, see t	the Instructions for Econ 900	Schedule D (Form 990) 2008

		L CITIZEN						92-01			<u>, 2</u>
3	Using the arganization's accession and other that apply):	r records, check ar	ny of the fo	llowing the	at are a signi	ncant us	e of its co	lection ite	ms (cned	ck all	
а	Public exhibition		<u> </u>		change progr						
ь	Scholarly research				alange progr						
6	Preservation for future generations		۰ س	/tilei							
4	Provide a description of the organization's co	diections and expla	ain how the	av furthar f	ha Amanitati	ion'e ava	mot our	nee in Par	+ YIV		
5	During the year, did the organization solicit o							030 #11 QI	· /// ·		
•	to be sold to raise funds rather than to be ma							_	Yes		io
Pa	rt IV Trust, Escrow and Custodial	Arrangement	S. Comple	te d oman	ization answ	ered "Ye	s" to Form		t/V line	9 Or	<u> </u>
	reported an amount on Form 990, Par	t X, line 21.		io ii oigui		0,00		. 555,		J, J.	
	Is the organization an agent, trustee, custodi	an or other interme	diary for c	ontribution	ns or other as	seets not	included				_
	on Form 990, Part X?								Yes		lo
h	If "Yes," explain the arrangement in Part XIV	and complete the f	allowing to	hle		•• ••••••			J 162		U
	Too, explain the artingement in Lat XIV	and complete the r	Olowing to	iole.					Amoun		_
c	Reginning halance						أحدا		- Vi Liooiii	<u>-</u> -	
_	Beginning balance	• • • • • • • • • • • • • • • • • • • •			•••••	••• ••• ••	1c				_
đ	Additions during the year				*** ***		<u>1d</u>				
e	Distributions during the year										—
_f	Ending balance			••••••			[_1f_]		4	7	
	Did the organization include an amount on Fo		0 217			· · · ·	···· ··· ···	ـــــ	Yes	LJ N	lo
_	If "Yes," explain the arrangement in Part XIV.										
rai	t V Endowment Funds. Complete if										
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three y	ears Dack	(e) Four	years bac	<u>K</u>
1a	Beginning of year balance			·				·			
ь	Contributions		 		\ <u></u>						
C	Investment earnings or losses								<u>``</u>		<u>.</u>
ď	Grants or scholarships		<u> </u>	1,45 6 ,	· · · · · · · ·		<u>' ''</u>		<u>``</u>	<u>`</u>	
G	Other expenditures for facilities		图 2005		1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		5 1 0 5 1 0		^*,	t	
	and programs		7 7 16		1	` - ' '	<u> </u>		<u> </u>	·	
f	Administrative expenses			en is the		. ***			·	• •	_1
g	End of year balance		1 . " 1 . "	74.	17.		·				_{{1}\over{4}}
2	Provide the estimated percentage of the year		as:								
8	Board designated or quasi-endowment		_%								
þ	Permanent endowment	%									
C	Term endowment >	•									
3 a	Are there endowment funds not in the posses	ssion of the organiz	zation that	are held a	nd administe	red for the	ne organiz	ation	r		
	by: -									Yes No	<u> </u>
	(I) unrelated organizations				· ·- ·				3a(i)		
	(il) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required (on Schedu	ile R?	••• •••••				35		
4	Describe in Part XIV the intended uses of the										
<u>Par</u>	t VI Investments - Land, Building	s, and Equipm	ent. See	Form 990	, Part X, line	10.					_
	Description of investment	(a) Cost or o	- 1	(b) Cost	or other	(c) D	epreciatio	n	(d) Book	value	
	<u> </u>	basis (investi	ment)	basis	(other)						
1a	Land										_
	Buildings										_
	Leasehold improvements										_
	Equipment										_
	Other .			7	7,672.		68,2	51.		,421	-
	Add lines 1a-1e. (Column (d) should equal For		ımn (B). lin							,421	
							5	Schedule			_

Part VII Investments - Other Securities	CITIZENS ADVI	SORY COUNCIL	<u>L</u>	92-0133631	Page
(a) Description of security or category	(b) Book value	l e 12.	(c) Method of va	aluation:	
(including name of security)		0	ost or end-of-year i		
nancial derivatives and other financial products					
osely-held equity interests					
her		- 			
					
					_
٠,					
at (Callb) about a surfference CAC Doubly and (D) the 40		- [-
al. (Col (b) should equal Form 990, Part X, col (B) line 12. art VIII Investments - Program Related	See Ferry 2000 Deed V. Si				· · ·
	- I	1e 13.	(c) Method of va	aluation:	
(a) Description of investment type	(b) Book value	Co	ost or end-of-year n	narket value	
					
	 				
					
					
					
tal. (Col (b) should equal Form 990, Part X, col (B) line 13.	>	, - Mr.C. ,			
art IX Other Assets. See Form 990, Part X,					
	(a) Description			(b) Book val	ue
					
					.
					
of Cohere (b) of order and 5 in 2000 Part V and 0	D. (
art X Other Liabilities. See Form 990, Part X, col (l	3) line 13)	<u> </u>		Z L	
(a) Description of liability	7,	(b) Amount	1		
deral income taxes		~ 			
·			}		
			Ì ,		\$
]	ı	
			{	· -	
			{ .		
			{		
			,		
al. (Column (b) should equal Form 990, Part X, col (t	3) line 25.)		ļ		•
Part XIV, provide the text of the footnote to the organ		ents that reports the orc	anization's liability	for uncertain tax po	sitions
ier FIN 48					
53			9	chadula D (Form 99	w 200

	tule D (Form 990) 2008 REGIONAL CITIZENS ADVISORY CO	UNCIL		92-	-0133631 Pag	₁₆ 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Fin	ancial State	eme	nts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,110,31	8.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		3,277,92	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<167,60	
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			0.
0	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		<167,60	
	XII Reconciliation of Revenue per Audited Financial Statements			er Retur		
					3,110,31	8.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains on investments	<u>.</u>		İ		
	Donated services and use of facilities 2				j	
	Recoveries of prior year grants				1	
					}	
					' }	n .
	•				3,110,31	<u>ו</u>
	Subtract line 2e from line 1	•••••	•••••	···· 3	2,410,21	<u>y •</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_ 1				
	Investment expenses not included on Form 990, Part VIII, line 7b				1	
	Other (Describe in Part XIV)				·{	^
-	Add lines 4a and 4b				3,110,31	0.
5 201	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) XIII Reconciliation of Expenses per Audited Financial Statements	With Evne	<u></u>	nor Pot		<u>• •</u>
_					3,277,92	<u> </u>
	Total expenses and losses per audited financial statements			···	3.611.34	±.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1		ļ.	1	
	Donated services and use of facilities			 ∤	į.	
	Prior year adjustments					
	Losses reported on Form 990, Part IX, line 25	₹├				
	Other (Describe in Part XIV)					^
	Add lines 2a through 2d			f .	2 277 62	<u>v</u> .
_	Subtract line 2e from line 1		• • • • • • • • • • • • • • • • • • • •	3_	3,277,92	7.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		}		
	nvestment expenses not included on Form 990, Part VIII, line 7b	_,		 		
		<u> </u>				_
C	Add lines 4a and 4b			4c	 	<u>o.</u>
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u> </u>	· ·····	<u>. </u>	3,277,92	<u>1 •</u>
	XIV Supplemental Information					
-	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	5 14 8110 4; Pat	. IV, III	nes 10 ano	cu, rait v, iiiiy 4, Fal	
						_
						
						<u> </u>
				Sche	dule D (Form 990) 20	800

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number REGIONAL CITIZENS ADVISORY COUNCIL

92-0133631

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			~ ~
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			Ì
	First-class or charter travel	1	1	1 - 1
	Travel for companions Payments for business use of personal residence	ŀ		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1 1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision		i .	į]
	of all of the expenses described above? If "No," complete Part III to explain	. 1b		~ ~
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		c à	1
•	CEO/Executive Director, Check all that apply.	Ι.	1	િં 'ફ્રો
	Compensation committee X Written employment contract	1 1	` '	1 1
	Independent compensation consultant X Compensation survey or study	1,	}	1
	Form 990 of other organizations X Approval by the board or compensation committee		p. 1	
	The second of th	·	ľ	• •
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	١,	ن ن	4
a	Receive a severance payment or change of control payment?	4a	-	X_
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	• —		X_
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,			. 1
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		>	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		. •	1 1
•	contingent on the revenues of:	<u> </u>		. [
a	The organization?	5a		X
	Any related organization?	5b		X
_	If "Yes," to line 5a or 5b, describe in Part III.	. 33		1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	J i	· .	
	contingent on the net earnings of:			•
а	The organization?	6a	President and	X
b	Any related organization?	1		X
-	If "Yes" to line 6a or 6b, describe in Part III.	·	,	4
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	["	خطىت.مشهر	الحياج بيهور
•	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	Initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
.HA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (Form	990)	2008

REGIONAL CITIZENS ADVISORY COUNCIL

Schedule J (Form 990) 2008

92-0133631

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Page 2

Note. The sum of columns (B)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2 and/or 1090MISC compensation	SiMOOUT JODGANIS	Componention				- 1
				S companisation	2	: :	æ,	Œ.
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other compensation	Compensation	Nontaxable benvifts	Total of columns (B)(i)·(D)	Compensation reported in prior
		•	compensation					Form 990 at Form 990-EZ
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Schedule J (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Transactions with Interested Persons**

➤ Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

Schedule L (Form 990 or 990-EZ) 2008

2008
Open To Public Inspection

	e organization RE	GIONAL	CII	IZE	NS ADVIS	ORY	COU	NCIL		- 19	mploye 92-01			number
Part I	Excess Benefi													
1	To be completed b	y organization	is that	answe	ered "Yes" on Fo	orm 99	30, Part IV	, line 25a or	25b, or I	orm 99	0-EZ, Pa	rt V, line	1	
(a) Name of disqualified person						(b) Description of transaction					on			rected?
													Yes	No_
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section											. > \$			
3 Enter th	he amount of tax, if a	any, on line 2,	above	, reimt	oursed by the or	ganiza	ation				🕨 \$			
Down 11	1 complete and to	- Francis		F										
Part II	Loans to and/o													
	To be completed by											38a. proved		
	me of interested on and purpose	(b) Loan the orga			(c) Original prin	inal principal mount		lance due) in ault?	by bo	ard or	(g) W	ritten ment?
P4	, , ,	\		om	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes No		 	
				3171			 		Yes	No	Yes	No	Yes	No_
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Total						\$].			
Part III	Grants or Assis			-										
	To be completed by		s that											
(a)	Name of interested	person	Ì	•	(b) Relatio∩ship	betwe	en intere: ganızation	sted person	and	1	(c) Amou	unt of gr f assista		pe
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	**				· · · · · · · · · · · · · · · · · · ·				~	+-				
										1				
Part IV	Business Trans To be completed by			_				lines 28a, 2	3b, or 28	Bc.				
(a)	Name of interested			(b) Re	lationship betw	een in	terested	(c) Amo			Descript	ion of		ring of
			Į	P	erson and the or	d the organization (c) Allocation			` `	transaction			organization's revenues?	
	· · · · · · · · · · · · · · · · · · ·												Yes	No
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O

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(Form 990)

832211 12-18-08

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Manager Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DECTONAT

Employer identification number

Schedule O (Form 990) 2008

REGIONAL CITIZENS ADVISORY COUNCIL 92-0133631
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SAFETY AND RESPONSE PLANS, TERMINAL AND OIL TANKER OPERATIONS, AND THE
ENVIRONMENTAL IMPACTS OF OIL RELATED OPERATIONS IN PRINCE WILLIAM
SOUND.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COUNCIL INCREASES PUBLIC AWARENESS OF THE COMPANY'S OIL SPILL
RESPONSE, SPILL PREVENTION AND ENVIRONMENTAL PROTECTION CAPABILITIES,
AS WELL AS THE ACTUAL AND POTENTIAL ENVIRONMENTAL IMPACTS OF TERMINAL
AND TANKER OPERATIONS.
FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS INITIALLY REVIEWED BY
THE FINANCE MANAGER AND DIRECTOR OF ADMINISTRATION. STARTING THIS YEAR, WE
ARE SCHEDULING A MEETING WITH THE FINANCE COMMITTEE CONSISTING OF FOUR
BOARD MEMBERS WHO WILL REVIEW THE 990 BEFORE IT IS GIVEN TO THE EXECUTIVE
DIRECTOR FOR SIGNATURE AND MAILING TO THE IRS. A COPY OF THE FORM 990 WILL
BE PROVIDED TO ALL BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C: WE HAVE DEVELOPED A CONFLICT OF
INTEREST QUESTIONNAIRE THAT WILL BE GIVEN TO ALL BOARD MEMBERS AND STAFF AT
THE BEGINNING OF THEIR TENURE AND THEN AGAIN AT THE BEGINNING OF EACH YEAR.
THE RESPONSES TO THE QUESTIONNAIRE WILL BE GIVEN TO THE FINANCE COMMITTEE
MEMBERS AS PART OF THEIR REVIEW OF THE 990.
,
FORM 990, PART VI, SECTION B, LINE 15: DURING 2009, PRINCE WILLIAM SOUND

RCAC COMMISSIONED AN INDEPENDENT, COMPREHENSIVE COMPENSATION AND BENEFIT

SCHEDULE O

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(Form 990)

832211 12-18-08

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Schedule O (Form 990) 2008

Name of the organization Employer identification number REGIONAL CITIZENS ADVISORY COUNCIL 92-0133631 STUDY COVERING ALL POSITIONS IN PWSRCAC INCLUDING THE EXECUTIVE DIRECTOR POSITION. DETAILED JOB DESCRIPTIONS WERE PROVIDED TO THE CONSULTANT COMPLETING THE SURVEY AND THE CONSULTANT USED A NUMBER OF SOURCES TO DEVELOP SALARY RANGES FOR EACH POSITION. THE CONSULTANT ALSO VALIDATED THE COST OF LIVING DIFFERENTIAL USED BY DWGDCAC FOR STAFF LOCATED IN ITS VALDEZ OFFICE. THE CONSULTANT REVIEWED EXISTING PAID LEAVE POLICIES AND DID NOT RECOMMEND ANY CHANGES TO THEM. THE CONSULTANT FOUND THAT PWSRCAC'S CURRENT PAY SCALES, INCLUDING THAT OF THE EXECUTIVE DIRECTOR, ARE GENERALLY WITHIN THE RANGE HE RECOMMENDED. PWSRCAC'S FINANCE COMMITTEE REVIEWED THE CONSULTANT'S REPORT IN DETAIL AND WE EXPECT THE FINANCE COMMITTEE WILL RECOMMEND TO THE FULL BOARD OF DIRECTORS ANY CHANGES TO PWSRCAC'S PAY SCALES THAT MAY BE WARRANTED FORM 990, PART VI, SECTION C, LINE 18: OUR FORM 990 IS AVAILABLE UPON REQUEST AS WELL AS ONLINE. FORM 990, PART VI, SECTION C. LINE 19: OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH OUR WEBSITE_AND UPON REQUEST. THE PROCESS FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT DID NOT CHANGE FROM THE PRIOR YEAR SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: PRINCE WILLIAM SOUND SCIENCE CENTER

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

REGIONAL CITIZENS ADVISORY COUNCIL 92-0133631 (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SHARED DIRECTORSHIP (C) AMOUNT OF GRANT \$ 9674.	Name	of the organiza	tion	PECI	ron:	AT. CTT	TZRNC	ADVICORY	COIII	NCTI.		Employer identification number 92-0133631
SHARED DIRECTORSHIP (C) AMOUNT OF GRANT \$ 9674.	4-3											
(C) AMOUNT OF GRANT \$ 9674.					ĽWE)	EN INT	ERESTE	D PERSON	AND	ORGANIZ	ZATIO	<u>N:</u>
	SHA	RED DIRI	<u> SCT(</u>	DRSHIP	_					·		
	<u>(C)</u>	AMOUNT	OF	GRANT	\$	9674.						
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