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DLN: 93493239000090

Form **990**

Department of the Treasury

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

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

Open to Public

		2008	londonoo	ar ar tay yang baginning 10 0	1-2008 and ending 09-30-200	· ·	· ·	Inspection
		pplicable	_	r, or tax year beginning 10-0: C Name of organization	-		D Employer i	dentification number
	iress ch		Please use IRS	ALABAMA MOUNTAINS RIVERS A DEVELOPMENT CO	ND VALLEYS RESOURCE CONSERVATION	ON &	63-08228	367
	ne cha	_	label or print or	Doing Business As			E Telephone	
	ial retu		type. See Specific	Doing Business As			(256) 773	-8495
_	minatio		Instruc-	Number and street (or P O box	ıf mail is not delivered to street addre	ess) Room/suite	G Gross receipt	ts \$ 432,245
_	ended		tions.	5514 US HWY 31 S				
_				wn, state or country, and ZIP + 4				
i Apt	nication	n pending	HARTSELL	.E, AL 35640				
			F Nar	ne and address of principal o	fficer	H(a) Is the	∎ s a group retui	rn for
				NA SEIBERT JS HWY 31 S		affilia		┌ Yes ┌ No
				SELLE, AL 35640		H(b) Are al	l affiliates inclu	ded?
								t (see instructions)
I Ta	x-exem	npt status	▽ 501(c) (3) ◀ (Insert no)	(1) or 527		p exemption n	
J W	ebsit e	e: ► N/A						
К Тур	e of org	ganızatıon	Corporat	tion Trust Association Other	er 🏲	L Year of fo	rmation 1974	M State of legal domicile AL
Pa	rt I	Sumr	nary			<u>'</u>	'	
	1	-		e organization's mission or m	iost significant activities /ATION AND COMMUNITY P	DO JECTS		
မ		DEVELO	JPMENI A	AND SUPPORT OF CONSER	VATION AND COMMONITY P	KUJECIS		
Ē								
Ē	_	Charlet		6.h		1 - 6 + 1	250/ -5-5-	1 -
Activities & Governance			•		nued its operations or disposed			
2 6	3		-		dy (Part VI, line 1a) governing body (Part VI, line 1			31; 4 1:
Ees	_			mployees (Part V, line 2a)		b)		5
₽				olunteers (estimate if necess				6 2!
र्				ted business revenue from P			7a	
	1			iness taxable income from Fo				7b
						Pric	or Year	Current Year
	8	Contrib	outions an	d grants (Part VIII, line 1h)			524,161	417,588
Ravenue	9	Progra	m service	revenue (Part VIII, line 2g)			0	
şake.	10			, , , , , , , , , , , , , , , , , , , ,	es 3, 4, and 7d)		820	1,613
ш	11		•	art VIII, column (A), lines 5			4,532	12,988
	12			dd lines 8 through 11 (must e	ie	529,513	432,189	
	13			ar amounts paid (Part IX, coli		170,332	205,745	
	14	Benefit	s paid to c	or for members (Part IX, colu		0		
ø	15		s, other co	ompensation, employee bene	fits (Part IX, column (A), lines	5 –	83,008	88,975
Expenses	16a	10)	cional fund	Iraising fees (Part IX, column	(A) line 11a)		63,008	00,973
<u>क</u>	b							0
Ð	17		= :	venses (Part IX, column (D), line 25	.a-11d,11f-24f)		160,478	58,400
	18		•		Part IX, column (A), line 25)		413,818	353,120
	19		•		line 12		115,695	79,069
<u>৯ ঞ্</u>						Beginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Totala	ssets (Pa	rt X, line 16)			410,503	500,385
Ass JBa	21			Part X, line 26)			36,820	120,186
조 전 표	22				from line 20		373,683	380,199
	t II	Sign	ature Bl	ock			•	· · · · · · · · · · · · · · · · · · ·
					ed this return, including accompanying			
		L		correct, and complete Declaration (of preparer (other than officer) is base	I	, ,	arer has any knowledge
Sign		**** Signa	** nture of office	<u> </u>		2010- Date	-08-26	
Here	2	1.		PROGRAM MANAGER				
			or print nam					
		Preparer'	s L			Check If		ntıfyıng number
Paid		signature	7 1/51 0	IN SMITH CPA CGFM		self- empolyed ▶ —	(see instruction	ns)
Prepa			me (or your	s DYER AND SMITH LLC		'	Frank.	
Use (Only	ıf self-em address,	nployed), and ZIP + 4	112 SOUTHSIDE SQ STE F			EIN Þ	
		<u> </u>		HUNTSVILLE, AL 358014277			Phone no 🕨	(256) 536-1020
May t	he IR	S discus	s this retu	· · · · · · · · · · · · · · · · · · ·	oove? (see instructions)			⊤Yes ⊤No

Par	t IIII Statement	of Program Servi	ce Accomp	lishments (see ins	tructions.)	, ago
1	Briefly describe the	organization's mission		•	•	
DEV	ELOPMENT AND SUP	PORT OF CONSERVA	TION AND C	OMMUNITY PROJECT	S	
2	Did the organization	undertake any significa	int program se	ervices during the year	which were not listed on	
	the prior Form 990 o	r 990-EZ?				┌ Yes ┌ No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization services?	cease conducting, or m	nake sıgnıfıcar • • • •	nt changes in how it cor	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedu	ile O			
4	Section 501(c)(3) ar		ons and secti	on 4947(a)(1) trusts a	largest program services by re required to report the am service reported	
4a	(Code ALABAMA APPROPRATIO) (Expenses \$ NS AND EDUCATIONAL GRAN	190,745 ITS	including grants of \$	190,745) (Revenue \$	206,513)
4b	(Code LOCAL PROGRAMS) (Expenses \$	141,633	including grants of \$	15,000) (Revenue \$	144,174)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	Other program serv	rices (Describe in Sch	edule O)			
	(Expenses \$	•	uding grants o	f \$) (Revenue \$)
4e	Total program servi	ice expenses ► \$	332,37	'8 (Must equal Part IX	(, Line 25, column (B).)	

Part IV Checklist of Required Schedule	les
--	-----

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		
6	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 Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	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		No
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 located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
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		No
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	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νo
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	Yes	
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		Νo
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		Νο
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		Νο

	1990 (2008)			Page:
Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance		V	NI-
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		No
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		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	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		Νo
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 \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	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		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 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		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		N o
a b		9a 9b		No
10	Section 501(c)(7) organizations. Enter	75		110
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

(256) 773-8495

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

Se	ction A. Governing Body and Management								
			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, process, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 11								
b	Enter the number of voting members that are independent 1b 11]							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο					
6	Does the organization have members or stockholders?	6		Νο					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b									
9a	9a Does the organization have local chapters, branches, or affiliates?								
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
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	Yes						
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 mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο					
Se	ction B. Policies								
			Yes	No					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
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	Yes						
13	Does the organization have a written whistleblower policy?	13	Yes						
14	Does the organization have a written document retention and destruction policy?	14	Yes						
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	Yes						
ь	Other officers or key employees of the organization?	15b	Yes						
	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		Νο					
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?	16b							
Se	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed.								
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. See Additional Data Table								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the THE CORPORATION 5514 US HWY 31 S DECATUR, AL 356035005	ne orga	nızatıor	. ►					

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, or 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

Check this box if the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)						(D)	(5)	(F)
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	nt ed		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
RENONA SEIBERT EXECUTIVE DIRECTOR	40 00				Х			38,570	0	0
ROBERT HARBISON BOARD MEMBER	0 00	Х						0	0	0
JEFF CLARK BOARD MEMBER	0 00	Х						0	0	0
JOHN EASON BOARD MEMBER	0 00	Х						0	0	0
RUTHIE JONES BOARD MEMBER	0 00	Х						0	0	0
BILL LATIMER BOARD MEMBER	0 00	Х						0	0	0
PHYLISS SEYMORE BOARD MEMBER	0 00	Х						0	0	0
JERREL SMALLEY BOARD MEMBER	0 00	Х						0	0	0
BILLY STEPHENSON BOARD MEMBER	0 00	Х						0	0	0
ALMA WHITLOW BOARD MEMBER	0 00	Х						0	0	0
BRIAN BROWN BOARD MEMBER	0 00	Х						0	0	0

from the organization ►

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position (check all that apply)						(D)	(E)		(F Estim	
(A) I ame and Title	(B) A verage A verag											ated nt of er sation the zation lated ations
Total			<u>. </u>	<u>. </u>	<u> </u>	>		38,570		\top		
Total number of compensation f		s (including those in 1a) who recei anization ⊳	ved m	ore t	than	\$100	0,00	0 ın reportable		.		
									-		Yes	No
		ny former officer, director or truste ete Schedule J for such individual			ploy •	ee, or	hig •	hest compensated	d employee • •	3		Νo
	d related o	n line 1a, is the sum of reportable of ganizations greater than \$150,00							m the			
Did any person	listed on li	ne 1a receive or accrue compensa on? If "Yes," complete Schedule J fo.						-	ervices	5		No No
ation D. Tudo		Cambus stans							L			110
	able for you	ur five highest compensated indep	enden	t coi	ntra	ctors	that	received more th	an			
\$100,000 of compensation from the organization (A) Name and business address (B) Description of services											(C) Compen	

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
\$\$	1a	Federated campaigns 1a					
豆豆	ь	Membership dues 1b	8,405				
ე <u>ნ</u>	c	Fundraising events 1c					
Ě	d	Related organizations 1d					
‰E	e	Government grants (contributions) 1e	409,183				
등등	f	All other contributions, gifts, grants, and 1f					
돌		similar amounts not included above					
⊒ To To	g	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	417,588			
			Business Code				
III	2a						
e Ke	ь						
a T	_ _						
Ş	d						
æ							
Ē	e	All other program common reviews					
Program Serwce Revenue	f	All other program service revenue					
4	g	Total. Add lines 2a-2f					
	3	Investment income (including dividend	· ·				
		and other similar amounts)		1,613			1,613
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	 	(i) Real Gross Rents 4,800	(II) Personal				
	6а b	Gross Rents 4,800 Less rental					
	"	expenses					
	C	Rental income 4,800 or (loss)					
	d	Net rental income or (loss)		4,800	4,800		
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including					
ङ ≳		of contributions reported on line 1c)					
æ		See Part IV, line 18					
ā.	ь	Less direct expenses b					
₹	_ c	Net income or (loss) from fundraising e	vents 🕨				
_	9a	Gross income from gaming activities					
		See Part IV, line 19					
	Ь	Less direct expenses b					
	10-	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of inventory, less returns and allowances .	7,500				
	ь	Less cost of goods sold b	56				
	С	Net income or (loss) from sales of inve	ntory ►	7,444	7,444		
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	561,499	744	744		
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		744			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 9c, 10c, and 11e	5,6d,7d,8c, ►	432,189	12,988		1,613

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to o		ns (B), (C), and (B)	(D). (C)	(D)					
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	205,745	205,745							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	38,570	34,713	3,857	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	41,162	37,046	4,116	0					
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)									
9	Other employee benefits									
10	Payroll taxes	9,243	8,319	924	0					
11	Fees for services (non-employees)									
а	Management									
b	Legal									
c	Accounting	3,000	1,500	1,500	0					
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses	3,973	3,576	397	0					
14	Information technology									
15	Royalties									
16	Occupancy	5,532	4,979	553	0					
17	Travel	4,971	4,817	154	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	6,109	6,109	0	0					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	15,994	15,994	0	0					
23	Insurance	6,180	0	6,180	0					
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	PROPERTY TAX	488	439	49	0					
b	EQUIPMENT RENTAL	567	567	0	0					
c	TRANSPORTATION	73	73	0	0					
d	MISCELLANEOUS	6,185	5,002	1,183	0					
e	UTILITIES	3,810	3,429	381	0					
f	All other expenses	1,518	70	1,448	0					
25	Total functional expenses. Add lines 1 through 24f	353,120	332,378	20,742	0					
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2									
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Da	rt X	Balance Sheet					·	
	ILA	bulunce sheet			(A)		(E	3)
					Beginning of year			fyear
	1	Cash—non-interest-bearing			237,184	1		255,261
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			82,861	4		29,559
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc	tion 4	958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
şţ	8	Inventories for sale or use			7,500	8		7,500
Assets	9	Prepaid expenses and deferred charges				9		39,095
ď	10a	Land, buildings, and equipment cost basis	10a	309,222				
	b	Less accumulated depreciation Complete Part VI of		,				
		Schedule D	10b	140,252	82,958	10c		168,970
	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)	410,503	16		500,385		
	17	Accounts payable and accrued expenses .	31,100	17		27,000		
	18	Grants payable			18		<u>*</u>	
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			20			
<u>ن</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payables to current and former officers, directors, trustees, key			21			
逗		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22		
	23	· ,		23				
		Secured mortgages and notes payable to unrelated third parties						
	24	Unsecured notes and loans payable		5,720	24		93,186	
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			36,820	26		120,186
ces		Organizations that follow SFAS 117, check here ► ✓ and comple through 29, and lines 33 and 34.	te line	es 27				
Balance	27	Unrestricted net assets			373,683	27		378,440
8	28	Temporarily restricted net assets				28		1,759
돧	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	compl	ete				
s or	30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
ASS	32	Retained earnings, endowment, accumulated income, or other fund				32		
Net	33	Total net assets or fund balances			373,683	33		380,199
ž	34	Total liabilities and net assets/fund balances			410,503	34		500,385
Pa	rt XI	Financial Statements and Reporting			110,000	<u> </u>		
	. C XI	i muncial statements and keporting						N-
	A	unting method used to prepare the Form 990		L -			Yes	No
1			_		N			
2a		the organization's financial statements compiled or reviewed by an	•			2a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
b		the organization's financial statements audited by an independent				2b	Yes	, , , , , , , , , , , , , , , , , , ,
c	audıt	es" to 2a or 2b, does the organization have a committee that assum, review, or compilation of its financial statements and selection of	an ind	ependent accoun	tant?	2c		No
	Sıngl	result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A-133?	-			3a		No
b	If "Y∈	es," did the organization undergo the required audit or audits?				3b		

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As Filed Data -

DLN: 93493239000090

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

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.

Open to Public Inspection

		e organizati		COLIDGE CONCEDIMITION & DEVEL	ODMENT CO			Em	ployer ide	nt if icat io	n number	
ALADA	MA MOC	DINTATINS KTAEK	S AND VALLETS RE	SOURCE CONSERVATION & DEVEL	OPMENT CO			63	-082286 ⁻	7		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					—
				ation because it is (Please								
1	Г			nurches, or association of ch					(A)(i).			
2	Г	A school de	escribed in Sec i	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	e H)	
4	Ē	•	·	zation operated in conjuncti			-		• •		•	
	·		name, city, and	•		·			. , ,			
5	Г	•		or the benefit of a college or	universit	v owned o	r operated	l by a gove	ernmental	unit desc	ribed in	
	·			(Complete Part II)				. •				
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ī	•	-	ally receives a substantial p						n the aene	ral public	
	·	=)(1)(A)(vi) (Complete Par		• •				-	·	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	, and gross	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes o	of
				orted organizations describe		٠,	` '	•	, , ,	Section 5	09(a)(3). Che	ck
			it describes the ype I b	type of supporting organiza			nes 11e t nally Integ		_	Γ τ _{νη} ς	III - Other	
•	_	•	• •	rtify that the organization is			-		d Spa or mor			
e	,	•	-	agers and other than one or			•			•	•	
		section 50		- 3		,	3				(-,(-, -,	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ig organizatioi	n,
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			ļ	I
g		following pe		as the organization accepted	u any gni	or continu	ution nom	ally of the	:			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	_
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	_
		(ii) a family	/ member of a p	erson described in (i) above	7					11g(ii)	_
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	_
h		Provide the	following inform	mation about the organizatio	ns the org	janızatıon	supports					_
							,					
		ame of	(ii) EIN	(iii) Type of organization	(iv) I			ou notify		s the	(vii) A mount	of
		orted IIzation		(described on lines 1-9 above or IRC section		ation in Iisted in		inization i) of your		ation in organized	support?	
	Organ	iizatioii		(See Instructions))	your go			ort?		US?		
				(, ,	ment?						
					Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box oi	1 lille 5, 7, 01	o of Part I.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	205 004	404 (52)	654 533	534 304		447 500	2 000 050
	membership fees received (Do not	295,994	191,653	651,522	524,201		417,588	2,080,958
	include any "unusual grants ")						+	
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
_	The value of services or facilities							
3	furnished by a governmental unit to the	4,000	4,000	4,000	4,000			16,000
	organization without charge	,,,,,	,,,,,,	,,,,,,	.,			,
4	Total. Add line 1-3	299,994	195,653	655,522	528,201		417,588	2,096,958
5	The portion of total contribution by each	, , , , , , , , , , , , , , , , , , ,	,	<u> </u>	,			, ,
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							2,096,958
	4							2,030,330
To	otal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	299,994	2,059	655,522	528,201		417,588	2,096,958
8	Gross income from interest, dividends,							
	payments received on securities loans,	1,552	2,059	2,230	820		1,613	8,274
	rents, royalties and income from similar	1,552	2,003	2,233	523		1,010	5,2
	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		8,899	1,530	9,860		13,044	33,333
	from the sale of capital assets (Explain in Part IV)		0,055	1,550	3,000		15,044	33,333
11	Total Support (Add lines 7 through 10)							2,138,565
11 12	Gross receipts from related activities, etc	/Caa instruction	- 1			4-		2,130,303
						12		
13	First Five Years. If the Form 990 is for the o	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(_
	organization, check this box and stop here						,	► □
	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) divide	ed by line 11 co	lumn (f))		14		98.050 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		98.040 %
16a	33 1/3% Test - 2008. If the organization did	not check the b	ox on line 13, a	nd line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as				,			▶ ▽
ь	33 1/3% Test - 2007. If the organization did	d not check the b	oox on line 13 o	r 16a, and line 1	5 is 33 1/3% o	r more	, check thi	S
	box and stop here. The organization qualifie	es as a publicly s	supported organ	ızatıon				▶ ┌
17a	10% Facts and Circumstances Test - 2008.	If the organizatio	n dıd not check	a box on line 13	3, 16a, or 16b a	nd line	e 14 is 10°	% or
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							▶ □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
10	the organization meets the "facts and circu							▶┌
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	a, 100, 1/a or 1	. / D, CNECK This	וסx a	ıu see	▶ □
	instructions							P

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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 Total of lines 7a and 7b Public Support (Substract line 7c from line 6) **Total Support (e)** 2008 **(b)** 2005 (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 0 % Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17 **17** 0 % 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Facts and Circumstances Test

OTHER INCOME PART II, LINE 10 DESCRIPTION SALE OF ASSETS 2005 7999 2006 505 2007 8408 2008 7500 DESCRIPTION RENTAL INCOME 2005 900 2006 1025 2008 4800 DESCRIPTION MISCELLANEOUS 2007 1452 2008 744

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID:

Software Version:

EIN: 63-0822867

Name: ALABAMA MOUNTAINS RIVERS AND VALLEYS

RESOURCE CONSERVATION & DEVELOPMENT CO

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROPERTY TAX	488	439	49	0
EQUIPMENT RENTAL	567	567	0	0
TRANSPORTATION	73	73	0	0
MISCELLANEOUS	6,185	5,002	1,183	0
UTILITIES	3,810	3,429	381	0

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

▶ 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.

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number ALABAMA MOUNTAINS RIVERS AND VALLEYS RESOURCE CONSERVATION & DEVELOPMENT CO

						63-0822	867		
art I	Organizations Maintaining Donor Ad			ther Sim	nilar Fu	nds or A	ccounts	s. Comple	te if the
	organization answered "Yes" to Form 99	, ' 		ısed funds		(h) Fi	ınds and o	other accou	nts
Total r	number at end of year	(2) 50110		is cu rumus		(2)	inas ana c	Jener deced	1110
	gate contributions to (during year)								
	gate grants from (during year)								
	gate value at end of year								
	e organization inform all donors and donor advi are the organization's property, subject to the					r advised		☐ Yes	┌ No
Did th used o	e organization inform all grantees, donors, and only for charitable purposes and not for the ben missible private benefit?	donor advisors in	n writir	ng that gra	nt funds n	nay be		☐ Yes	┌ No
		ıf the organizat	tion a	nswered	"Yes" to	Form 990), Part I	V, line 7.	
ГР	se(s) of conservation easements held by the o reservation of land for public use (e g , recreati rotection of natural habitat	•	_	Preservat		nistorically iified histor	•	tly land are ure	a
ΓP	reservation of open space								
	lete lines 2a-2d if the organization held a qual elast day of the tax year	ıfıed conservatıon	n cont	rıbutıon ın	the form o	of a conser	vation ea:	sement	
							Held at	the End of	the Ye
Tota	I number of conservation easements					2a			
Tota	l acreage restricted by conservation easement	:s				2b			
Num	ber of conservation easements on a certified h	ıstorıc structure ı	ınclud	ed ın (a)		20			
Num	ber of conservation easements included in (c)	acquired after 8/1	17/06			2d			
Numb	er of conservation easements modified, transfe	erred, released, ex	xtıngu	ıshed, or te	erminated	by the org	anızatıon	during	
the ta	xable year ►								
Numb	er of states where property subject to conserva	atıon easement ıs	locat	ed 🟲					
	the organization have a written policy regarding ement of the conservation easements it holds?		nıtorın	ıg, ınspect	ıon, vıolat	ıons, and		☐ Yes	┌ No
Staff	or volunteer hours devoted to monitoring, inspe	cting and enforcing	ng eas	sements du	uring the y	ear ►			
A mou	nt of expenses incurred in monitoring, inspecti	ng, and enforcing	easer	ments durii	ng the yea	ır ► \$			
	each conservation easement reported on line 2 i)(4)(B)(i) and 170(h)(4)(B)(ii)?	?(d) above satisfy	the r	equiremen	ts of secti	on		☐ Yes	┌ No
baland	t XIV, describe how the organization reports cores sheet, and include, if applicable, the text of t ganization's accounting for conservation easer	the footnote to the				•	•		
rt III	Organizations Maintaining Collection Complete if the organization answered					r Other	Similar	Assets.	
art, hi	organization elected, as permitted under SFAS storical treasures, or other similar assets held le, in Part XIV, the text of the footnote to its fir	for public exhibit	ion, e	ducation o	r research	ın further			е,
hıstor	organization elected, as permitted under SFAS ical treasures, or other similar assets held for le the following amounts relating to these items	public exhibition,							
(i) Re	venues included in Form 990, Part VIII, line 1						► \$		
(ii) As	ssets included in Form 990, Part X						- \$		
Ifthe	organization received or held works of art, histing amounts required to be reported under SFA				assets for		т.	de the	
Reven	ues included in Form 990, Part VIII, line 1						- \$		

Assets included in Form 990, Part X

Par	Organizations Maintaining Co									,	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	a sıgnıfıc	ant u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexch	ange prog	rams			
b	Scholarly research		e	\vdash	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	un hov	w they	/ furth	er the oi	raanizatioi	n's ex	emnt nurnose i	n	
•	Part XIV	onections and expla	1111 110 4	ville	ruitiit	er the or	gamzation	13 67	empt parpose i	11	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	□No
Par	t IV Trust, Escrow and Custodial										,
	Part IV, line 9, or reported an an						nzacion c			101111	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	utions o	rotherass	sets r	not	☐ Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following tab	le				-				
									An	nount	
С	Beginning balance							1c			
d	Additions during the year						L	1d			
e	Distributions during the year						Į	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,									
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	were	ed "Ye						
		(a)Current Year	(b)	Prior \	/ear	(c)Two	Years Back	(d)	Three Years Back	(e) Four '	Years Back
1a	Beginning of year balance							<u> </u>			
b	Contributions					<u> </u>		_			
C	Investment earnings or losses							_			
d	Grants or scholarships					ļ					
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance							1			
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment										
ь	Permanent endowment										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re hel	d and ac	lmınıstere	d for	the		
	organization by	_								Yes	No
	(i) unrelated organizations			•				•	3a(<u> </u>
_	(ii) related organizations								3a(- 1	<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•	31	'	
4 Dar	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings	<u> </u>				100 Da	rt V Juno	10			
Fell	t vi investments—Land, Buildings	s, and Equipme	iit. 3			•					
	Description of investment					or other estment)	(b)Cost or basis (ot		(c) Depreciation	n (d) I	Book value
1a	Land						2	5,200			25,200
ь	Buildings		•								
c	Leasehold improvements										
d	Equipment						15	0,683	140,2	52	10,431
e	Other						13	3,339			133,339
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B)), line	10(c).,)	·		▶		168,970
									Schedule D	Form	990) 2008

(a) Description of security or category	Form 990, Part X, line 1	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descri	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)	
Part X Other Liabilities. See Form 990, Part >		•
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
PAYROLL LIABILITIES	2,302	
ACCRUED WAGES	2,304	
AGENCY FUND LIABILITY	88,580	
	,	
Total (Column /h) should are life are 2000 Part V and (O) to a CE		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	93,186	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	432,189
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	353,120
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	79,069
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior 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	79,069
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		•
1	Total revenue, gains, and other support per audited financial		432,189
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	432,189
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	432,189
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	353,120
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е -	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	353,120
4	A mounts 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		
Ь	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	353,120

Identifier Return Reference Explanation

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 I (Form 990)

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

OMB No 1545-0047

DLN: 93493239000090

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

TLABAMA MOONTAINS RIVER						63-0822867	
		s and Assistance					
Does the organization main the selection criteria usedDescribe in Part IV the org	to award the grants	s or assistance?					. 🔽 Yes 🗆
Form 990, Part IV Part IV and Scheo	/, line 21 for any dule I-1 if additio	recipient that recei onal space is	ved more than \$5,00	00. Check this box i	t es. Complete if the of fine one recipient rec	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HILLSBORO 11355 MAIN ST HILLSBORO,AL 35643	63-0677485		30,000				PLAYGROUND
ARAB HIGH SCHOOL511 ARABIAN DR ARAB,AL 35016	63-0589059		10,000				WELDING BOOTH
VETERANS PARK147 CR 390 TRINITY,AL 35673	63-0954606		9,095				SOD FOR VETRANS PARK
WHEELER WILDLIFE REFUGE2700 REFUGE HEADQUATERS RD DECATUR, AL 35603	63-1195705		9,000				ANNIVERSARY CELEBRATION
DEKALB COUNTY BOARD OF EDUCATIONPO BOX 1668 RAINSVILLE, AL 35986	63-6000850		10,000				SEWER UPGRADE
MORGAN COUNTY ENVIR ED FOUNDATION3120 HIGHWAY 36 W HARTSELLE,AL 35640	63-1278214		9,000				WETLAND ED TRAIL
MONROVIA PARKS AND RECREATION1432 LOVVORN LN HUNTSVILLE,AL 35806	63-1087837		10,000				PHILLIPS PARK
SALEM COMMUNITY PARK 12220 SALEM FIELD LN ELKMONT, AL 35620	63-0954606		10,000				SALEM PARK
ALABAMA CLEAN WATER PARTNERSHIPPO BOX 3623 MONTGOMERY,AL 36109	63-1280346		5,700				NEWSPAPER INSERTS
ECHOTA CHEROKEE TRIBE 630 CO RD 1281 FALKVILLE, AL 35622	63-1142216		15,000				PAVILION
NORTHWEST ALABAMA RC&D COUNCIL1101 HWY 72 E STE 17 TUSCUMBIA,AL 35674	63-1031999		15,000				ENERGY AUDIT

Enter total number of other organizations

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Pt I Line 2		ORGANIZATION REQUIRES GRANTEE TO PROVIDE RECEIPTS FOR EXPENDITURES UNDER GRANT BEFORE GRANTEE RECEIVES GRANT FUNDS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493239000090

SCHEDULE 0

(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.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization
ALABAMA MOUNTAINS RIVERS AND VALLEYS RESOURCE CONSERVATION & DEVELOPMENT CO

Employer identification number

63-0822867

ldentifier	Return Reference	Explanation
Pt VI-A, Line 10		THE BOARD REVIEWED AND APPROVED THE FORM 990 BEFORE IT WAS FILED

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		BOARD MEMBERS ARE REQUIRED TO ANNUALLY SIGN A DECLARATION THAT THEY HAVE NO CONFLICTS OF INTEREST AND IF NOT, THEY MUST PROVIDE A LISTING OF POTENTIAL CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		SALARIES ARE DETERMINED BY THE BOARD OF DIRECTORS WHO ARE ELECTED OFFICIALS AND BUSINESS LEADERS IN THE COMMUNITY

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		INFORMATION IS AVAILABLE TO THE PUBLIC UPON RECEIPT OF A WRITTEN REQUEST

DLN: 93493239000090

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization ALABAMA MOUNTAINS RIVERS AND VALLEYS RESOURCE CONSERVATION & DEVELOPMENT CO

Identification of Disregarded Entities

Employer identification number

63-0822867

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
Part II Identification of Related Tax-Exempt Organizat (A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) n Public charity stat (if section 501(c)((F) tus Direct controlling (3)) entity
		(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) n Public charity stat (if section 501(c)(tus Direct controlling (F) (3)) entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) n Public charity stat (if section 501(c)(tus Direct controlling (3)) entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) n Public charity stat (if section 501(c)(tus Direct controlling (3)) entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) Public charity stat (if section 501(c)(tus (F) Direct controlling entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	(E) Public charity stat (if section 501(c)(tus (F) Direct controlling entity

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions with Related Organizations
--------	--

Par	t V Transactions with Related Organizations						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 Du	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıor	ns with one or more related organizations listed in Parts II-	IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b		No	
c	Gift, grant, or capital contribution from other organization(s)			1 c	Yes		
d	Loans or loan guarantees to or for other organization(s)			1 d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
g	Purchase of assets from other organization(s)			1 g		No	
h	Exchange of assets			1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)			1 i	Yes		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		No	
I	Performance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11		No	
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharing of paid employees			1 n		No	
0	Reimbursement paid to other organization for expenses			10		No	
p	Reimbursement paid by other organization for expenses			1р		No	
q	O ther transfer of cash or property to other organization(s)			1q		No	
r	O ther transfer of cash or property from other organization(s)			1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relationsh	nips and transaction thresholds				
	(A)	(B) Transaction	(C)				
	Name of other organization(s)	type(a-r)	Amount Involved				
(1)							
(5)							
(2)							
(3)							
(5)							
(4)							
· - /							
(5)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Organizations ¹		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes No			Yes	No		
			•	•		•		Cabadul	D / Form			

Software ID: 08000082

Software Version:

EIN: 63-0822867

Name: ALABAMA MOUNTAINS RIVERS AND VALLEYS RESOURCE CONSERVATION & DEVELOPMENT CO

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity				
ALABAMA ASSOCIATION OF RC&D COUNCILS			'		1				
PO BOX 5810 DECATUR, AL35601 63-1134289	RC&D GRANTS	AL	501(C)(3)	7	NA				
ALA-TOM RC&D COUNCIL			'						
PO BOX 355 THOMASVILLE, AL35784 63-0921653	RC&D GRANTS	AL	501(C)(3)	7	NA				
CAWACO RC&D COUNCIL			'						
1731 1ST AVE N BIRMINGHAM, AL35203 63-1027283	RC&D GRANTS	AL	501(C)(3)	7	NA				
COOSA VALLEY RC&D COUNCIL			'						
917 SNOW ST OXFORD, AL35268 63-0943000	RC&D GRANTS	AL	501(C)(3)	7	NA				
GULF COAST RC&D COUNCIL			'						
107 COURTHOSE SQ BAY MINETTE, AL36507 58-1965087	RC&D GRANTS	AL	501(C)(3)	7	NA				
MIDSOUTH RC&D COUNCIL			'						
5900 CARMICHAEL RD MONTGOMERY, AL36117 63-1105818	RC&D GRANTS	AL	501(C)(3)	7	NA				
NORTHWEST RC&D COUNCIL			'						
1101 HWY 72E STE 17 TUSCUMBIA, AL35674 63-1031999	RC&D GRANTS	AL	501(C)(3)	7	NA				
TOMBIGBEE RC&D COUNCIL			'						
2501 7TH ST STE 300 TUSCALOOSA, AL35401 58-1984886	RC&D GRANTS	AL	501(C)(3)	7	NA				
WIREGRASS RC&D COUNCIL			'						
715 B DEESE RD OZARK, AL36360 57-0884303	RC&D GRANTS	AL	501(C)(3)	7	N A				