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Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>			9, and end	ding	, 20
В	Check if applicable	Please C Name of organization, number and street, city, town, state, and Z	IP code	D Employer ide	entification number
П	Address	" luse IRSI	1		1956041
Н	Name ch	norther and an analysis and an			
Н	Initial retu	Ope	10	E Telephone ni	
Н		Specific	-		-365-7292
Н	Terminate	Instruc- 241 Shorter Road		G Gross receipts	7912.
Н	Amended			H(a) Is this a	
Ш	pending	F Name and address of principal officer: Chris Patton		for affilia	tes? Yes 🛛 Yes 🛛 No
		241 Shroter Ro Braxton MS 39044	i	H(b) Are all affilia	- -
1	Tax-exe	empt status. X 501(c)(3) ◀ (insert no) 4947(a)(1) or 527		If "No", atta	
J	Website				nption number
K	Form of or	ganization X Corporation Trust Association Other ▶ L	Year of forma		M State of legal domicile
_	art l	Summary	1681 01 1011116	1	141 State of legal domicale
	_	Briefly describe the organization's mission or most significant activities			
					
•		Helps the physically challenged have the c			
Governance		outdoors The organization operates on a st	rictl	y volun	ceer basis
Ĕ		and there is never a cost to our clients			
Š.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than	25% of its net a	ssets
Ö	3	Number of voting members of the governing body (Part VI, line 1a)			3 5
ος V	4	Number of independent voting members of the governing body (Part VI, line 1b)	· · · · · · · · · · · ·		4
돮		Total number of employees (Part V, line 2a)]-	
Activities &	1	Total number of volunteers (estimate if necessary)		- I	
ĕ		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a
					7b
	b	Net unrelated business taxable income from Form 990-T, line 34	·· ·····		
	1	-		Prior Year	Current Year
9		Contributions and grants (Part VIII, line 1h)		5025	7512 <u>.</u>
Revenue	1	Program service revenue (Part VIII, line 2g)			
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			
ш.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50254	7512.
	1 -	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		Benefits paid to or for members (Part IX, column (A), line 4)			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			
ĕ					_
X		Total fundraising expenses, (Part IX, column (D), line 25) > 4135.			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		54033	
	1	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	····-	54033	
	19	Revenue less expenses Subtract line 18 from line 12		-3779	-1403.
5 g		RECEIVED	Be	ginning of Year	
Net Assets or Fund Balances	20 1	otal assets (Part X line 16)	[2848	3. 1514.
Ass d Ba	21 7	Fotal liabilities (Part X, line 26)		19000	17100.
ž Ž	22 1	Net assets or fund balances. Subtract line 21 from the 20MAY. 1. 8. 2010		-16152	-15586.
	art II	Signature Block	l		
			Internente and	I to the best of my ke	
		Under penalties of perjury, I declare that I have examined this return indicated a companying scribbilities and strand belief, it is true correct, and complete Declaration of preparer correct and belief.			
		and belief, it is due confered, and complete Declaration of preparer former than officery is based on accinomaging	in of which pre	parer nas any knowle	age
o:-		Me in Milli		ا م د	(12 (2010
Sig		Mount of Vanne			/12/2010
He	re	Signature of officer		Date	
		Chris Patten (, h/13 A (0470) Chairm	an/Tr	easurer	
		Type or print name and title			
D-!		Preparer's Date		ck if	Preparer's identifying number (see instructions)
Paid		signature V Uncell 105/11/20	10 self-	oloyed ►	P00796294
,	parer's	Firms name (or yours Andrews Tax Service Inc	1 2,	EIN ▶	26-1179307
Use	Only	if self-employed),		Phone no.▶	601-845-0571
Mai	the ID			r none no.	
		S discuss this return with the preparer shown above? (See instructions)	••••••	·····	
ror	Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

Form 990 (2009)

orm	990 (2009) Wood:	s Wheels &	Water Outdoors	s Inc	14-1956	5041 P	age
Par	Statement of	of Program Ser	ice Accomplishments				
	Briefly describe the o	rganization's mission	un.				
	•	•	challenged hav	ve the opport	unity to enio	ov the	
			ation operates				_
			cost of out c		ry volunteer x		_
	and chere.	IS HEVEL C	COSC OI OUC C.	1161162			
			ficant program services during				
						∐ Yes ⊠	N
	If "Yes," describe the						
	If "Yes," describe the	se changes on Sch				∐ Yes ⊠	N
	·		ents for each of the organization		• '		
			itions and section 4947(a)(1) t		-	a	
	allocations to others,	the total expenses,	and revenue, if any, for each	program service reported			
a	(CodeHunt)(I	Expenses \$	3971. including gr	ants of \$) (Revenue \$		
	Hunting Tr	ips for th	e physically cl	hallenged		-	
				· · · · · ·			_
						· · · · · · · · · · · · · · · · · · ·	
			.	.			_
							
		····					
b	(Code.) (I	Expenses \$	including gr	ants of \$) (Revenue \$		
				-	-		
	-						
						-	
							_
	(Code) (I	Expenses \$	including gra	ants of \$) (Revenue \$		
							_
					<u></u>		
							_
				· · · · · · · · · · · · · · · · · · ·	· · ·		
		es. (Describe in Sc	hedule O.)		_		
d				·			
d e	Other program service (Expenses \$ Total program service)	ın	cluding grants of \$)(Revenu	e \$		

Par	t IV Checklist of Required Schedules			<u>~</u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 🛭 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
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 similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	·· 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	. 9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	. 10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	ا ا	v	
_	VII, VIII, IX, or X as applicable	. 11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12Δ	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No			-
,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	7		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X
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		X_
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			Х
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_	t IV Checklist of Required Schedules (continued)	041	Pag	e 4
r a	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		103	110
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	<u> </u>		
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	. 24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		-	
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	. 25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	. 27		Х
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family	1		
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	. 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	 		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	. 34		Х
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	1	Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?			$\frac{x}{x}$
 -	Die und digamentation complete derivative de and province deplantations for Fatt VI, lines 11 and 101	1 44	m 990	

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	Statements Regarding Other IRS Filings and Tax Compliance				
4-	Establish sumbar asserted to Bou 2 of Farm 4000 Av. 110		لـــــا	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	0			
L	U.S. Information Returns. Enter -0- if not applicable	0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		[
·	gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		16 1	Λ_	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		l
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instruction				l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority o				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)		4a		Х
b	If "Yes," enter the name of the foreign country:		1	•	
	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
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	l			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?		6a		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 receive a payment in excess of \$75 made partly as a contribution and partly for goods				Í
	and services provided to the payor?		7a		
	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?		70		
а	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal				
·	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		_
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as require	ed?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization	on,			
	have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	Ì			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b				
	Section 501(c)(12) organizations. Enter	j			
	Gross income from members or shareholders				
þ	Gross income from other sources (Do not net amounts due or paid to other sources				
١٥-	against amounts due or received from them)		40.1	 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b				

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

Sect	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	and the office distance described and the second se	_		Х
•		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>x</u> _
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
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?	6	Х	
7a	,			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	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	11		Х
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c	х	
42		13	X	
	Does the organization have a written whistleblower policy?	14	$\frac{\lambda}{X}$	
14		14		
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		v	
	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	Λ.	
	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	I	I	
	with a taxable entity during the year?	_16a	l	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ı	
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MS		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Don request			
19	Describe in Schedule O whether (and if so, how), the organization makes it 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 ▶Chris Patton 241 Shorte Braxton MS 39044 972-365-	729	2	
		·		

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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

compensated employees, and former such persons Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per Officer compensation compensation amount of Highest compensated employee Individual trustee or director Key employee Institutional week from from related other organizations the compensation (W-2/1099-MISC) organization from the l trustee (W-2/1099-MISC) organization and related organizations

Part VII Section A. Officers, Directors,		Key E	mploy			d High	est	Compensated Empl	oyees (continued)	
(A) (B) (C) (D) Name and title Average Position (check all that apply) Reportable Rep							(E)	(F)		
Name and title	Average hours per week		Institutional trustee	Officer	Key employee			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Chris Patton							İ			
Chairman/Treas	5	Х		Х				0	0	0
John Gordon										
VChairman/Sec	1	Х		X	$oxed{oxed}$		<u> </u>	0	0	0
Lisa Crawford	_							_		
Board Member	1	X		<u> </u>				0	0	0
Pat McCausland	ļ .									
Board Member	1	Х			_			0	0	0
Brian Derry								_	_	_
Board Member	1	Х		<u> </u>			<u> </u>	0	0	0
										
									-	İ
				Ш	لـــا					<u> </u>
· · · · · · · · · · · · · · · · · · ·										
										<u> </u>
					Ш					
					\square					
										ı
					\vdash					
							Ļ	0		
1b Total					 ;		•	0	0	0
2 Total number of individuals (including but r	ot limited to	o those	e liste	d ab	ove)) who i	rece	ived more than \$100	,000 in reportable co	mpensation
from the organization										
2. Did the exposuration list an identity officer	d	4					L .			Yes No
3 Did the organization list anyformer officer, employee on line 1a? If "Yes," complete So					-	e, or r	ugne	est compensated		. 3 X
4 For any individual listed on line 1a, is the si						ond o	 thor	componentian from		. 3 X
the organization and related organizations	-		-					•		
individual	greater tha	11 \$ 150	,000		. 63,	wiii	Jiele	Conedule 5 for Such		4 X
5 Did any person listed on line 1a receive or	accine con	nensa	tion f	rom .	anv	unrela		organization for		1-2
services rendered to the organization? If "Y					-			-		. 5 X
Section B. Independent Contractors	оо, оолгр.					- O P O				<u>, </u>
Complete this table for your five highest co	mpensated	ındep	ender	nt co	ntra	ctors t	hat r	eceived more than \$	100,000 of	
compensation from the organization	•	•							•	
(A)								(B)	<u> </u>	(C)
Name and busines	s address							Description of s	ervices	Compensation
2 Total number of independent contractors (iii \$100,000 in compensation from the organization from the organiz	_	it not li	mited	to th	ıose	listed	abo	ve) who received mo	ore than	

rail	VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ons, gifts, grants similar amounts	1a b c d	Federated campaigns	_			· · · · · · · · · · · · · · · · · · ·
Contributions, and other simil	g	grants, and similar amounts not included above	-	1		
	h	Total. Add lines 1a-1f	▶ 7512.			
Program Service Revenue	,	Business Code	9		·	<u> </u>
ě	2a b					
8						
Ž		·				
Ϋ́	u -		 			
Ian	, -	All other program service revenue				
õ	g	Total. Add lines 2a-2f	•			<u> </u>
	3	Investment income (including dividends, interest, and)	<u> </u>	<u> </u>
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	· · · · · · · · · · · · · · · · · · ·			-
	5	Royalties				
		(i) Real (II) Personal				
	6a	Gross Rents	_			
	b	Less rental				
	C	expenses ····· Rental income	-			
	d	Net rental income or (loss)	•			
	7a	Gross amount from (i) Securities (u) Other				<u> </u>
	-	sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	•			
	8a	Gross income from fundraising events				-
Other Revenue		(not including \$ of contributions reported on line 1c)				
Re		See Part IV, line 18a	·			
Ē	b	Less direct expenses b				
₹	С	Net income or (loss) from fundraising events ▶				
	9a	Gross income from garning				
		activities. See Part IV, line 19 .a				
	b	Less direct expenses b				
	C	Net income or (loss) from gaming activities ▶	•			
	10a	Gross sales of inventory, less				
		returns and allowancesa				
İ	b	Less cost of goods soldb				,
	_ c	Net income or (loss) from sales of inventory ▶	·]			
		Miscellaneous Revenue Business Code				,
	11a					ļ
	b					
	C					ļ
	d	All other revenue				L,
	θ	Total. Add lines 11a-11d	·			
	12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e				<u> </u>
BCA	Cop	rynght form software only, 2009 Universal Tax Systems, Inc. All rights rese	erved US990\$\$	9 Rev 1		Form 990 (2009)

Form 990 (2009) Woods Wheels & Water Outdoors Inc

14-1956041

Page 9

Part IX Statement of Functional Expenses

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

	All other organizations must complete c				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•					
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
4	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			····	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	_			
9	Other employee benefits				
10	Payroll taxes				-
11	Fees for services (non-employees)				·
а	Management				
b	Legal	350.		350.	
c	Accounting			350.	
ď	Lobbying				
6	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other				
g 12					
	Advertising and promotion	109.		100	
13	Office expenses	109.		109.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				. <u>-</u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	995.	995.		
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Hunting Expense	2976.	2976.		
b	Fundraising Cost	4135.			4135.
c					
d			•		
9					
f	All other expenses				
	·	8915.	3971.	809.	4135.
25	Total functional expenses. Add lines 1 through 24f	0913.	39/1.	009.	4133.
26	Joint Costs Check here ► if following				
	SOP 98-2. Complete this line only if the org.		İ		
	reported in column (B) joint costs from a combined		j]	
	educational campaign and fundraising solicitation			i	

Par	tΧ	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1923.	1	1514.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors, tru	stees, key			
	İ	employees, and highest compensated employee	es. Comple	te Part II of Sch. L		5	
	6	Receivables from other disqualified persons (as	defined u	nder section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B)	Complete			
		Part II of Schedule L				6	
ম	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	-
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	. 10a	4325.			
	b	Less accumulated depreciation	10b	4325.	925.	10c	
	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 equa	2848.	16	1514.		
,	17	Accounts payable and accrued expenses				17	
	18	Grants payable		[18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		[20	·-
s s	21	Escrow or custodial account liability. Complete F	art IV of S	chedule D		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees	, key			-
ig		employees, highest compensated employees, a	nd disquali	fied		,	
ت		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	third part	es	19000.	24	17100.
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities Add lines 17 through 25	<u></u>		19000.	26	17100.
		Organizations that follow SFAS 117, check her	re ▶ 📙	and			
_o		complete lines 27 through 29, and lines 33 and	1 34.	_		·	
ဦ	27	Unrestricted net assets				27	
alai	28	Temporarily restricted net assets				28	<u></u>
9	29	Permanently restricted net assets		<u>.</u>		29	
. <u>5</u>		Organizations that do not follow SFAS 117, ch	eck here	▶ 🛛			
ě		and complete lines 30 through 34.		_			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
188	31	Paid-in or capital surplus, or land, building, or eq	uipment fu	ınd		31	<u></u>
Pt A	32	Retained earnings, endowment, accumulated in			-16152.	32	-15586.
ž	33	Total net assets or fund balances			-16152.	33	-15586.
l	34	Total liabilities and net assets/fund balances .			2848.	34	1514.

Form **990** (2009)

Form 9	990 (2009) Woods Wheels & Water Outdoors Inc	14-1956041	Pag	je 12
Par	Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		T .	
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both.	2d	}	1
	separate basis consolidated basis both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			

the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits?

Form **990** (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

► Attach to Form 990 or Form 990-EZ.

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

See separate instructions.

OMB No 1545-0047

2009

Open to Public

Name of the organization

Woods Wheels & Water Outdoors Inc

Employer identification number

	"	JOGS MICCIS	d Nacci or	acaoors inc					177	70011			
F	art	Reason fo	r Public Charity	Status (All organizations	must co	mplete t	his part)	See ins	tructions	3			
The	e org	ganization is not a privi	ate foundation becau	ise it is: (For lines 1 through 11	, check o	nly one	box.)						
1	Ш	A church, convention	of churches, or asso	ciation of churches described i	rsection	170(b)(1)(A)(I).						
2		A school described in	rsection 170(b)(1)(A)	(II). (Attach Schedule E)									
3		A hospital or a coope	rative hospital servic	e organization described insect	ion 170(t	o)(1)(A)(iii)						
4	П	A medical research o	rganization operated	in conjunction with a hospital o	described	isectio	n 170(b)	(1)(A)(ii) Enter	the hosp	ıtal's naı	ne,	
	_	city, and state.					, ,		•	·			
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described section												
	_		b)(1)(A)(iv). (Complete Part II.)										
6	П		ral, state, or local government or governmental unit described insection 170(b)(1)(A)(v).										
7	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)										
8	П			0(b)(1)(A)(vi). (Complete Part II	1)								
9	\overline{A}			more than 33 1/3 % of its sup		contribu	itions. m	embersi	np fees.	and gros	ss		
_	_			ot functions - subject to certain					-	-			
				d unrelated business taxable in									
), 1975 Seesection 509(a)(2) (,					
10	П			exclusively to test for public safe	· -								
11	П		•	exclusively for the benefit of, to	•			or to car	rv out the	9			
•	_			ed organizations described in se									
				e type of supporting organization									
		a Type I	b Type II					a Ĭ	7	III - Othe	ır		
θ	П	— ··		inization is not controlled direct				nore disc					
_	ш			and other than one or more put						section			
		509(a)(1) or section 5	-	,	,		· 3						
f				mination from the IRS that it is	a Type I.	Type II	or Type	III suppo	ortina				
-		organization, check th							-				Г
g		•		on accepted any gift or contribu							, ,		Г
•		-	_	trols, either alone or together w		•		• •				Yes	No
				the supported organization?							11g(i)		
				d in (i) above?							11g(ii)		
		• •	•	scribed in (ı) or (ıı) above?							11g(ili)		
h				supported organization(s)							3,,		· · · · · · · ·
	(I)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is th	e organ-	(v) p	id you	(vi)	s the	(vii)	mour	nt of
	()	organization	(,	(described on lines 1-9	ızatıon	_	notify			zation in		pport	
organization .				above or IRC section	(i) listed in your		organization in		col. (i)				
				(see Instructions))	gover	•	col (i)		i	nızed			
				(coo mon concine),	docum		supp		_	U.S.?			
					Yes	No	Yes	No	Yes	No			
			 		1.00	 	1.00			-110			
			 		1 -			†					
										İ			
			 		<u> </u>		<u> </u>	l —	<u> </u>				
_			 				<u> </u>		<u> </u>				
			 		 		<u> </u>					_	
_			†	- 	1	L		h					
Tot	al												

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support								
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")		15460.	34674.	50254.	7512.	107900.		
2	Gross receipts from admissions, merchan-								
	dise sold or services performed, or facilities						i		
	furnished in any activity that is related to	1		Ì			•		
	the organization's tax-exempt purpose		l						
3	Gross receipts from activities that		 -						
	are not an unrelated trade or business								
4	under section 513 Tax revenues levied for the organization's								
•	benefit and either paid to or expended on								
	its behalf.		!				1		
5	The value of services or facilities		 						
5		[
	furnished by a governmental unit to the								
	organization without charge		15460.	24674	E00E4	7510	107000		
6	Total. Add lines 1 through 5		15460.	34674.	50254.	7512.	107900.		
7 a	Amounts included on lines 1, 2, and 3								
_	received from disqualified persons		-						
Ь	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of	lt.							
	\$5,000 or 1% of the amount on line								
	13 for the year								
С	Add lines 7a and 7b								
8							107900.		
<u>Sec</u>	tion B. Total Support						, 		
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6		15460.	34674.	50254.	7512.	107900.		
10a	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar		l l						
	sources		[
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30,1975								
С	Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on	ĺ							
12	Other income. Do not include gain or		 						
	loss from the sale of capital assets			1					
	(Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, & 12.)		15460.	34674.	50254.	7512.	107900.		
	First five years. If the Form 990 is for the orga	anization's first s					10,300.		
1-		•		•			- □		
<u></u>					<u></u>	• • • • • • • • • • • • • • • • • • • •	······		
	tion C. Computation of Public Suppo			- (0)		45	100 00 %		
	Public support percentage for 2009 (line 8, co				r		<u>100.00 %</u> 100.00 %		
	Public support percentage from 2008 Schedul			<u> </u>	<u></u>	16	100.00 %		
	tion D. Computation of Investment I					4=[0 00 **		
	Investment income percentage for2009 (line 1		-		ř	17	0.00 %		
	18 Investment income percentage from 2008 Schedule A, Part III, line 17								
19a	33 1/3 % support tests - 2009. If the organizat								
	not more than 33 1/3 %, check this box andste	op here The org	anization qualifie	s as a publicly su	ipported organiz	ation	▶ 🛚 🗷		
þ	33 1/3 % support tests - 2008. If the organizat	ion did not chec	k a box on line 14	or line 19a, and	line 16 is more	than 33 1/3 %, a	nd line 18		
	is not more than 33 1/3 %, check this box and	•	•		• •		▶		
20	Private foundation. If the organization did not	check a box on	line 14, 19a, or 19	9b, check this bo	x and see instru	ctions			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate Instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer Identification nu											
	oods Wheels & Water Outdoors		14-1956041								
Pa	organizations Maintaining Donor Adv	ised Funds or Other Similar Funds	s or A	accounts.							
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6.									
		(a) Donor advised funds		(b) Funds and other accounts							
1	Total number at end of year			<u> </u>							
2	Aggregate contributions to (during year)										
3	Aggregate grants from (dunng year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor advisors	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 organizatio	n's exclusive legal control?		🔀 Yes 📙 No							
6	Did the organization inform all grantees, donors, and don	or advisors in writing that grant funds may be	e used								
	for charitable purposes and not for the benefit of the done										
Pa	Int II Conservation Easements. Complete if	the organization answered "Yes" to Form 9	90, Pa	rt IV, line 7							
1	Purpose(s) of conservation easements held by the organ										
	Preservation of land for public use (e.g., recreation of			n historically important land area							
	Protection of natural habitat	☐ Preservation	on of c	ertified historic structure							
	Preservation of open space										
2	Complete lines 2a-2d if the organization held a qualified of	conservation contribution in the form of a cor	nserva	tion easement on the last day of the							
	tax year		г								
				Held at the End of the Year							
	Total number of conservation easements		- 1	2a							
	Total acreage restricted by conservation easements			2b							
	Number of conservation easements on a certified historic	` ,	F	2c							
_	Number of conservation easements included in (c) acquir			2d							
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by th	e orga	nization during							
	the taxable year ▶										
4	Number of states where property subject to conservation										
5	Does the organization have a written policy regarding the	· · · · · · · · · · · · · · · · · · ·									
_	and enforcement of the conservation easements it holds?										
6	Staff and volunteer hours devoted to monitoring, inspectii		_								
7	Amount of expenses incurred in monitoring, inspecting, a										
8	Does each conservation easement reported on line 2(d) a										
•	and section 170(h)(4)(B)(ii)?			<u> </u>							
9	In Part XIV, describe how the organization reports conser include, if applicable, the text of the footnote to the organization.	-									
	conservation easements	ization's imancial statements that describes	me org	janization's accounting for							
Pa	rt III Organizations Maintaining Collections	of Art Historical Treasures or Of	hor	Similar Assets							
	Complete if the organization answered "Yes" to I		uici C	minar Assets.							
1 :	If the organization elected, as permitted under SFAS 116,		alance	sheet works of art, historical							
	treasures, or other similar assets held for public exhibition	•		•							
	text of the footnote to its financial statements that describe		20110 00	provide, in rail viv, the							
	tox of the founds to to maintain statements that account										
Ł	If the organization elected, as permitted under SFAS 116,	to report in its revenue statement and balar	nce sh	eet works of art, historical trea-							
•	sures, 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										
-	required to be reported under SFAS 116 relating to these			, , , , , , , , , , , , , , , , , , , ,							
а	Revenues included in Form 990, Part VIII, line 1			▶ \$							
	Assets included in Form 990, Part X										
_				·							

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

Schedule D (Form 990) 2009

		956041	Page
art XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts		
Total revenue (Form 990, Part VIII, column (A), line 12)	1		7,512
Total expenses (Form 990, Part IX, column (A), line 25)	2		8,915
Excess or (deficit) for the year. Subtract line 2 from line 1	3		(1,403)
Net unrealized gains (losses) on investments	4		
Donated services and use of facilities	5		
Investment expenses	6		
Prior period adjustments	7		
Other (Describe in Part XIV)	8		
Total adjustments (net). Add lines 4-8	9		
Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10		(1,403)
art XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn	
Total revenue, gains, and other support per audited financial statements		1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments 2a]	
b Donated services and use of facilities]	
c Recoveries of prior year grants 2c]	
d Other (Describe in Part XIV)			
e Add lines 2a through 2d		2ө	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line1.			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c (This should equal Form 990, Part I, line 12.)		5	
art XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return	
Total expenses and losses per audited financial statements		1	
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 2b]	
c Losses reported on Form 990, Part IX, line 25			
d Other (Describe in Part XIV)]	
e Add lines 2a through 2d		20	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part IX, line 25, but not on line			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		1 1	
b Other (Describe in Part XIV)			
c Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	
art XIV Supplemental Information			
implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, liner X. Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any			
			

Form **4562**

Depreciation and Amortization

OMB No 1545-0172

2009

Department of the Treasury	(Incl	iding Information o	on Listed Pro	perty)		Attachment
Internal Revenue Service (99)	► See s	eparate instructions.	► Attach to ye	our tax return.	•	Sequence No. 67
Name(s) shown on return						Identifying number
Woods Wheels & Water Outdoors Hunting						14-1956041
Part Election To Ex	kpense Certain Property	Under Section 179				
Note: If you ha	ave any listed property, o	complete Part V before y	ou complete Par	<u>t I</u>		
1 Maximum amount See t	the instructions for a high	her limit for certain busin	esses		1	250,000.
2 Total cost of section 179	property placed in service	ce (see instructions)			2	
3 Threshold cost of section	179 property before red	luction in limitation (see	instructions)			800,000.
4 Reduction in limitation. S	Subtract line 3 from line 2	2 If zero or less, enter -	0		4	
5 Dollar limitation for tax ye	ear Subtract line 4 from	line 1 If zero or less, e	nter -0 If marrie	d		
filing separately, see inst	ructions	<u></u>			5	
6 (a) Description		_	iness use only)	I	cted cost	
7 Listed property. Enter the	e amount from line 29			7	-	
8 Total elected cost of sect	ion 179 property. Add a	mounts in column (c), lir	nes 6 and 7		8	
9 Tentative deduction Ent	er thesmaller of line 5 o	r line 8			9	
10 Carryover of disallowed of	deduction from line 13 of	your 2008 Form 4562			10	
11 Business income limitation	on Enter the smaller of	business income (not les	ss than zero) or li	ine 5 (see insti	uctions) 11	
12 Section 179 expense dec						
13 Carryover of disallowed of				13	1	***************************************
Note: Do not use Part II or P			······································			
	ciation Allowance and (property) (Se	e instructions)	
14 Special depreciation allow				<u> </u>	,	
during the tax year (see i					14	
15 Property subject to section	•					
16 Other depreciation (include						
	ciation (Do not include					
		Section A				
17 MACRS deductions for a	ssets placed in service ii					995.
18 If you are electing to grou						
into one or more general		-				
	B-Assets Placed in Se				riation System	· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-
-	(b) Month and	(c) Basis for depr.	(d) Recovery		lation System	(g) Depreciation
(a) Classification of proper	ty yéar placed in service	(business/investment use	period	(e) Convention	(f) Method	deduction
19a 3-year property	Scivice	only - see instructions)	F		 	
b 5-year property				1	l	
c 7-year property		· · · · · · · · · · · · · · · · · · ·	-			
d 10-year property				··· ··· ··· ·		
			-			
			 		 	
f 20-year property			25			
g 25-year property			25 yrs.		S/L	
h Residential rental			27 5 yrs	MM	S/L	
property			27 5 yrs	MM	S/L	
I Nonresidential real			39 yrs	MM	S/L	
property			l	MM	S/L	
	-Assets Placed in Serv	ice During 2009 Tax Ye	ar Using the Alte	ernative Depre		n
20a Class life					S/L	
_b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	
Part IV Summary (See						· · · · · · · · · · · · · · · · · · ·
21 Listed property Enter a		• • • • • • • • • • • • • • • • • • • •			21	· · · · · · · · · · · · · · · · · · ·
22 Total Add amounts for	m line 12 lines 14 throu	ab 17 Jaco 10 and 20	luma (a)	d line 21	1 !	

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

995.