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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)

OMB No 1545-0047 2008 Open to Public

Inter	nal Revenue	Service	► The organization	may have to use a c	opy of this return		<u> </u>	ements		Inspection
A	For the 200	8 calendar yea	ar, or tax year beginning	10/01/08	, and ending	9/30/0	9			
	Check if applica	ble Please	C Name of organization					D E	mployer id	lentification number
	Address change	use IRS label or	WI	REGRASS RO	&D COUNC	IL				
$\overline{\Box}$	Name change	print or	Doing Business As					5	<u> 57-088</u>	84303
\equiv	-	type	Number and street (or P O box r	f mail is not delivered to stre	et address)		Room/suite	ET	elephone ni	umber
닏	Initial return	See	1690 W.ROY	PARKER ROA	D O		<u> </u>	3	<u> 334-7</u>	74-2334
\square	Termination	Specific Instruc-	City or town, state or counti	ry, and ZIP + 4				G Gros	s receipts \$	297,128
П.	Amended return		OZARK		AL 363	60		_		
一	Application pen	E Name	and address of principal officer					H(a)	ls this a group	return for
ш.	Application pen		EG GLASS						affiliates?	Yes X No
		16	90 W. ROY PAR	KER ROAD				H(p)	Are all affiliate	es Yes No
		OZ	ARK	AL	36360					a list (see instructions)
$\overline{}$	Tax-exempt	status X	501(c) (3) ∢ (inse	ert no) 4947(a		527				
	Website:				· · · · · · · · · · · · · · · · · · ·			H(c)	Group exemp	tion number
	Type of organiz		poration Trust Associ	ation X Other > 1	NON-PROFI	T L	Year of formation	1967		ate of legal domicile AL
	art I	Summar								
<u> </u>	T'		ne organization's mission or	most significant act	vities					
	1	•	OCAL COMMUNITIE	_		OUGH BUIL	DING REL	ATION	SHIPS.	
JCe	1		ING PARTNERSHIPS						· ,	
Governance				,						
Ver	2 Chec	ck this box	If the organization d	Iscontinued its opera	ations or dispose	of more than 2	5% of its asset	e		
ဖိ			members of the governing	•	-	of more than 2	3 % Of its asset	1	3 40)
Activities &		•		• •	•			_	4 40	
ij	1	· ·	endent voting members of the employees (Part V, line 2a)	ie governing body (r	ant vi, line ib)			_	5 2	<u> </u>
χį									6 20	<u> </u>
ĕ	1		olunteers (estimate if neces	• •	.k (C)			<u> </u>	-+	<u>, </u>
		_	ated business revenue from						7a	0
	b Net u	unrelated bus	siness taxable income from	Form 990-1, line 34			Prior		7b	Current Year
	8 Cont	tributions and	grants (Part VIII, line 1h)					58,90	65	296,737
Revenue			revenue (Part VIII, line 2g)				_			
) e	1		ie (Part VIII, column (A), line	es 3 4 and 7d\					84	391
₹ &			art VIII, column (A), lines 5,	•	l 11e\				-	
Ś		•	dd lines 8 through 11 (musi		•		2	59,04	49	297,128
1	 		r amounts paid (Part IX, co		11111 (A), IIIIC 12)			48,3°		196,557
)			r for members (Part IX, col					10,5	' ' 	
3	1	· ·			- (A) Irana E 10\			27,4	72	36,607
Ses	15 Sala		ralen E College Market Dum		n (A), lines 5–10)			21,3	<u>'</u>	30,007
Expenses	16a Prote	essional rund	expenses (Part IX, column	η (A), line TTe)					+-	
, X	D Tota							40,6	70	43,285
, –		er expenses (Part IX, column (A), lines	(a) 10, 111-241)				16,5		
) !		и п	Ado lines 13-19 (must equal	7.5.11	, line 25)				-	
- 5		enue less ext	penses Subtract line 18 from	Muhe 12			Beginnin	42,50	<u> </u>	20,679 End of Year
Net Assets or Fund Balances	20 Tota	I assets (Part	OGDEN UT	ľ				53,22	25	74,648
Asse Bala	20 Tota	i assets (Fait Hiabilities (Pa							61	1,104
Zet Z	21 Tota			t from the 20				52,8		73,544
	·		d balances Subtract line 21	from line 20				JZ , 0	74	13,544
	art II	Signatur								
		Under penalt and belief, it	ies of perjury, I declare that I had it is true, confect, and complete it.	we examined this return eclaration of preparer (n, including accompa (other than officer) is	inying schedules a based on all infori	nd statements, a mation of which t	nd to the b preparer ha	est of my k as anv know	nowledge vledge
		17	スパスプ	1.11	,,					
Sig		<u> </u>	LAIG V				 	100	26.09	<u> </u>
He	re	Signatui	re of officer					11	Date	c
		نف 🗸 🚺	rea (flass, (<u>'hairma</u>	<u> </u>	··-	<u> </u>	12	٠,٥٠٥	
		Type or	print hame and title							
_		Preparer's		1 .		Date	Che			reparer's identifying number ee instructions)
Pai		signature	1 Shout B	source Ct	4	12/1	5/09 self-	loyed 🕨	Ĭ L	200278500
	eparer's	Frank	Bevis	Eberhart E	rowning	Walker&S		EII		
Us	e Only	Firm's name if self-employ	(or yours				····		ione	
	ŀ	address, and			-1456			no	. 22	4-774-0514
May	y the IRS di	scuss this ref	turn with the preparer show							Yes No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

4d Other program services (Describe in Schedule O)

including grants of \$ (Expenses \$

) (Revenue \$

4e Total program service expenses > \$

214,718 (Must equal Part IX, Line 25, column (B).)

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X 2 2 is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete X 6 Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D. X Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return 12 X that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 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 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 21 Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions X 24b-24d and complete Schedule K If "No," go to question 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X person from a pnor year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X

<u> </u>	art IV Checklist of Required Schedules (continued)		T.,,	
		<u> </u>	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			ł
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	Ì	ĺ	1
	employee), or an indirect business relationship through ownership of more than 35% in another entity			1
	(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? If "Yes,"			
	complete Schedule L, Part IV	28b	ļ	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			l
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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			l
	VI	37		x
_	VI		990	•

<u> Pa</u>	art V Statements Regarding Other IRS Filings and Tax Compilance	 -		
		r	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of LLS Information Returns Enter -0- if not applicable			
_	O mornator retains 2 met approach			;
þ	Enter the number of Forms 44-20 molecular limits for Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4-	X	
_	gaming (gambling) winnings to prize winners?	1c		
2a				
	otation of the calculation of th		X	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		\vdash
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2-	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
3a	this return?	3a		X
k_	If "Yes;" has it filed a Form 990-T for this year? If "No;" provide an explanation in Schedule O	-3b-		
b 4a	and the state of t		-	
70	over, a financial account in a foreign country (such as a bank account, secunities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			- <u></u>
	\$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		3,5
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		x
	required?	- '''		 -
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	<u> </u>		T-
а	Did the organization make any taxable distributions under section 4966?	9a		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
··a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)		L	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>L_</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Pa	rt VI Governance, Management, and Disclosure (Sections A, B, and C request information aborequired by the Internal Revenue Code.)	ut policies n	ot	
500	tion A. Governing Body and Management			
<u> </u>	tion A. Governing body and management		V	
	5 1 194 19 19 19 19 19 2 7 It halow and far a White annual to lines 0 or 0h halow decombs the		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, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body			
1a				
b	Little the name of the state of			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	7,7
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct	1 1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its 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
6	Does the organization have members or stockholders?	<u>-6</u>		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	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 by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	"		
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
40		35		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		x
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		-
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies	<u>_</u>		Г
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├──
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	├─
С	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	<u> </u>
13	Does the organization have a written whistleblower policy?	13	<u> </u>	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	[[
а	The organization's CEO, Executive Director, or top management official?	15a		_X_
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
•	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16ь	-	-
500		1 100		
	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ DEBORAH CHILDREE 1690 W.ROY PARKER RD			
0	ZARK AL 36360	334-77	<u>4-2</u>	334

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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 Na	Check this box if the or	ganization did not compen	sate	any (office	er, dı	recto	r, tru	stee, or key employee				
GREG GLASS CHAIRMAN 10 X 0 0 0 0 GILMER GRANT VICE-CHAIRMA 3 X 0 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 0 JAMES H. PEEBLES SECR/TREAS X 10 0 0 0 0 H. ESTUS WALKER	(A)			(C)									
GREG GLASS CHAIRMAN 10 X 0 0 0 GILMER GRANT VICE-CHAIRMA 3 X 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 JAMES H. PEEBLES X 0 0 0 SECR/TREAS X 0 0 0 H. ESTUS WAIKER X 0 0 0	Name and Title	Average hours per				all t	hat ap	ply)		Reportable compensation			
GREG GLASS CHAIRMAN 10 X 0 0 0 GILMER GRANT VICE-CHAIRMA 3 X 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 JAMES H. PEEBLES X 0 0 0 SECR/TREAS X 0 0 0 H. ESTUS WAIKER X 0 0 0			or div	nstit	₹	ę	P G	g'	from	from related	other		
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GREG GLASS CHAIRMAN 10 X 0 0 0 GILMER GRANT VICE-CHAIRMA 3 X 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 JAMES H. PEEBLES X 0 0 0 SECR/TREAS X 0 0 0 H. ESTUS WAIKER X 0 0 0			٦	nal tr		oye	Ĕ		(W-2/1099-MISC)				
GREG GLASS CHAIRMAN 10 X 0 0 0 GILMER GRANT VICE-CHAIRMA 3 X 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 JAMES H. PEEBLES X 0 0 0 SECR/TREAS X 0 0 0 H. ESTUS WAIKER X 0 0 0			itee	uste		ľ	ens						
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GILMER GRANT VICE-CHAIRMA 3 X 0 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 0 JAMES H. PEEBLES SECR/TREAS X 0 0 0 0 H. ESTUS WAIKER	GREG GLASS		 										
VICE-CHAIRMA 3 X 0 0 0 WILLIAM PARKER SECR/TREAS 25 X 0 0 0 0 JAMES H. PEEBLES SECR/TREAS X 0 0 0 0 H. ESTUS WAIKER X 0 0 0 0	CHAIRMAN	10	X						0	0	0		
WILLIAM PARKER SECR/TREAS 25 X 0 0 0 JAMES H. PEEBLES SECR/TREAS X 0 0 0 H. ESTUS WAIKER	GILMER GRANT												
SECR/TREAS 25 X 0 0 0 JAMES H. PEEBLES X 0 0 0 SECR/TREAS X 0 0 0 H. ESTUS WAIKER 0 0 0			X						0	0	0		
JAMES H. PEEBLES SECR/TREAS X 0 0 0 H. ESTUS WALKER													
SECR/TREAS 0 0 0 0 H. ESTUS WAIKER			_		X				0	0	0		
H. ESTUS WALKER		BLES								_	_		
			₩	<u> </u>	<u> </u>	├		X	0	0	0		
CHARMAN X U U U U U U U U U U U U U U U U U U		KER				ļ		. ,		•	^		
	CHAIRMAN						-	X	<u> </u>		U		
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										•			
			\vdash	T	 	 	T	\vdash					
	•			1									

<u>Paı</u>	rt VII Section A	A. Officers, Directors, Trus (B)	tees	, Ke		nploy C)	yees	, an	d Highest Compensated E (D)	Employees (continued) (E)		(F)		
	(A) Name and title	Average hours per	-			all th	nat ap		Reportable compensation	Reportable compensation		stimate mount	of	
		week	Individual trustee or director	instrtutronal trustee	cer	Key employee	Highest compensated employee	mer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other opensa from th ganizat od relat anizati	ation e tion ted	
											_			
													<u>-</u>	
											_			
														_
						ļ		<u> </u>						_
														-
												····		
				<u> </u>										
1b 2	Total Total number of indiv	viduals (including those in 1	a) wl	ho re	ceiv	ed m	nore t	▶ than	\$100,000 in reportable con	pensation from the	<u> </u>			
	organization ▶ 0											一	Yes	No
3		list any former officer, directly and first and former officer, directly and first a							ee, or highest compensated			3	X	110
4	For any individual lis the organization and	ted on line 1a, is the sum of related organizations great	f repo	ortab	ole co	mpe	ensat	ion :	and other compensation fro complete Schedule J for si	m uch				
5		d on line 1a receive or accru the organization? If "Yes,"										5		X X
Sec	tion B. Independent		COM	picto	OGI	- Cuui	C J I	JI 31	ich person			<u>-</u>	\	
1	Complete this table f compensation from t		nsate	d inc	depe	nder	nt cor	ntrad					_	
		(A) Name and business address		_				-	Descrip	(B) stion of services		Com	(C) pensat	ion
				_				_						
								igdash		······································				
							_							
2	Total number of inde	ependent contractors (includ the organization ►	ling t	hose	e in 1) wh	o rec	eive	ed more than \$100,000 in					
DAA												Form	990	(2008)

Pa	<u>ırt V</u>	III Statement of Rev	enue						
_	_				_	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>		= 1 1	4. [revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	1 a	Federated campaigns	1a						
gra	b	Membership dues	1b						•
s, (a	С	Fundraising events	1c						
ar	d	Related organizations	1d						
s E	۵	Government grants (contributions)	10		261,908				:
P.S	,	All other contributions, gifts, grants,]
돌	T	and similar amounts not included above			34 000				
댪	İ		1f	_	34,829				
20	g	Noncash contributions included in lines 1	a-1f 💲	i					
ي ھ	h_	Total. Add lines 1a-1f	_		>	296,737			
e					Busn. Code				
	2a_				-				
ě					<u> </u>		<u> </u>		
ě	b				1			·	
. <u>ĕ</u>	C					•			
လွ	d								
ᇤ	е								
ğ	f	All other program service reve	enue		1 1				
F	g	Total. Add lines 2a-2f							
_	3	Investment income (including	dnudo	do interes					
	3		aividei	ius, intere		201	201		
		other similar amounts)			.	391	391		
	4	Income from investment of ta	k-exem	pt bond pr	roceeds 🕨 📙				
	5	Royalties			>				
		(ı) Real		(u)	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	"								
	C	Rental inc or (loss)					-		
	_d	Net rental income or (loss)			•				
	7a	Gross amount from (i) Securit sales of assets	es	(1	ı) Other				
		other than inventory							
	ь	Less cost or other		j					
		basis & sales exps		1]
		`		+					
		Gain or (loss)		ــــــــــــــــــــــــــــــــــــــ					
		Net gain or (loss)			•				
	8a	Gross income from fundraising ev	ents		}				
ne		(not including \$			İ				
ē		of contributions reported on line 1	c)						
é		See Part IV, line 18		,					
Other Reven	h	Less direct expenses	Ŀ						
Ě		· ·	_					-	
0		Net income or (loss) from fund		events	•	· .			
	9a	Gross income from gaming activiti	es.						1
		See Part IV, line 19	ā	ــــــــــــــــــــــــــــــــــــــ					
	b	Less direct expenses	k	·[
	С	Net income or (loss) from gar	ning ac	tivities	•	·			I
	,	Gross sales of inventory, less							
		•							
	١.	returns and allowances							
		Less cost of goods sold	t						
i	<u> </u>	Net income or (loss) from sale	es of in	ventory					
		Miscellaneous Reveni	ie		Busn. Code				
	11a								
	ь						 		
						_			
	٥	All albanas :			 				
	d	All other revenue			<u> </u>				
		Total. Add lines 11a-11d			▶		<u> </u>	-	<u> </u>
	12	Total Revenue. Add lines 1h	2g, 3,	4, 5, 6d, 7	'd, 8c,				
		9c. 10c. and 11e			.	297,128	391	0	l 0

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).

	All other organizations must o	(A)	e not required to complet	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		5p	3 <u></u>	
•	organizations in the U.S. See Part IV, line 21	196,557	196,557		
2	Grants and other assistance to individuals in		220,007		
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors.				
•	trustees, and key employees				
- 6-	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	34,005	7,889	26,116	
8	Pension plan contributions (include section 401(k)	2-,000	.,		
•	and section 403(b) employer contributions)		-		
9	Other employee benefits				
10	Payroll taxes	2,602	604	1,998	
11	Fees for services (non-employees)			= 1 3	
	Management				
	Legal				
	Accounting	3,036		3,036	
	Lobbying	-/		-,	
e	Professional fundraising services See Part IV, line 17				·
f	Investment management fees				
g	Other				
12	Advertising and promotion	771	567	204	
13	Office expenses	3,672	1,384	2,288	
14	Information technology				
15	Royalties				•
16	Occupancy				
17	Travel	3,476		3,476	
18	Payments of travel or entertainment expenses	*		,	
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,122	73	10,049	
20	Interest	*			.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,475	5,655	820	<u> </u>
23	Insurance	2,004		2,004	
		•		•	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	RENT	5,853	1,800	4,053	
b	TELEPHONE	2,018		2,018	
C	AUTO EXPENSE	1,277	89	1,188	
d	POSTAGE & DELIVERY	1,177	100	1,077	
9	UTILITIES	943		943	
_	All other expenses	2,461		2,461	
25		276,449	214,718	61,731	
26		1	- 1	, -	
•	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (200

_ <u>P</u>	art)	Balance Sneet				-				
				(A) Beginning of year		(B End of	-			
				51,289	1		59,	562		
	1	Cash—non-interest bearing		31,209	2		10,			
	2	Savings and temporary cash investments			3		10,	200		
	3	Pledges and grants receivable, net			4					
	4	Accounts receivable, net	and and the same		4					
	5	Receivables from current and former officers, directors, tru	•		_					
	١.	employees, or other related parties Complete Part II of So			5					
	6	Receivables from other disqualified persons (as defined u								
		4958(f)(1)) and persons described in section 4958(c)(3)(B	Complete			-		-		
	۱_	Part II of Schedule L			6					
Assets	7	Notes and loans receivable, net		<u> </u>	7					
SS	8	Inventories for sale or use			8					
<u>₹</u>	9	Prepaid expenses and deferred charges	1 1 12.464		9					
	1	Land, buildings, and equipment cost basis	10a 13,464							
	þ	Less accumulated depreciation Complete		1 026				006		
		Part VI of Schedule D	10b 8,578	1,936			4,	886		
	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		E2 225	15		7 4	<u> </u>		
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		53,225			74,			
	17	Accounts payable and accrued expenses Grants payable		361	17 18		Ι,	104		
	18									
	19	Deferred revenue			19					
(A)	20	Tax-exempt bond liabilities			20					
Liabilities	21	Escrow account liability Complete Part IV of Schedule D			21	 				
	22	Payables to current and former officers, directors, trustees								
ä		employees, highest compensated employees, and disqua	lified					· — -		
_		persons Complete Part II of Schedule L			22					
	23	Secured mortgages and notes payable to unrelated third p	parties		23					
	24	Unsecured notes and loans payable			24	-				
	25	Other liabilities Complete Part X of Schedule D		361	25		1	104		
_	26	Total liabilities. Add lines 17 through 25	7	361	_26	 	Τ,	104		
nces		Organizations that follow SFAS 117, check here	and							
Ĕ		complete lines 27 through 29, and lines 33 and 34.								
Bala	27	Unrestricted net assets			27	<u> </u>				
ш	28	Temporarily restricted net assets			28					
or Fund	29	Permanently restricted net assets	e ▶ X		29	 				
Ē		Organizations that do not follow SFAS 117, check her	• F 1							
	20	and complete lines 30 through 34.			20					
ets	30	Capital stock or trust principal, or current funds	und		30 31	 				
Assets	31	Paid-in or capital surplus, or land, building, or equipment f		52,864		 	73,	541		
¥	32	Retained earnings, endowment, accumulated income, or o	other tunus	52,864			73,			
Net	33	Total net assets or fund balances		53,225			74,			
$\overline{}$	34 art)	Total liabilities and net assets/fund balances KI Financial Statements and Reporting		33,223	34		/ = ,	040		
·	<u> </u>	T manoral statements and responding		· · · · · · · · · · · · · · · · · · ·		-	Yes	No		
1	Ac	counting method used to prepare the Form 990 X C	Cash Accrual O	ther			~	_		
2	a We	ere the organization's financial statements compiled or revie	wed by an independent accountar	nt?		2a	Х			
ı	o We	ere the organization's financial statements audited by an ind	lependent accountant?			<u>2b</u>	L	X		
(c If"	Yes" to lines 2a or 2b, does the organization have a commi	ttee that assumes responsibility fo	r oversight of				ĺ		
	th	e audit, review, or compilation of its financial statements and	d selection of an independent acco	ountant?		2c	X			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
		e Single Audit Act and OMB Circular A-133?				3a	ļ	X		
	b f "	Yes," did the organization undergo the required audit or aud	dits?			3b	L	L		

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the Organization

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Employer identification number 57-0884303 WIREGRASS RC&D COUNCIL Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally Integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

	Yes	No
11g(i)		
11g(ii)		
11g(III)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (i) lı	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		ls the tion in col ized in the S ?	(vii) Amount of support
		-	Yes	No	Yes	No	Yes	No	
		-					<u> </u>		
							ļ	 -	
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otal		1		l		l	1		

and (III) below, the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

(ii) A family member of a person described in (i) above?

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

200	tion A. Public Support	cked the box	on line 9 of Pa	III.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
- Ou	ionali year (er needi year begiining niy s	(4) 2001	(2) 2000	(0) 2000	(4) 2001	(0) 2000	(1) 10101
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Ça	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		-				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business 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 assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	L		<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su	port Percenta	age				
15	Public support percentage for 2008 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2007 Sched					16	%
	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2008 (lin		-	column (f))		17	%
18	Investment income percentage from 2007 S					<u> 18</u> _	
19a	33 1/3 % support tests—2008. If the organ						
L	17 is not more than 33 1/3 %, check this bo		-	· · · · · · · ·			▶ _
þ	33 1/3 % support tests—2007. If the organ						. □
20	line 18 is not more than 33 1/3 %, check thing Private foundation. If the organization did		_				

Schedule A'(Form 990 or 990-EZ) 2008 WIREGRASS RC&D COUNCIL

57-0884303

Page 4

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

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 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Name of the organization 57-0884303 WIREGRASS RC&D COUNCIL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sčhe	dule D'(Form 990) 2008 WIREGRASS	RCED COUNCIL	<u> </u>	5/-0	384303	Page 2
Pa	rt III Organizations Maintaining	Collections of Art, H	listorical Treasu	ires, or Other S	imilar Assets	(continued)
3	Using the organization's accession and other ritems (check all that apply)	records, check any of the fo	llowing that are a sig	nificant use of its co	llection	
а	Public exhibition	d Loan o	or exchange program	ıs		
b	Scholarly research	e Other				
c	Preservation for future generations					
4	Provide a description of the organization's colle	ections and explain how the	ey further the organiz	ation's exempt purp	ose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Γ	Yes No
Pa	rt IV Trust, Escrow and Custodi				d "Yes" to For	
	Part IV, line 9, or reported a					
1a	Is the organization an agent, trustee, custodial					
	included on Form 990, Part X?	in or other uncommoditary for t			Γ	Yes No
- h	If "Yes," explain the arrangement in Part XIV a	nd complete the following t	able			
_	Too, oxplain the energence to the energence to	oop.oto to tollottilig t				Amount
c	Beginning balance				1c	
4	Additions during the year				1d	
u	Distributions during the year				10	
f	Ending balance				1f	
) 2a	Did the organization include an amount on For	m 990 Part X line 212				Yes No
	If "Yes," explain the arrangement in Part XIV	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			L	
	rt V Endowment Funds. Comple	ete if organization an	swered "Yes" to	Form 990. Par	t IV. line 10.	
=		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					-
_	Investment earnings or losses				-	-
	Grants or scholarships					
	Other expenditures for facilities					-
Ū	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year	end halance held as	<u></u>	l .	<u></u>	
a	Board designated or quasi-endowment					
b	Permanent endowment %	~				
C	Term endowment > %					
	Are there endowment funds not in the possess	sion of the organization that	are held and admini	stered for the		
-	organization by:	non or the organization that	are note and admini	0.0.00 10, 1.10		Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations	listed as required on Sched	ule R?			3b
4	Describe in Part XIV the intended uses of the	•				L
	rt VI Investments—Land, Buildi			Part X. line 10	_	
	Description of investment	(a) Cost or other basis	(b) Cost or oth		epreciation	(d) Book value
	•	(investment)	basis (other			. ,
1a	Land	 	<u> </u>			
	Buildings		†			
	Leasehold improvements					- -
	Equipment					
	Other		13	,464	8,578	4,886
	Add lines 1a-1e (Column (d) should equal Fo	orm 990 Part X column (B)			•	4.886

Schedule D'(Form 990) 2008 WIREGRASS RC&D COUNCIL		57-0884303	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	··· · · ·	Cost or end-of-year market val	lue
Financial derivatives and other financial products	·		
Closely-held equity interests			
Other		ļ.	
		 	
		· · · · · · · · · · · · · · · · · · ·	
	·		
		·	
		· · · · · · · · · · · · · · · · · · ·	_
			
7 (O-1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990,	Port Y line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market val	lue
		 	
		 	
		 	
		 	
		·-	· · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) E	Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<u>▶ </u>	
Part X Other Liabilities. See Form 990, Part X, line 25.			
(a) Description of liability	(b) Amount	4	
Federal income taxes	•	_	
		4	
		_	
	<u> </u>	_	
		4	
		4	
		4	
	-	4	
		4	
		4	
		4	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		<u> </u>	
In Part XIV, provide the text of the footnote to the organization's financial statem uncertain tax positions under FIN 48	ents that reports the orga	nization's liability for	

Sche	dule D'(Form 990) 2008 WIREGRASS RC&D COUNCIL		57-088430	3	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to F	inan	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
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	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	- 10/	4h D	10	
	rt XII Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per Reti		_
1	Total revenue, gains, and other support per audited financial statements			1	·
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اہ			
	Net unrealized gains on investments	_2a_			-
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c	· · · · · · · · · · · · · · · · · · ·	i	
d	Other (Describe in Part XIV)	2d]	"	20	
_	Add lines 2a through 2d			2 0	
3	Subtract line 2e from line 1	ſ			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	70]	-	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per R		, , , , , , , , , , , , , , , , , , ,
1	Total expenses and losses per audited financial statements			1	_···_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				<u> </u>
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b]	
С	Losses reported on Form 990, Part IX, line 25	2c]	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		.	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	, -
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1		4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	4b.			
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Schedule D'(F	orm 990) 2	2008	WI	REG	RAS	SI	RC&	D C	OU	NC]	L						57-	-08	843	303	3				Page :	5
Schedule D (F	Suppl	emen	tal In	form	natio	n (co	ntınu	ed)																		-
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Open to Public 2008

OMB No 1545-0047

► Attach to Form 990.

Employer identification number

Inspection

≗ □ INTERPRETIVE MARKERS RESUFACING TENNIS CT - POLICE CAR PLAYGROUND REPAIRED Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use CONSERVATION EDU CONSERVATION EDU (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on X Yes CAMERAS non-cash assistance (g) Description of 57-0884303 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) assistance 500 25,600 121,177 7,000 7,000 25,000 5,280 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ď, Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 63-6001315 20-3185948 63-6360724 63-6001564 63-0795242 63-6000927 General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations WIREGRASS RC&D COUNCIL the selection criteria used to award the grants or assistance? BARBOUR CO GOVERNOR'S TRAIL COUNCIL VARIOUS AL 36016 AL 36049 36310 AL 36302 36420 AL 36049 (a) Name and address of organization VARIOUS LESS THAN \$5000 EACH Enter total number of other organizations HOUSTON CO BD OF EDUCATION ÄĽ 23952 ALABAMA HWY SUITE 1 101 COURT SQUARE SUITE G HENRY CO SHERIFF'S DEPT or government EX OFFICE COVINGTON CO SWCD CITY OF LUVERNE CRENSHAW CO. P O BOX 1688 P O BOX 249 P O BOX 403 P O BOX 71 ANDALUSIA ABBEVILLE CLAYTON LUVERNE LUVERNE VARIOUS VARIOUS DOTHAN Part Part II

Schedule I (Form 990) 2008

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

Part III

57-0884303

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) 2008 WIREGRASS RC&D COUNCIL

Use Schedule I-1 (Form 990) if additional space is needed.

<u>"</u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informat	ion required in Part I	line 2, and any other add	itional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

We monitor the Grant recipients to ensure the grant funds are being used

for authorized proposes. The monitoring activities may take various forms

such as review final performance reports submitted by the recipients,

perform site visits, and maintain regular contact with the recipients and

inquire about program activities.

Schedule i (Form 990) 2008

SCHEDULE J

(Form 990)

Compensation Information

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

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

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WIREGRASS RC&D COUNCIL

Employer identification number 57-0884303

Pa	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			·
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
	161 - A			
D	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	46		
_	provision 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	2		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
•	ladicate which if any of the fallowing the experimentary was to extablish the componential of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	ļ		1
	organization's CEO/Executive Director Check all that apply			,
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			i i
т а	Receive a severance payment or change of control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		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			
	The state of the s			
	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 contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 67 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		<u> </u>

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

Schedule J (Form 990) 2008

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Page 2

Schedule J (Form 990) 2008 WIREGRASS RC&D COUNCIL

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 57-0884303

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

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

	(B) Breakdo	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı) (D)	reported in prior Form 990 or Form 990-EZ
	(0)	0	0	0	· 		0
	(E)		0	0			0
H. ESTUS WALKER	€ (0 0	0 0	0 0		0	0 0
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	(11)		•				
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SCHEDULE O

Supplemental Information to Form 990 (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 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WIREGRASS RC&D COUNCIL

Employer identification number 57-0884303

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY, A WHISTLEBLOWER POLICY, AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. THE POLICIES INCLUDES CODE OF CONDUCTS WHICH ARE SIGNED BY OFFICERS, DIRECTORS, AND EMPLOYEES. THE BOARD OF DIRECTORS MONITORS THE ORGANIZATIONS POLICY ON A QUARTERLY BASIS AT ITS REGULAR QUARTERLY MEETINGS.

Form 990, Part VI, Line 15b - Compensation Process for Officers OTHER KEY EMPLOYEE'S SALARY IS REVIEWED AND APPROVED ANNUALLY BY THE THE COMPARATIVE SALARIES/WAGES RANGE IS GUIDED BY GEORGRAPHIC AREA, YEARS OF EXPERIENCE, AND INDUSTRY.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2008

Attachment Sequence No 67

Identifying number Name(s) shown on return WIREGRASS RC&D COUNCIL 57-0884303 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 -(a) Description of property _____ ___ ____ (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 4,713 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 106 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 714 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property yéar placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property 200DB 4,712 HY 942 5.0 b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L g 25-year property Residential rental 27 5 yrs S/L MM property MM S/L 27 5 yrs MM S/L Nonresidential real 39 yrs property MM Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs þ MM S/L c 40-year 40 yrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 6,475 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

24534 WIREGRASS RC&D COUNCIL 57-0884303 FYE: 9/30/2009	Federal Statements			12	12/15/2009 1:44 PM	· ·
	Form 990, Part IX, Line 24f - All Other Expenses	sesued				
Description	Total Program Expenses Service	Εω	Management & General	nent & rai	Fund Raising	
TRAINING WEBSITE/INTERNET EXP DUES & SUBSCRIPTIONS REPAIR & MAINTENANCE RANK SFRVICE CHARGE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	'		937 715 600 120 89	v.	
Total	\$ 2,461	0		2,461	\$	
			-			
						
			- 			
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