



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: WATERSHED CONSERVATION RESOURCE CENTER
Number and street (or P O box, if mail is not delivered to street address): 380 W ROCK ST
City or town, state or country, and ZIP + 4: FAYETTEVILLE, AR 72701

D Employer identification number: 81-0594071

E Telephone number: (501) 352-7294

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: [ ] Cash [X] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.WATERSHEDCONSERVATION.ORG

J Tax-exempt status (check only one) - [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 315,381

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Assets. Includes a 'RECEIVED' stamp from IRS-OIG dated NOV 15 2010 in OGDEN, UT.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets, showing (A) Beginning of year and (B) End of year for Cash, Land, Other assets, Total assets, Total liabilities, and Net assets.

SCANNED DEC 07 2010



**Part V Other Information** (Note the statement requirements in the instructions for Part V)

|     |   | Yes | No                       |
|-----|---|-----|--------------------------|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |     | X                        |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  |     | X                        |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T   |     |                          |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  |     | X                        |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |                          |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   |     | X                        |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions  | 37a | 0                        |
| b   | Did the organization file Form 1120-POL for this year?  | 37b | X                        |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38a | X                        |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved  | 38b | 0                        |
| 39  | Section 501(c)(7) organizations Enter.  |     |                          |
| a   | Initiation fees and capital contributions included on line 9  | 39a | N/A                      |
| b   | Gross receipts, included on line 9, for public use of club facilities   | 39b | ↓                        |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>   |     |                          |
| b   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b | X                        |
| c   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0                        |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  |     | 0                        |
| e   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e | X                        |
| 41  | List the states with which a copy of this return is filed.  |     | N/A                      |
| 42a | The organization's books are in care of <u>MATTHEW VAN EPS</u> Telephone no <u>501-352-7294</u><br>Located at <u>1718 N WHEELER FAYETTEVILLE, AR</u> ZIP + 4 <u>72703</u>   |     |                          |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country <u>N/A</u><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X                        |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <u>N/A</u>  | 42c | X                        |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year   | 43  | <input type="checkbox"/> |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44  | X                        |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 45  | X                        |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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  Yes  No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization a section 527 organization?  Yes  No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

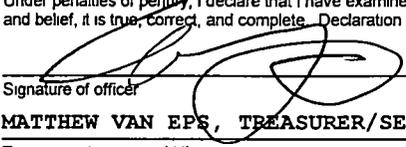
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here**

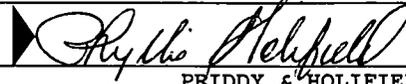
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer:  Date: 11/11/2010

MATTHEW VAN EPS, TREASURER/SECRETARY

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:  Date: 11-09-2010

Firm's name (or yours if self-employed), address, and ZIP + 4: PRIDDY & HOLIFIELD PA, 615 MAIN STREET, NORTH LITTLE ROCK, AR 72114

Check if self-employed:  Preparer's Identifying No. (See inst): P00604469

EIN: 71-0445436 Phone no: 501-374-9241

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

WATERSHED CONSERVATION RESOURCE CENTER

Employer identification number

81-0594071

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 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  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
|                                    |          |   |  |    |   |    |  |    |                         |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                         |

Part II

Support Schedule for Organizations Described in Sections 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)

N/A

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008; 16a 33 1/3% support test - 2009; b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**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.)

**Section A. Public Support**

| Calendar 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")   | 140,938  | 239,086  | 200,122  | 462,701  | 238,251  | 1,281,098 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 142,727  | 179,299  | 155,476  | 146,050  | 76,750   | 700,302   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   | 283,665  | 418,385  | 355,598  | 608,751  | 315,001  | 1,981,400 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  | 28,500   |          |          |          |          | 28,500    |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  | 28,500   |          |          |          |          | 28,500    |
| 8 Public support (Subtract line 7c from line 6)  |          |          |          |          |          | 1,952,900 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  | 283,665  | 418,385  | 355,598  | 608,751  | 315,001  | 1,981,400 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          | 2,031    | 2,728    | 2,354    | 380      | 7,493     |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| c Add lines 10a and 10b  |          | 2,031    | 2,728    | 2,354    | 380      | 7,493     |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                   |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12)   |          |          |          |          |          | 1,988,893 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.19 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15                      | 16 | 97.89 % |

**Section D. Computation of Investment Income Percentage**

|  |    |        |
|--|----|--------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.38 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17                        | 18 | 0.42 % |

19a **33 1/3% support tests - 2009.** 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

b **33 1/3% support tests - 2008.** 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

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

**Federal Supporting Statements**

**2009**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16  
OTHER EXPENSES SCHEDULE 2**

| <u>DESCRIPTION</u>        | <u>AMOUNT</u> |
|---------------------------|---------------|
| SUPPLIES                  | 29,832        |
| TRAVEL                    | 18,481        |
| MEETINGS                  | 10,368        |
| TELEPHONE/INTERNET        | 5,124         |
| DEPRECIATION              | 3,703         |
| INSURANCE                 | 5,443         |
| BANK CHARGES/INTEREST EXP | 1,657         |
| MISCELLANEOUS             | 341           |
| <b>TOTAL</b>              | <b>74,949</b> |

**FORM 990EZ, PART II, LINE 24  
OTHER ASSETS SCHEDULE 3**

| <u>DESCRIPTION</u>  | <u>BEGINNING<br/>OF YEAR</u> | <u>END OF YEAR</u> |
|---------------------|------------------------------|--------------------|
| ACCOUNTS RECEIVABLE | 24,551                       |                    |
| <b>TOTAL</b>        | <b>24,551</b>                |                    |

**FORM 990EZ, PART II, LINE 26  
OTHER LIABILITIES SCHEDULE 3**

| <u>DESCRIPTION</u>  | <u>BEGINNING<br/>OF YEAR</u> | <u>END OF YEAR</u> |
|---------------------|------------------------------|--------------------|
| ACCOUNTS PAYABLE    | 2,988                        | 4,174              |
| PAYROLL TAX PAYABLE | 1,988                        | 1,072              |
| NOTE PAYABLE        | 7,823                        | 4,644              |
| <b>TOTAL</b>        | <b>12,799</b>                | <b>9,890</b>       |

## Overflow Statement

Name(s) as shown on return

FEIN

WATERSHED CONSERVATION RESOURCE CENTER

81-0594071

| Description              | Amount           |
|--------------------------|------------------|
| FAYETTEVILLE RESTORATION | \$ 32,000        |
| <b>Total:</b>            | <b>\$ 32,000</b> |

| Description          | Amount           |
|----------------------|------------------|
| CITY OF FAYETTEVILLE | \$ 6,579         |
| CITY OF ROGERS       | 6,531            |
| CPI                  | 38               |
| FAYETTEVILLE         | 14,745           |
| LAKE MAUMELLE        | 676              |
| <b>Total:</b>        | <b>\$ 28,569</b> |

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

WATERSHED CONSERVATION RESOURCE CENTER

81-0594071

FORM 990EZ, PART III, LINE 31

|  |         |
|--|---------|
| PROGRAM SERVICE EXPENSES                         | \$28569 |
| GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE | \$32000 |
| INCLUDES FOREIGN GRANTS                          | NO      |

EXPLANATION

OTHER PROGRAM SERVICES

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

Department of the Treasury  
Internal Revenue Service

2009

Attachment  
Sequence No 67

(99)

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

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>WATERSHED CONSERVATION RESOURCE</b> | Business or activity to which this form relates<br><b>FORM 990</b> | Identifying number<br><b>81-0594071</b> |
|---|--|---|

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

|    |  |                              |                  |
|----|--|------------------------------|------------------|
| 1  | Maximum amount. See the instructions for a higher limit for certain businesses   | 1                            | 250000.00        |
| 2  | Total cost of section 179 property placed in service (see instructions)  | 2                            | 0.00             |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3                            | 800000.00        |
| 4  | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-   | 4                            | 0 00             |
| 5  | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5                            | 250000.00        |
| 6  | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
|    |  | 0.00                         | 0.00             |
|    |  | 0 00                         | 0.00             |
| 7  | Listed property. Enter the amount from line 29   | 7                            | 0 00             |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7   | 8                            | 0.00             |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8  | 9                            | 0 00             |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562  | 10                           | 0 00             |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)                    | 11                           | 250000 00        |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11   | 12                           | 0 00             |
| 13 | Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12   | ▶ 13                         | 0 00             |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See Instructions.)**

|    |   |    |      |
|----|---|----|------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 0.00 |
| 15 | Property subject to section 168(f)(1) election  | 15 | 0.00 |
| 16 | Other depreciation (including ACRS)   | 16 | 0 00 |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |   |                            |         |
|----|---|----------------------------|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009  | 17                         | 3702 84 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |         |

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      | 0 00   |                     |                |            | 0.00                       |
| b 5-year property              |                                      | 0.00   |                     |                |            | 0.00                       |
| c 7-year property              |                                      | 0.00   |                     |                |            | 0 00                       |
| d 10-year property             |                                      | 0 00   |                     |                |            | 0 00                       |
| e 15-year property             |                                      | 0 00   |                     |                |            | 0.00                       |
| f 20-year property             |                                      | 0 00   |                     |                |            | 0.00                       |
| g 25-year property             |                                      | 0.00   | 25 yrs              |                | S/L        | 0.00                       |
| h Residential rental property  |                                      | 0 00   | 27 5 yrs            | MM             | S/L        | 0.00                       |
|                                |                                      | 0 00   | 27.5 yrs            | MM             | S/L        | 0.00                       |
| i Nonresidential real property |                                      | 0 00   | 39 yrs              | MM             | S/L        | 0.00                       |
|                                |                                      | 0.00   |                     | MM             | S/L        | 0 00                       |

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

|                |  |      |          |    |     |      |
|----------------|--|------|----------|----|-----|------|
| 20a Class life |  | 0 00 |          |    | S/L | 0.00 |
| b 12-year      |  | 0 00 | 12 0 yrs |    | S/L | 0.00 |
| c 40-year      |  | 0.00 | 40.0 yrs | MM | S/L | 0 00 |

**Part IV Summary (See instructions.)**

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28  | 21 | 0.00    |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 3702 84 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 | 0 00    |

# WATERSHED CONSERVATION RESOURCE

## Depreciation Expense Report

As of December 31, 2009

Book = Tax

FYE Month = December

| Sys No                          | In Svc<br>Ext Date                      | Acquired<br>Value | P<br>T | Depr<br>Meth | Est<br>Life | Salv/168 Allow<br>Sec 179 | Depreciable<br>Basis | Prior<br>Thru | Prior Accum<br>Depreciation | Depreciation<br>This Run | Current YTD<br>Depreciation | Current Accum<br>Depreciation | Key<br>Code |
|---------------------------------|---|-------------------|--------|--------------|-------------|---------------------------|----------------------|---------------|-----------------------------|--------------------------|-----------------------------|-------------------------------|-------------|
| 000002                          | COMPUTER<br>000 07/17/07                | 1,209.22          | P      | MF200        | 05 00       | 0.00                      | 1,209.22             | 12/31/08      | 628.79                      | 232.17                   | 232.17                      | 860.96                        |             |
| 000003                          | COMPUTER<br>000 09/27/07                | 1,082.83          | P      | MF200        | 05 00       | 0.00                      | 1,082.83             | 12/31/08      | 563.07                      | 207.90                   | 207.90                      | 770.97                        |             |
| 000004                          | MONITOR<br>000 03/19/07                 | 300.99            | P      | MF200        | 05 00       | 0.00                      | 300.99               | 12/31/08      | 156.52                      | 57.79                    | 57.79                       | 214.31                        |             |
| 000005                          | RECIPROCATING SAW<br>000 07/06/07       | 268.37            | P      | MF200        | 07 00       | 0.00                      | 268.37               | 12/31/08      | 104.06                      | 46.95                    | 46.95                       | 151.01                        |             |
| 000006                          | COMPUTER EQUIPMENT<br>000 08/13/07      | 1,227.95          | P      | MF200        | 05 00       | 0.00                      | 1,227.95             | 12/31/08      | 638.53                      | 235.77                   | 235.77                      | 874.30                        |             |
| 000007                          | STEELCASE OFFICE<br>000 11/07/07        | 11,064.78         | P      | MF200        | 07 00       | 0.00                      | 11,064.78            | 12/31/08      | 4,290.42                    | 1,935.53                 | 1,935.53                    | 6,225.95                      |             |
| 000008                          | EXECUTIVE DIRECTOR DESK<br>000 09/06/07 | 4,854.84          | P      | MF200        | 07 00       | 0.00                      | 4,854.84             | 12/31/08      | 1,882.49                    | 849.24                   | 849.24                      | 2,731.73                      |             |
| 000009                          | OFFICE CHAIR<br>000 05/29/07            | 181.83            | P      | MF200        | 07 00       | 0.00                      | 181.83               | 12/31/08      | 70.51                       | 31.81                    | 31.81                       | 102.32                        |             |
| 000010                          | CHAIR<br>000 05/29/07                   | 140.80            | P      | MF200        | 07 00       | 0.00                      | 140.80               | 12/31/08      | 54.60                       | 24.63                    | 24.63                       | 79.23                         |             |
| 000011                          | CHAIR<br>000 06/01/07                   | 203.18            | P      | MF200        | 07 00       | 0.00                      | 203.18               | 12/31/08      | 78.79                       | 35.54                    | 35.54                       | 114.33                        |             |
| 000012                          | VACUUM CLEANER<br>000 08/01/07          | 260.18            | P      | MF200        | 07 00       | 0.00                      | 260.18               | 12/31/08      | 100.89                      | 45.51                    | 45.51                       | 146.40                        |             |
| <b>Grand Total</b>              |   | 20,794.97         |        |              |             | 0.00                      | 20,794.97            |               | 8,568.67                    | 3,702.84                 | 3,702.84                    | 12,271.51                     |             |
| Less disposals and<br>transfers |   | 0.00              |        |              |             | 0.00                      | 0.00                 |               | 0.00                        |                          |                             | 0.00                          |             |
| Count = 0                       |   |                   |        |              |             |                           |                      |               |                             |                          |                             |                               |             |
| <b>Net Grand Total</b>          |   | <u>20,794.97</u>  |        |              |             | <u>0.00</u>               | <u>20,794.97</u>     |               | <u>8,568.67</u>             | <u>3,702.84</u>          | <u>3,702.84</u>             | <u>12,271.51</u>              |             |
| Count = 11                      |   |                   |        |              |             |                           |                      |               |                             |                          |                             |                               |             |

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

|   |   |   |
|---|---|---|
| Type or print<br>File by the extended due date for filing the return See instructions | Name of Exempt Organization<br><b>WATERSHED CONSERVATION RESOURCE CENTER</b>  | Employer identification number<br><b>81-0594071</b> |
|   | Number, street, and room or suite no. If a P O box, see instructions<br><b>380 W ROCK ST</b>                            | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code For a foreign address, see instructions<br><b>FAYETTEVILLE, AR 72701</b> |   |

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-PF
- Form 1041-A
- Form 6069
- Form 990-BL
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 4720
- Form 8870
- Form 990-EZ
- Form 990-T (trust other than above)
- Form 5227

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MATTHEW VAN EPS**  
Telephone No **501-352-7294** FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11-15, 2010**
- 5 For calendar year **2009**, or other tax year beginning , 20 and ending , 20
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED TO GATHER ADDITIONAL INFORMATION TO PROPERLY FILE THE TAX RETURN.**

|   |    |    |
|---|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions   | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ |
| c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions        | 8c | \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Title Date

● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

|   |   |   |
|---|---|---|
| Type or print<br>File by the extended due date for filing the return See instructions | Name of Exempt Organization<br><b>WATERSHED CONSERVATION RESOURCE CENTER</b>  | Employer identification number<br><b>81-0594071</b> |
|   | Number, street, and room or suite no. If a P O box, see instructions<br><b>380 W ROCK ST</b>                            | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code For a foreign address, see instructions<br><b>FAYETTEVILLE, AR 72701</b> |   |

**Check type of return to be filed** (File a separate application for each return)

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MATTHEW VAN EPS**  
Telephone No **501-352-7294** FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11-15, 2010
- For calendar year 2009, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED TO GATHER ADDITIONAL INFORMATION TO PROPERLY FILE THE TAX RETURN.**

|  |           |    |
|--|-----------|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions   | <b>8a</b> | \$ |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> | \$ |
| <b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions               | <b>8c</b> | \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  Date