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# SCANNED NOV 1 2 2010

Department of the Treasury

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

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

OMB No 1545-0047 Open to Public

| A F                         | or the             | e 2009 cal                   | <del></del>  | MAY 31, 2010                           | )  |
|-----------------------------|--------------------|------------------------------|--|--|--|
|                             | •                  | 2000 00.                     |  |  |  |
|                             | heck if pplicabl   | le Please<br>use IRS         | C Name of organization   | D Employer identif                     | ication number                           |
|                             | ∏Addre             | ss label or                  | ELACUEE NAMIDE COLENCE CENMED INC  |  |  |
| $\vdash$                    | _ichang<br>∃Name   | tyne                         | ELACHEE NATURE SCIENCE CENTER, INC.  | ـ ـ ـ ـ                                | (1)760                                   |
| $\vdash$                    | ∐chang<br>∏Initial | e i ''                       | Doing Business As  |  | 1643768                                  |
| <u> </u>                    | _!return           | See<br>Specific              | Number and street (or P 0 box if mail is not delivered to street address) Room/su  |  |  |
| <u> </u>                    | Termir             | Instruc-                     | 2125 ELACHEE DRIVE   | 770-                                   | <u>-535–1976</u>                         |
| <u>_</u>                    | Ameno              |                              | City or town, state or country, and ZIP + 4  | G Gross receipts \$                    | 981,051.                                 |
| L                           | Applic             |                              | GAINESVILLE, GA 30504  | H(a) Is this a group i                 | return                                   |
|                             | pendir             | F Nan                        | ne and address of principal officer:ANDREA TIMPONE   | for affiliates?                        | Yes X No                                 |
|                             |                    | 212                          | 5 ELACHEE DRIVE, GAINESVILLE, GA 30504   | H(b) Are all affiliates in             | cluded? Yes No                           |
| 1.7                         | ax-ex              | empt statu                   | is: X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527  | If "No," attach a                      | a list. (see instructions)               |
| JV                          | Vebsit             | te: NWW                      | W.ELACHEE.ORG  | H(c) Group exempte                     | on number                                |
| K F                         | orm of             | organizatio                  | n X Corporation  |  | M State of legal domicile GA             |
| Pa                          | rt I               | Summa                        |  |  | <u> </u>                                 |
| •                           | 1                  |                              | scribe the organization's mission or most significant activities: TO PROMO   | TE ENVIRONMEN                          | TAL                                      |
| ĕ                           |                    | UNDER                        | STANDING THROUGH EDUCATION AND CONSERVA  |  |  |
| Activities & Governance     | 2                  | Check this                   | s box In the organization discontinued its operations or disposed of m   |  | ecete                                    |
| Š                           |                    |                              | f voting members of the governing body (Part VI, line 1a)  | 3                                      | 18                                       |
| Ğ                           |                    |                              | f independent voting members of the governing body (Part VI, line 1b)  | 4                                      | 18                                       |
| ي<br>م                      |                    |                              | ber of employees (Part V, line 2a)   | 5                                      | 43                                       |
| ij                          |                    |                              | ber of volunteers (estimate if necessary)  | 6                                      | 180                                      |
| 훓                           |                    |                              | s unrelated business revenue from Part VIII, column (C), line 12   | 7a                                     |  |
| ď                           |                    |                              | 7a<br>7b   | <del> </del>                           |  |
|                             |                    | ivet dillete                 | tted business taxable income from Form 990-T, line 34  | Prior Year                             | Current Year                             |
| _                           | 8                  | Contributi                   | one and grants (Part VIII, line 1h)  | 641,645.                               |  |
| en.                         |                    |                              | ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)   | 500,152                                |  |
| Revenue                     | _                  |                              | ·  | -10,683                                |  |
| æ                           |                    |                              | nt income (Part VIII, column (A), lines 3, 4, and 7d)  | 26,737                                 |  |
| ;                           |                    |                              | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 1,157,851.                             |  |
|                             |                    |                              | nue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,157,051                              | 303,712.                                 |
|                             |                    |                              | d similar amounts paid (Part IX, column (A), lines 1-3) aid to or for members (Part IX, <u>co</u> lumn (A), line 4)  |  |  |
|                             |                    |                              |  | 575,150.                               | 545,490.                                 |
| Expenses                    | 18-                | Drafagge                     | other compensation, emproyee benefits (Part IX, column (A), lines 5-10)  nal fundraising fees (Part IX, column (A), line 11e)  | 373,130                                | 343,490.                                 |
| Sen                         |                    |                              | 101  | ······································ | <del>}</del>                             |
| Ĕ                           | 47                 | Other                        | raising expenses (Part IX, column (D), line 25)  29,914.   | 463,686.                               | 355,141.                                 |
|                             | 17                 | Other exp                    | enses (Part IX, conting Allines III -11d, 11f-24f)   | 1,038,836                              |  |
|                             |                    |                              | hises. Add lines 13-17 (must edual Part IX, column (A), line 25)   |  |  |
| -se                         | 19                 | Revenue I                    | ess expenses: Subtract line 18 from line 12  | 119,015.                               | <del> </del>                             |
| Net Assets or Fund Balances | 00                 | T-4-1                        | UGDI.II  | Beginning of Current Year              | End of Year                              |
| SSE                         |                    |                              | ts (Part X, line 16)   | 2,726,217.                             |  |
| ind/                        |                    |                              | ities (Part X, line 26)  | 580,387                                | <del></del>                              |
|                             |                    |                              | s or fund balances. Subtract line 21 from line 20  | 2,145,830.                             | 2,271,686.                               |
| FE                          | rt II              |                              | ture Block   | h                                      |  |
|                             |                    | and complet                  | ties of penury, I declare that I have examined this return, including accompanying schedules and statemen<br>te Destgration of preparer (other than officer) is based op all information of which preparer has any knowled | its, and to the best of my knowled     | age and belief, it is true, correct,     |
|                             |                    |                              | Madina ( LIM bone  | in/                                    | เรโเก                                    |
| Sigr                        |                    | Cian                         | ature of officer   | Data Pota                              |  |
| Her                         | е                  |                              | <b>U</b>   | Date                                   |  |
|                             |                    |                              | DREA TIMPONE, PRESIDENT/CEO or print name and title  |  |  |
|                             |                    |                              |  | Obsert of In                           |  |
| Paid                        |                    | Preparer's                   |  | self- (see ii                          | rer's identifying number<br>nstructions) |
|                             | arer's             | signature                    |  | employed 🕨 🔛                           | <del> </del>                             |
| Use                         |                    | Firm's name<br>yours if      | ADEXAMPER, ADMAND & ASSOCIATES, EDF  | <u>EIN</u> ►                           |  |
|                             | ,                  | self-employe<br>address, and |  |  |  |
|                             |                    | ZIP + 4                      | GAINESVILLE, GA 30503  | Phone no                               |  |
| Mav                         | the IF             | RS discuss                   | s this return with the preparer shown above? (see instructions)  |  | X Yes No                                 |

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

|     |   | 8-1643768       | Page 2           |
|-----|---|-----------------|------------------|
| Par | t III Statement of Program Service Accomplishments  |                 |                  |
|     | Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  |                 |                  |
|     | ELACHEE NATURE SCIENCE CENTER, A NON-PROFIT ENVIRONMENTAL   |                 |                  |
|     | CENTER, 1) PROVIDES INTERACTIVE EXPERIENCES IN THE CHICOP   |                 |                  |
|     |   | ERSTAND TH      | <u> AT</u>       |
|     | THE EARTH AND ALL ITS INHABITANTS ARE PART OF A COMPLEX A   | <u>ND</u>       |                  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on                    |                 |                  |
|     | the prior Form 990 or 990-EZ?   | Yes             | X No             |
|     | If "Yes," describe these new services on Schedule O.  | <del></del>     | <del></del>      |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                | L Yes           | X No             |
|     | If "Yes," describe these changes on Schedule O.   |                 |                  |
| 4   | Describe the exempt purpose achievements for each of the organization's three largest program services by exper             | ises.           |                  |
|     | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra        | nts and         |                  |
|     | allocations to others, the total expenses, and revenue, if any, for each program service reported.                          |                 |                  |
|     |   |                 |                  |
|     | (Code: ) (Expenses \$ 39,565 • including grants of \$ ) (Reve   | •               | 032.)            |
|     | DAYCAMP - TO PROVIDE CAMP TO GRADE SCHOOL CHILDREN WITH A   | N EMPHASIS      | ON_              |
|     | THE ENVIRONMENT   |                 |                  |
|     |   |                 |                  |
|     |   |                 |                  |
|     |   |                 |                  |
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|     |   |                 |                  |
|     |   |                 |                  |
|     |   |                 |                  |
|     | E2C 754   | 260             | 262              |
|     | (Code: ) (Expenses \$ 536,754 • including grants of \$ ) (Reve  |                 | 362.)            |
|     | TO PROVIDE EDUCATIONAL SERVICES RELATIVE TO SCIENCE AND N   | ATURE TO        |                  |
|     | 33,000 STUDENTS AND 25,000 OTHER VISITORS PER YEAR  |                 |                  |
|     |   |                 |                  |
|     |   |                 |                  |
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|     |   |                 |                  |
|     |   |                 |                  |
|     |   |                 |                  |
| 4c  | (Code: ) (Expenses \$ 199,200 • including grants of \$ ) (Reve  |                 | 726.)            |
|     | (Code: ) (Expenses \$ 199,200 • Including grants of \$ ) (Reve<br>MANAGEMENT AND PRESERVATION OF THE 1300 ACRE CHICOPEE WOO |                 | 720.)            |
|     | PRESERVE. TO STUDY, MANAGE AND IMPROVE THE HEALTH AND BI  |                 | OF               |
|     | THE PRESERVE.   | ODIVERSIII      | Or               |
|     | THE PRESERVE.   |                 |                  |
|     |   |                 |                  |
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|     | <del> </del>  |                 | <del></del>      |
|     |   |                 |                  |
|     | Other program services (Describe in Schedule O.)  |                 |                  |
|     | (Expenses \$ 11,980 • including grants of \$ ) (Revenue \$ 17,556   | • )             |                  |
| 4e  | Total program service expenses ►\$ 787,499.   |                 | 20 /             |
|     |   | Form <b>9</b> 9 | <b>90</b> (2009) |

|            | 990 (2009) ELACHEE NATURE SCIENCE CENTER, INC. 58-1643  | 768   | P   | age 3 |
|------------|---|-------|-----|-------|
| Par        | t IV Checklist of Required Schedules  |       |     |       |
|            |   |       | Yes | No    |
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                             |       |     |       |
|            | If "Yes," complete Schedule A   | 1     | Х   |       |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2     | Х   |       |
| 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     | ĺ   | х     |
| 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     |     | Х     |
| 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     | Х   |       |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete    |       |     |       |
|            | Schedule D, Part III  | 8     | }   | Х     |
| 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     |     | Х     |
| 10         | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?          |       |     |       |
|            | If "Yes," complete Schedule D, Part V   | 10    | Х   |       |
| 11         | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X |       |     |       |
|            | as applicable   | 11    | X   |       |
| •          | 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      | 1     |     |       |
|            | 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 separate, independent audited financial statements for the tax year? If "Yes," complete             |       |     |       |
|            | Schedule D, Parts XI, XII, and XIII.  | 12    | X   |       |
| 12A        | Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No               |       |     |       |
|            | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X  | ļ     |     |       |
| 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?                                     | 14a   |     | 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 organization       |       |     | .,    |
| 40         | 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  | l . ' |     | 12    |
| <b>4 -</b> | located outside the United States? If "Yes," complete Schedule F, Part III  | 16    |     | X     |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,         |       |     | 17    |
| 40         | column (A), lines 6 and 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    |       |     |       |

Form **990** (2009)

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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

1c and 8a? If "Yes," complete Schedule G, Part II

|     | 990 (2009) ELACHEE NATURE SCIENCE CENTER, INC. 58-1643  | <u> 768</u> | P   | age 4 |
|-----|---|-------------|-----|-------|
| Par | ↑ W 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 in the            |             |     |       |
|     | United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II                                     | 21          |     | X     |
| 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 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III  | 22          |     | X     |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |             |     |       |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25  | 24a         |     | X     |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b         |     |       |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |             |     |       |
|     | any tax-exempt bonds?   | 24c         |     |       |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d         |     |       |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |             |     |       |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a         |     | Х     |
| þ   | Is the organization 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  | 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, (see Schedule L, Part IV              |             |     |       |
|     | instructions for 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 Schedule L, Part IV      | 28b         |     | Х     |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was |             |     |       |
|     | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                              | 28c         |     | X     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29          |     | X     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |             |     |       |
|     | contributions? If "Yes," complete Schedule M  | 30          |     | Х     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |             |     |       |
|     | If "Yes," complete Schedule N, Part I   | 31          |     | Х     |
| 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          |     | _X_   |
| 34  | Was the organization related to any tax-exempt or taxable entity?   | 7           |     |       |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34          |     | X     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       | 7           |     |       |
|     | If "Yes," complete Schedule R, Part V, line 2   | 35          |     | 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   | 26          |     | Y     |

Х Form 990 (2009)

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

|   |  |         | · -               | -       | Yes   | No    |  |  |  |  |  |
|---|--|---------|-------------------|---------|-------|-------|--|--|--|--|--|
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   |         |                   |         |       |       |  |  |  |  |  |
|   | U.S. Information Returns. Enter -0- if not applicable  | 1a      | 11                |         |       |       |  |  |  |  |  |
| b   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 1b_     | 0                 |         |       |       |  |  |  |  |  |
| C   | Did the organization comply with backup withholding rules for reportable payments to vendors and r   | eporta  | able gaming       |         |       |       |  |  |  |  |  |
|   | (gambling) winnings to prize winners?  |         |                   | 1c      | X     |       |  |  |  |  |  |
| <b>2</b> a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |         |                   |         |       |       |  |  |  |  |  |
|   | filed for the calendar year ending with or within the year covered by this return  | 2a      | 43                |         |       |       |  |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax retu   | rns?    |                   | 2b      | X     |       |  |  |  |  |  |
|   | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see   | ınstru  | ictions)          |         |       |       |  |  |  |  |  |
| 3а  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered   | ed 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      |       |       |  |  |  |  |  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other  | autho   | rıty over, a      |         |       |       |  |  |  |  |  |
|   | financial account in a foreign country (such as a bank account, securities account, or other financial   | accou   | ınt)?             | 4a      |       | X     |  |  |  |  |  |
| b If "Yes," enter the name of the foreign country: ►  |  |         |                   |         |       |       |  |  |  |  |  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and |  |         |                   |         |       |       |  |  |  |  |  |
|   | Financial Accounts.  |         |                   |         |       | х     |  |  |  |  |  |
| 5a  | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |         |                   |         |       |       |  |  |  |  |  |
| b   | party in the state of the state |         |                   |         |       |       |  |  |  |  |  |
| C   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard  | arding  | Prohibited        |         |       |       |  |  |  |  |  |
| _   | Tax Shelter Transaction?   |         |                   | 5c      |       |       |  |  |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | he org  | anization solicit | 6a      |       | х     |  |  |  |  |  |
|   | any contributions that were not tax deductible?  |         |                   |         |       |       |  |  |  |  |  |
| D   | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |         |                   |         |       |       |  |  |  |  |  |
| 7   | were not tax deductible?   |         |                   |         |       |       |  |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |         |                   |         |       |       |  |  |  |  |  |
| a   | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services<br>provided to the payor?   |         |                   |         |       |       |  |  |  |  |  |
| h   | · · ·  |         |                   |         |       |       |  |  |  |  |  |
|   | <ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>   |         |                   |         |       |       |  |  |  |  |  |
| Ī   | to file Form 8282?   | as 160  | lanea             | 7c      |       | х     |  |  |  |  |  |
| d   | If "Yes," Indicate the number of Forms 8282 filed during the year  | 7d      |                   |         |       |       |  |  |  |  |  |
|   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p   |         | nal               |         |       |       |  |  |  |  |  |
|   | benefit contract?  |         |                   | 7e      |       | Х     |  |  |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti   | ract?   |                   | 7f      |       | X     |  |  |  |  |  |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required  |         |                   | 7g      |       | X     |  |  |  |  |  |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0   | C as re | equired?          | 7h      |       | Х     |  |  |  |  |  |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or   |         |                   |         |       |       |  |  |  |  |  |
|   | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc   |         |                   |         |       |       |  |  |  |  |  |
|   | at any time during the year?   |         |                   | 8       |       |       |  |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |         |                   |         |       |       |  |  |  |  |  |
| 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      |       |       |  |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  |         |                   |         |       |       |  |  |  |  |  |
|   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a     |                   |         |       |       |  |  |  |  |  |
|   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b     |                   |         |       |       |  |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:   | ı       | 1                 |         |       |       |  |  |  |  |  |
|   | Gross income from members or shareholders  | 11a     |                   |         |       |       |  |  |  |  |  |
| þ   | Gross income from other sources (Do not net amounts due or paid to other sources against   |         |                   |         |       |       |  |  |  |  |  |
| 40  | amounts due or received from them.)  | 11b     |                   |         |       |       |  |  |  |  |  |
|   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1       | ?                 | 12a     |       |       |  |  |  |  |  |
| D   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b     |                   | <u></u> | 000   |       |  |  |  |  |  |
|   |  |         |                   | Form    | 990 ( | 2009) |  |  |  |  |  |

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

| Sec             | tion A. Governing Body and Management  |          |                  |             |                |    |
|-----------------|--|----------|------------------|-------------|----------------|----|
| _               |  | 1.       |                  | 18          | Yes            | No |
|                 | Enter the number of voting members of the governing body   | 1a       |                  | 18          |                |    |
|                 | Enter the number of voting members that are independent  | _1b_     |                  |             |                |    |
| 2               | Did any officer, director, trustee, or key employee have a family relationship or a business relationship  | p with   | any otner        |             |                | Х  |
| 3               | officer, director, trustee, or key employee?   |          |                  | 2           |                |    |
| 3               | Did the organization delegate control over management duties customarily performed by or under the   | e airea  | t supervision    |             |                | X  |
| 4               | of officers, directors or trustees, or key employees to a management company or other person?  | 00:      | 61 a dO          | 3           |                | X  |
| 5               | Did the organization make any significant changes to its organizational documents since the prior Fo   |          | ) was filed?     | 4           | <del> </del>   | X  |
| 6               | Did the organization become aware during the year of a material diversion of the organization's asset  | IS?      |                  | 5<br>6      | <del> </del> - | X  |
| 7a              | Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more me |          | of the           | 6           |                |    |
| , a             | governing body?  | inber    | or the           | 7a          |                | Х  |
| h               | Are any decisions of the governing body subject to approval by members, stockholders, or other per   | 2000     |                  | 7b          |                | X  |
| 8               | Did the organization contemporaneously document the meetings held or written actions undertaken  |          |                  | 10          |                |    |
| •               | by the following:  | uuriilg  | tile year        |             |                |    |
| а               | The governing body?  |          |                  | 8a          | Х              |    |
|                 | Each committee with authority to act on behalf of the governing body?  |          |                  | 8b          | X              |    |
| 9               | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  | ohad :   | at the           | 00          | 1              |    |
| •               | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | icheu i  | at tile          | 9           |                | Х  |
| Sec.            | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | avanu.   | Code l           | 5           |                |    |
| <del>,,,,</del> | tion b. Follocs (mis decidin b requests information about policies not required by the internal ne   | everiu   | - Code.)         |             | Yes            | No |
| 10a             | Does the organization have local chapters, branches, or affiliates?  |          |                  | 10a         | 163            | X  |
|                 | If "Yes," does the organization have written policies and procedures governing the activities of such  | chant    | ers affiliates   | 100         |                |    |
| _               | and branches to ensure their operations are consistent with those of the organization?   | onapt    | oro, armatoo,    | 10ь         |                |    |
| 11              | Has the organization provided a copy of this Form 990 to all members of its governing body before fi   | lına th  | e form?          | 11          | Х              |    |
|                 | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          | 5 TOTT.          | <u> </u>    |                |    |
|                 | Does the organization have a written conflict of interest policy? If "No," go to line 13   |          |                  | 12a         | X              |    |
|                 | Are officers, directors or trustees, and key employees required to disclose annually interests that cou  | ıld aıv  | e rise           | 1.20        |                |    |
| -               | to conflicts?  | g        |                  | 12b         | X              |    |
| c               | Does the organization regularly and consistently monitor and enforce compliance with the policy? If  | "Yes."   | describe         |             |                |    |
|                 | In Schedule O how this is done   | ,        |                  | 12c         | X              |    |
| 13              | Does the organization have a written whistleblower policy?   |          |                  | 13          | Х              |    |
| 14              | Does the organization have a written document retention and destruction policy?  |          |                  | 14          | X              |    |
| 15              | Did the process for determining compensation of the following persons include a review and approva   | al by ir | dependent        |             |                |    |
|                 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          | •                |             |                |    |
| а               | The organization's CEO, Executive Director, or top management official   |          |                  | 15a         | X              |    |
| Ь               | Other officers or key employees of the organization  |          |                  | 15b         | Х              |    |
|                 | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |          |                  |             |                |    |
| I6a             | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger  | nent v   | rith a           |             |                |    |
|                 | taxable entity during the year?  |          |                  | 16a         |                | X  |
| b               | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva   | luate r  | s participation  |             |                |    |
|                 | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization  | anızatı  | on's             |             |                |    |
|                 | exempt status with respect to such arrangements?   |          |                  | 16b         |                |    |
| ec.             | tion C. Disclosure   |          | _                |             |                |    |
| 17              | List the states with which a copy of this Form 990 is required to be filled ▶GA  |          |                  |             |                |    |
| 18              | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T   | (501(    | c)(3)s only) ava | ılable for  |                |    |
|                 | public inspection. Indicate how you make these available. Check all that apply.  | -        | ••               |             |                |    |
|                 | Own website X Another's website X Upon request   |          |                  |             |                |    |
| 19              | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c   | onflict  | of interest pol  | cy, and fin | ancial         |    |
|                 | statements available to the public.  |          | •                |             |                |    |
| 20              | State the name, physical address, and telephone number of the person who possesses the books at  | nd rec   | ords of the org  | anization:  | •              |    |
|                 | <u>ANDREA TIMPONE - 770-535-1976</u>   |          |                  |             |                |    |
|                 | 2125 ELACHEE DRIVE, GAINESVILLE, GA 30504  |          |                  |             |                |    |
|                 |  |          |                  |             |                |    |

# Rart 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.

| Check this box if the organization did (A) | (B)         | (C)                            |                       |          |              |                                 |          | (D)              | (E)                              | (F)                   |
|--|-------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|------------------|----------------------------------|-----------------------|
| Name and Title                             | Average     | Position                       |                       |          |              |                                 |          | Reportable       | Reportable                       | Estimated             |
|  | hours       | (cl                            | heck                  | all t    | that         | арр                             | ly)      | compensation     | compensation                     | amount of             |
|  | per         | ig.                            |                       |          |              |                                 |          | from             | from related                     | other                 |
|  | week        | el gl                          |                       |          |              | paji                            |          | the organization | organizations<br>(W-2/1099-MISC) | compensation from the |
|  |             | Page (                         | anster (              |          | <b>₽</b> 2   | pensa                           |          | (W-2/1099-MISC)  | (** 2/1000 Mileo)                | organization          |
|  |             | La la                          | Bonal                 |          | ayotq        | tcom                            | _        | ,                |                                  | and related           |
|  |             | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated<br>employee | Former   |                  |                                  | organizations         |
| FRANK ARMSTRONG                            |             |                                |                       |          |              |                                 |          | _                |                                  |                       |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| ELOISE BARRON                              |             |                                |                       |          |              |                                 |          |                  |                                  |                       |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| SAM EVANS                                  |             |                                |                       |          |              |                                 |          |                  | _                                | _                     |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| DALLAS GAY                                 |             |                                |                       |          |              |                                 |          |                  | •                                | •                     |
| TREASURER                                  |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| JOCK HORNOR                                |             | ,,                             |                       |          |              |                                 |          |                  | 0                                | 0                     |
| VICE CHAIRMAN BUDDY LANGSTON               |             | X                              |                       | <u> </u> |              | $\vdash$                        |          | 0.               | 0.                               | 0.                    |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| RICHARD LEET                               | <del></del> | ┢                              |                       |          |              |                                 |          | 0.               | 0.                               | · ·                   |
| TRUSTEE                                    |             | x                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| JOHN GIRARDEAU                             |             | 1                              |                       |          |              |                                 |          | -                |                                  |                       |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| JACKIE NABB                                |             |                                |                       |          |              |                                 |          |                  |                                  |                       |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| MIA PARRISH                                |             |                                |                       |          |              |                                 |          |                  |                                  |                       |
| TRUSTEE                                    | _           | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| DAVID SHUMAKE                              |             |                                |                       |          |              |                                 |          |                  | <u>-</u> -                       |                       |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| ROBERT HORN                                |             |                                |                       |          |              |                                 |          |                  |                                  |                       |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 | L        | 0.               | 0.                               | 0.                    |
| ROBIN SMITH                                |             |                                |                       |          |              |                                 |          |                  |                                  |                       |
| TRUSTEE                                    | _           | X                              |                       |          |              |                                 | L        | 0.               | 0.                               | 0.                    |
| JAMES TIPTON, JR.                          |             |                                |                       |          |              |                                 |          |                  |                                  | _                     |
| TRUSTEE                                    |             | X                              |                       |          |              |                                 | <u> </u> | 0.               | 0.                               | 0.                    |
| JANE WHITE                                 |             | .,                             |                       |          |              |                                 |          |                  |                                  | _                     |
| SECRETARY<br>B K WHITTEHEAD                |             | X                              |                       |          |              |                                 |          | 0.               | 0.                               | 0.                    |
| R.K. WHITEHEAD<br>CHAIRMAN                 |             | v                              |                       |          |              |                                 |          |                  | _                                | ^                     |
| MIKE WHITMIRE                              |             | X                              |                       |          |              | $\vdash$                        |          | 0.               | 0.                               | _ 0.                  |
| TRUSTEE                                    |             | х                              |                       |          |              |                                 |          | 0.               | 0.                               | 0                     |
| TIOOTEE                                    |             | Λ                              |                       |          |              |                                 | <u> </u> | U .              | <u> </u>                         | 0.                    |

932007 02-04-10

| Part VII Section A. Officers, Directors, Tr  |                    | mple                           | oyee                  |         |      | High                         | est   | 1  |   | ī         |   |                                      |
|--|--------------------|--------------------------------|-----------------------|---------|------|------------------------------|-------|--|---|-----------|---|--------------------------------------|
| , (A)  | (B)                | (C)                            |                       |         |      |                              |       | (D)  | (E)   |           | (F)   |                                      |
| Name and title   | Average hours      | 100                            | heel                  | Pos     |      | n<br>: app                   | dω    | Reportable compensation                        | Reportable compensation                         |           | Estima<br>amour   |                                      |
|  | per<br>week        | Individual trustee or director | Institutional frustee | Officer |      | Highest compensated employee |       | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC | <b>()</b> | othe<br>compens<br>from to<br>organize<br>and relations | er<br>sation<br>the<br>ation<br>ated |
| LINDA YOUNGBLOOD<br>TRUSTEE  |                    | x                              | -                     |         |      |                              |       | 0.   |   | 0.        |   | 0.                                   |
| ANDREA TIMPONE   |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
| PRESIDENT/CEO  | 40.00              |                                |                       | X       |      | X                            |       | 69,478.  | (   | 0.        | 8,  | 210.                                 |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
| 1b Total   |                    |                                |                       | L_      |      |                              |       | 69,478.  |   | 0.        | 8.  | 210.                                 |
| Total number of individuals (including but r   | not limited to the | hose                           | liste                 | ed al   | bove | e) wł                        | no re | ·  |   |           | <u> </u>  |                                      |
| compensation from the organization   |                    |                                |                       |         |      |                              |       |  |   |           |   | <u></u> C                            |
| 2 Did the annual to be to the first of the second  |                    |                                |                       |         |      |                              |       |  |   | г         | Yes   | No                                   |
| 3 Did the organization list any former officer<br>line 1a? If "Yes," complete Schedule J for s                           |                    |                                | , Ke                  | y em    | 1DIO | yee,                         | or r  | nighest compensated er                         | nployee on                                      | ŀ         | 3   | X                                    |
| <ul> <li>For any individual listed on line 1a, is the si</li> <li>and related organizations greater than \$15</li> </ul> | um of reportab     | ole co                         |                       |         |      |                              |       |  | the organization                                |           | 4   | X                                    |
| 5 Did any person listed on line 1a receive or  |                    |                                |                       |         |      |                              |       |  | ices rendered to                                |           | -   | +**                                  |
| the organization? If "Yes," complete Sched   | dule J for such    | pers                           | on                    |         |      |                              |       |  |   |           | 5   | <u> </u>                             |
| Section B. Independent Contractors  1 Complete this table for your five highest co                                       | ompensated in      | depe                           | ende                  | ent c   | ontr | racto                        | ors t | hat received more than                         | \$100,000 of comp                               | ensatı    | on from   |                                      |
| the organization. NONE   |                    |                                |                       |         |      | _                            |       |  |   |           |   |                                      |
| (A) Name and business  | address            |                                |                       |         |      |                              |       | ( <b>B)</b> Description of s                   | ervices   | Con       | (C)<br>npensati   | ion                                  |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
|  |                    |                                |                       | -       |      |                              |       | <del>-</del>                                   |   | ·         |   |                                      |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
|  |                    |                                |                       |         |      |                              |       |  |   | _         |   | -                                    |
|  |                    |                                |                       |         |      |                              |       |  |   |           |   |                                      |
| Total number of independent contractors (     \$100,000 in compensation from the organi                                  | _                  | ot lu                          | mıte                  | d to    |      | se lis                       | sted  | l above) who received m                        | ore than  |           |   |                                      |
|  |                    |                                |                       |         |      |                              |       |  |   | _         | 000   | (0000                                |

0.

965,712.

932009 02-04-10 Total. Add lines 11a-11d

Total revenue. See instructions

653,604

# Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B) (C), and (

|    | All other organizations must compl  |                       | <del></del>                                |   |                                       |
|----|---|-----------------------|--|---|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | ( <b>B)</b><br>Program service<br>expenses | (C) Management and general expenses     | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to governments and  |                       |  |   |                                       |
|    | organizations in the U.S. See Part IV, line 21  |                       |  |   |                                       |
| 2  | Grants and other assistance to individuals in   | _                     |  |   |                                       |
|    | the U.S See Part IV, line 22  |                       |  |   |                                       |
| 3  | Grants and other assistance to governments,   | _                     |  |   |                                       |
|    | organizations, and individuals outside the U.S.   |                       |  |   |                                       |
|    | See Part IV, lines 15 and 16  |                       |  |   |                                       |
| 4  | Benefits paid to or for members   |                       |  |   |                                       |
| 5  | Compensation of current officers, directors,  |                       |  |   |                                       |
|    | trustees, and key employees   | 69,478.               | 34,739.                                    | 34,739.                                 |                                       |
| 6  | Compensation not included above, to disqualified  |                       | _  |   |                                       |
|    | persons (as defined under section 4958(f)(1)) and   |                       |  |   |                                       |
|    | persons described in section 4958(c)(3)(B)  |                       |  |   |                                       |
| 7  | Other salaries and wages  | 394,917.              | 394,917.                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |
| 8  | Pension plan contributions (include section 401(k)  | · · · · · ·           |  |   |                                       |
|    | and section 403(b) employer contributions)  | 14,741.               | 11,964.                                    | 2,777.                                  |                                       |
| 9  | Other employee benefits   | 31,608.               | 26,175.                                    | 2,777.<br>5,433.                        |                                       |
| 10 | Payroll taxes   | 34,746.               | 32,088.                                    | 2,658.                                  |                                       |
| 11 | Fees for services (non-employees):  | _                     |  |   |                                       |
| а  | Management  |                       |  |   |                                       |
| b  | Legal   |                       |  |   |                                       |
| С  | Accounting  | 14,000.               |  | 14,000.                                 |                                       |
| d  | Lobbying  |                       |  |   |                                       |
| е  | Professional fundraising services See Part IV, line 17  |                       |  |   |                                       |
| f  | Investment management fees  |                       |  |   |                                       |
| g  | Other   | 2,879.                |  | 2,879.                                  |                                       |
| 12 | Advertising and promotion   |                       |  |   |                                       |
| 13 | Office expenses   | 8,792.                | 6,102.                                     | 2,690.                                  |                                       |
| 14 | Information technology  |                       |  |   |                                       |
| 15 | Royalties   |                       |  |   |                                       |
| 16 | Occupancy   | 34,996.               | 34,996.                                    |   |                                       |
| 17 | Travel  | 4,135.                | 4,135.                                     |   |                                       |
| 18 | Payments of travel or entertainment expenses  |                       |  |   |                                       |
|    | for any federal, state, or local public officials   |                       |  |   |                                       |
| 19 | Conferences, conventions, and meetings  |                       |  |   |                                       |
| 20 | Interest  |                       |  |   |                                       |
| 21 | Payments to affiliates  |                       |  |   |                                       |
| 22 | Depreciation, depletion, and amortization   | 50,240.               | 46,212.                                    | 4,028.                                  |                                       |
| 23 | Insurance   | 15,590.               | 15,590.                                    |   |                                       |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) |                       |  |   |                                       |
| а  | MITIGATION EXPENSES   | 72,373.               | 72,373.                                    |   |                                       |
| b  | OTHER   | 46,984.               | 25,685.                                    | 7,454.                                  | 13,845.                               |
| С  | PRESERVE MGMT EXPENSES  | 28,319.               | 28,319.                                    |   | •                                     |
| d  | ART SAFARI  | 16,069.               | -  |   | 16,069.                               |
| е  | EQUIPMENT MAINTENANCE   | 15,075.               | 15,075.                                    |   | •                                     |
| f  | All other expenses  | 45,689.               | 39,129.                                    | 6,560.                                  |                                       |
| 25 | Total functional expenses. Add lines 1 through 24f  | 900,631.              | 787,499.                                   | 83,218.                                 | 29,914.                               |
| 26 | Joint costs. Check here ▶ ☐ If following  | -                     |  |   | <u> </u>                              |
|    | SOP 98-2 Complete this line only if the organization  |                       |  |   |                                       |
|    | reported in column (B) joint costs from a combined  |                       |  |   |                                       |
|    | educational campaign and fundraising solicitation   |                       |  |   |                                       |
|    |   |                       |  |   | Farm 000 (2000)                       |

Part X **Balance Sheet** (A) End of year Beginning of year 59,262. 85,222. Cash - non-interest-bearing 699,789. 2 633,154. 2 Savings and temporary cash investments 40,800. 48,650. 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Assets 9,385. 8,423. 9,316. Inventories for sale or use 8 11,767. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,801,205. 10a basis. Complete Part VI of Schedule D 533,503. 1,319,676. 1,267,702. 10b 10c b Less: accumulated depreciation 11 Investments · publicly traded securities 11 12 Investments · other securities. See Part IV. line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 14 626,282. 604,375. 15 15 Other assets. See Part IV, line 11 2,726,217. 2,697,586. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 34,538. 41,766. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 116,793. 45,465. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 429,056. 338,669. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, Complete Part X of Schedule D 25 580,387. 425,900. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,868,456. 2,055,465. 27 Unrestricted net assets 16,221. 13,706. 28 28 Temporarily restricted net assets 263,668. 200,000. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 2,697,586. Form 990 (2009)

2,271,686.

32

33

2,145,830.

2,726,217.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

|     | 990 (2009) ELACHEE NATURE SCIENCE CENTER, INC. 58-164  | 3768 | Pa  | ge <b>12</b> |
|-----|--|------|-----|--------------|
| Par | t XI Financial Statements and Reporting  |      |     | <del></del>  |
|     |  |      | Yes | No           |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   |      |     |              |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.            |      |     |              |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                              | 2a   | _   | X            |
| 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 the audit,    |      |     |              |
|     | review, or compilation of its financial statements and selection of an independent accountant?                               | _2c  | X   |              |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.    |      |     |              |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a      |      |     |              |
|     | consolidated basis, separate basis, or both:   |      |     |              |
|     | X Separate basis Consolidated basis Both consolidated and separate basis   |      |     |              |
| 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?  | 3a   |     | X            |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  |      |     |              |
|     | or guidite, explain why in Cahadula O and decembe any stand taken to underso such audite                                     | امدا |     |              |

# SCHEDULE A (Form 990 or 990-EZ)

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

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.

2009

Open to Public Inspection

Name of the organization

ELACHEE NATURE SCIENCE CENTER, INC.

Employer identification number 58-1643768

| Part I   | Reason  | for Public Char              | ity Status (All organiz                  | ations mu                                   | st complet         | te this part      | .) See inst        | ructions.                                    |                          |                            |    |  |
|----------|---|------------------------------|--|---|--------------------|-------------------|--------------------|--|--------------------------|----------------------------|----|--|
| he organ |   |                              | because it is: (For lines 1              |   |                    |                   |                    |  |                          | <u>-</u>                   |    |  |
| 1        |   |                              | s, or association of churc               |   |                    |                   |                    |  |                          |                            |    |  |
| 2        |   |                              | 0(b)(1)(A)(ii). (Attach Sc               |   |                    |                   |                    |  |                          |                            |    |  |
| з 🔲      |   |                              | tal service organization of              | · ·   | ın section         | 170(b)(1)         | (A)(iii).          |  |                          |                            |    |  |
| 4        |   | •                            | operated in conjunction                  |   |                    |                   |                    | (b)(1)(A)(ii                                 | i). Enter ti             | ne hospital's name         | e. |  |
|          | city, and stat  | -                            | ,  |   | ,                  |                   |                    | 1-71-71 71-                                  | •                        |                            | •  |  |
| 5 🔲      | •   |                              | benefit of a college or ur               | niversity ov                                | wned or or         | perated by        | a governr          | mental uni                                   | t describe               | d in                       |    |  |
|          | section 170   | (b)(1)(A)(iv). (Comple       | ete Part II.)                            | -   | ·                  | ·                 | _                  |  |                          |                            |    |  |
| 6 🔲      | A federal, sta  | ite, or local governm        | ent or governmental unit                 | t described                                 | d in <b>sectio</b> | n 170(b)(1        | )(A)(v).           |  |                          |                            |    |  |
| 7 🔲      | An organizati   | on that normally rec         | eives a substantial part o               | of its supp                                 | ort from a         | governme          | ntal unit o        | r from the                                   | general p                | ublic described in         | า  |  |
|          | section 170(  | <b>b)(1)(A)(vi).</b> (Comple | te Part II)                              |   |                    | _                 |                    |  |                          |                            |    |  |
| 8 🔲      | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
| 9 X      | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              | nctions - subject to certa               |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              | axable income (less sect                 |   |                    |                   |                    |  |                          |                            |    |  |
|          |   | <b>509(a)(2).</b> (Complete  |  |   | •                  |                   | •                  |  |                          |                            |    |  |
| 10 🔲     | An organizati   | on organized and or          | perated exclusively to tes               | st for publ                                 | c safety. S        | See <b>sectio</b> | n 509(a)(4         | I).  |                          |                            |    |  |
| 11 🔲     | An organizati   | on organized and or          | perated exclusively for th               | ne benefit o                                | of, to perfo       | orm the fur       | nctions of,        | or to carr                                   | y out the                | ourposes of one o          | or |  |
|          | more publicly   | supported organiza           | itions described in section              | on 509(a)( <sup>-</sup>                     | 1) or section      | on 509(a)(2       | ). See <b>se</b> c | tion 509(                                    | a)(3). Che               | ck the box that            |    |  |
|          | describes the   | e type of supporting         | organization and comple                  | ete lines 1                                 | e through          | 11h.              |                    |  |                          |                            |    |  |
|          | a Type I  | l b 🗀                        | Type II o                                | : 🔲 Тур                                     | e III - Func       | tionally int      | egrated            |  | d $\square$              | Type III · Other           |    |  |
| е 🗀      | By checking   | this box, I certify tha      | t the organization is not                | controlled                                  | I directly o       | r indirectly      | by one or          | r more disc                                  | qualified p              | ersons other than          | n  |  |
|          | foundation m  | anagers and other t          | han one or more publicly                 | supporte                                    | d organiza         | ations desi       | cribed in s        | ection 509                                   | 9(a)(1) or s             | ection 509(a)(2).          |    |  |
| f        | If the organiz  | ation received a writ        | ten determination from t                 | he IRS tha                                  | at it is a Ty      | pe I, Type        | II, or Type        | e III  |                          |                            |    |  |
|          | supporting or   | rganization, check th        | nis box                                  |   |                    |                   |                    |  |                          |                            |    |  |
| g        | Since August  | t 17, 2006, has the c        | rganization accepted an                  | ny gift or co                               | ontribution        | from any          | of the follo       | owing pers                                   | sons?                    |                            |    |  |
|          | (i) A person  | n who directly or ind        | rectly controls, either al               | one or tog                                  | ether with         | persons c         | lescribed i        | n (II) and (                                 | III) below,              | Yes                        | No |  |
|          | the gove  | erning body of the si        | upported organization?                   |   |                    |                   |                    |  |                          | 11g(i)                     |    |  |
|          | (ii) A famıly   | member of a persor           | described in (i) above?                  |   |                    |                   |                    |  |                          | 11g(ii)                    |    |  |
|          | (iii) A 35% d   | controlled entity of a       | person described in (i) o                | or (ii) above                               | 9?                 |                   |                    |  |                          | 11g(iii)                   |    |  |
| h        | Provide the fo  | ollowing information         | about the supported org                  | ganization                                  | (s).               |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          | of supported<br>anization   | (ii) EIN                     | (described on lines 1-9                  | (iv) Is the o<br>in col (i) Is<br>governing |                    | organizat         | ion in col         | (vi) is<br>organizatio<br>(i) organiz<br>U S | on in col  <br>ed in the | (vii) Amount of<br>support | f  |  |
|          |   |                              | above or IRC section (see instructions)) | Yes   | No                 | Yes               | No                 | Yes  | No                       |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              | "  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          | _   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |
|          |   |                              |  |   |                    |                   |                    |  |                          | · -                        |    |  |
| otal     |   |                              |  |   |                    |                   |                    |  |                          |                            |    |  |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

| Pa      | Support Schedule for (Complete only if you checke  | _                     |                         |  | (b)(1)(A)(iv) an     | d 170(b)(1)(A)(\                        | <b>/I)</b>                              |
|---------|--|-----------------------|-------------------------|--|----------------------|---|---|
| Sec     | ction A. Public Support  | d the box on line o   | , , , or o or r art i., | <u>,                                      </u> | <u> </u>             |   |   |
|         | endar year (or fiscal year beginning in)   | (a) 2005              | <b>(b)</b> 2006         | (c) 2007                                       | (d) 2008             | (e) 2009                                | (f) Total                               |
|         | Gifts, grants, contributions, and  | (4) 2000              | (5) 2000                | (0) 2007                                       | (4) 2000             | (0) 2000                                |   |
| -       | membership fees received. (Do not  |                       |                         |  |                      |   |   |
|         | include any "unusual grants.")   |                       |                         |  |                      |   |   |
| 2       | Tax revenues levied for the organ-   |                       |                         |  |                      |   | -                                       |
|         | ization's benefit and either paid to   |                       |                         |  |                      |   |   |
|         | or expended on its behalf  |                       |                         |  |                      |   |   |
| 3       | The value of services or facilities  |                       |                         |  |                      |   |   |
|         | furnished by a governmental unit to  |                       |                         | i  |                      |   |   |
|         | the organization without charge  |                       |                         |  |                      |   |   |
| 4       | Total. Add lines 1 through 3   |                       |                         |  |                      |   |   |
| 5       | The portion of total contributions   |                       |                         |  |                      |   |   |
|         | by each person (other than a   |                       |                         |  |                      |   |   |
|         | governmental unit or publicly  |                       |                         |  |                      |   |   |
|         | supported organization) included   |                       |                         |  |                      |   |   |
|         | on line 1 that exceeds 2% of the   |                       |                         |  |                      |   |   |
|         | amount shown on line 11,   |                       |                         |  |                      |   |   |
| _       | column (f)   |                       |                         |  |                      |   |   |
|         | Public support. Subtract line 5 from line 4  |                       |                         | <u>. I</u>                                     | 1                    |   |   |
|         | ction B. Total Support   | (-) 0005              | #10000                  | 4.1.0007                                       | 4:B 0000             | (-) 0000                                | (A T. )                                 |
|         | endar year (or fiscal year beginning in)  Amounts from line 4                            | (a) 2005              | <b>(b)</b> 2006         | (c) 2007                                       | (d) 2008             | (e) 2009                                | (f) Total                               |
| 8       | Gross income from interest.  |                       |                         |  | <del> </del>         | <del> </del>                            |   |
| O       | dividends, payments received on  |                       |                         |  |                      |   |   |
|         | securities loans, rents, royalties   |                       |                         |  |                      |   |   |
|         | and income from similar sources  |                       |                         |  |                      |   |   |
| 9       | Net income from unrelated business   |                       |                         |  |                      |   |   |
| •       | activities, whether or not the   |                       |                         |  |                      |   |   |
|         | business is regularly carried on   |                       |                         | 1  |                      |   |   |
| 10      | Other income. Do not include gain  |                       |                         |  |                      |   | -                                       |
|         | or loss from the sale of capital   |                       |                         |  |                      |   |   |
|         | assets (Explain in Part IV.)   |                       |                         |  |                      |   |   |
| 11      | Total support. Add lines 7 through 10  |                       |                         |  |                      |   |   |
| 12      | Gross receipts from related activities,  | , etc. (see instructi | ons)                    |  |                      | 12                                      |   |
| 13      | First five years. If the Form 990 is for   | r the organization'   | s first, second, thi    | ird, fourth, or fifth t                        | ax year as a section | on 501(c)(3)                            |   |
| _       | organization, check this box and sto   |                       |                         |  |                      |   | <u> </u>                                |
| Se      | ction C. Computation of Publ   |                       |                         |  |                      | Г                                       |   |
| 14      | Public support percentage for 2009 (   |                       | •                       | column (f))                                    |                      | 14                                      |   |
| 15      | Public support percentage from 2008  | •                     | •                       |  |                      | 15                                      | <u>%</u>                                |
| 16a     | 33 1/3% support test - 2009. If the o  | <del>-</del>          |                         |  | 14 is 33 1/3% or n   | nore, check this bo                     | x and                                   |
|         | stop here. The organization qualifies  |                       | -                       |  | LL 45 00 4/00        | , |   |
|         | 33 1/3% support test - 2008.If the o   | <del>-</del>          |                         |  | 1 line 15 is 33 1/3% | or more, check th                       | IS DOX                                  |
| 47.     | and stop here. The organization qual   |                       |                         |  | - 12 16- or 16b      | and line 14 in 100/                     | ~ — — — — — — — — — — — — — — — — — — — |
| 1/8     | 10% -facts-and-circumstances tes   | •                     |                         |  |                      |   | •                                       |
|         | and if the organization meets the "fac   |                       | •                       |  | •                    | art IV now the orgai                    | nization                                |
|         | meets the "facts-and-circumstances"  | -                     | •                       |  | _                    | 170 and line 45 :-                      | 100/ 07                                 |
| C       | 10% -facts-and-circumstances tes   | -                     |                         |  |                      |   |   |
|         | more, and if the organization meets the  |                       |                         |  |                      |   | <b>"</b>                                |
| 18      | organization meets the "facts-and-circ<br><b>Private foundation.</b> If the organization |                       |                         |  |                      |   |   |
| <u></u> | The organization   | an did not oneon a    | CON OIT IIIIC 10, 10    | <u> </u>                                       |                      | edule A (Form 990                       |   |

Schedule A (Form 990 or 990-EZ) 2009

ightharpoons X

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

**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

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

# 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 Open to Public Inspection

Name of the organization

FLACHER NATURE SCIENCE CENTER

**Employer identification number** 58-1643768

| Pa     | rt I Organizations Maintaining Donor Advise  |   | or Acco          | unts. Complete if the             |  |  |
|--------|--|---|------------------|-----------------------------------|--|--|
| L.I    | organization answered "Yes" to Form 990, Part IV, lin  |   | OI ACCO          | unts: Complete ii tile            |  |  |
|        | organization answered Tes to Form 990, Part 14, IIII   | (a) Donor advised funds                       | /b\ Fu           | nds and other accounts            |  |  |
| 4      | Total number at and aftern   | (a) Bonor devised failes                      | (6) 1 (1)        | Tab and other about the           |  |  |
| 1<br>2 | Total number at end of year  |   |                  |                                   |  |  |
| 3      | Aggregate contributions to (during year)   | -   |                  |                                   |  |  |
| 4      | Aggregate grants from (during year)  |   |                  |                                   |  |  |
| -      | Aggregate value at end of year   |   |                  |                                   |  |  |
| 5      | Did the organization inform all donors and donor advisors in   |   | sea tunas        |                                   |  |  |
|        | are the organization's property, subject to the organization's   | •   |                  | Yes No                            |  |  |
| 6      | Did the organization inform all grantees, donors, and donor a  |   |                  |                                   |  |  |
|        | for charitable purposes and not for the benefit of the donor of  | or donor advisor, or for any other purpose    | conterring       |                                   |  |  |
| Pa     | impermissible private benefit?  t # Conservation Easements. Complete if the or   | contration and world "Van" to Form 000. F     | Don't IV. June 7 | Yes No                            |  |  |
|        | - Indexed and -  |   | art IV, line /   | •                                 |  |  |
| 1      | Purpose(s) of conservation easements held by the organizat X Preservation of land for public use (e.g., recreation or a  |   |                  |                                   |  |  |
|        | X Preservation of land for public use (e.g., recreation or X Protection of natural habitat   | · —   |                  |                                   |  |  |
|        |  | Preservation of a cert                        | ified historic   | structure                         |  |  |
| •      | X Preservation of open space   |   |                  |                                   |  |  |
| 2      | Complete lines 2a through 2d if the organization held a quali  | fied conservation contribution in the form    | of a conserv     | ration easement on the last       |  |  |
|        | day of the tax year.   |   |                  | 1 11-14 -AM - F. 4 -4M - T. W     |  |  |
| _      | Total assessment of a construction of a construc |   | <u> </u>         | Held at the End of the Tax Year   |  |  |
| a<br>L | Total number of conservation easements   |   | 2a               | 1,874.33                          |  |  |
| b      | Total acreage restricted by conservation easements   |   | 2b               | 1,074.33                          |  |  |
| C      | Number of conservation easements on a certified historic str   | • •   | 2c               |                                   |  |  |
| _      | d Number of conservation easements included in (c) acquired after 8/17/06  |   |                  |                                   |  |  |
| 3      | Number of conservation easements modified, transferred, re year ▶0   | eleased, extinguished, or terminated by the   | e organizatio    | n during the tax                  |  |  |
| 4      | Number of states where property subject to conservation ea   | sement is located 1                           |                  |                                   |  |  |
| 5      | Does the organization have a written policy regarding the pe   | riodic monitoring, inspection, handling of    |                  |                                   |  |  |
|        | violations, and enforcement of the conservation easements  | t holds?                                      |                  | X Yes No                          |  |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,   | , and enforcing conservation easements d      | uring the yea    |                                   |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, and   | enforcing conservation easements during       | the year 🟲       | \$ <u>425.</u>                    |  |  |
| 8      | Does each conservation easement reported on line 2(d) above  | ve satisfy the requirements of section 170    | (h)(4)(B)(i)     |                                   |  |  |
|        | and section 170(h)(4)(B)(ii)?  |   |                  | Yes X No                          |  |  |
| 9      | In Part XIV, describe how the organization reports conservat   | on easements in its revenue and expense       | e statement,     | and balance sheet, and            |  |  |
|        | include, if applicable, the text of the footnote to the organiza   | tion's financial statements that describes    | the organiza     | ition's accounting for            |  |  |
|        | conservation easements.  |   |                  |                                   |  |  |
| Pa     | Organizations Maintaining Collections of   |   | ther Simi        | lar Assets.                       |  |  |
|        | Complete if the organization answered "Yes" to Form  | 990, Part IV, line 8                          |                  |                                   |  |  |
|        |  |   |                  |                                   |  |  |
| 1a     | If the organization elected, as permitted under SFAS 116, no   | -   |                  |                                   |  |  |
|        | treasures, or other similar assets held for public exhibition, e   | •   | blic service,    | provide, in Part XIV, the text of |  |  |
|        | the footnote to its financial statements that describes these  |   |                  |                                   |  |  |
| ь      | If the organization elected, as permitted under SFAS 116, to   | ·   |                  | •                                 |  |  |
|        | or other similar assets held for public exhibition, education, of  | or research in furtherance of public service  | e, provide the   | e following amounts relating to   |  |  |
|        | these items:   |   |                  |                                   |  |  |
|        | (i) Revenues included in Form 990, Part VIII, line 1   |   |                  | \$<br>\$                          |  |  |
|        | (ii) Assets included in Form 990, Part X   |   |                  |                                   |  |  |
| 2      | If the organization received or held works of art, historical tre  | easures, or other similar assets for financia |                  |                                   |  |  |
|        | the following amounts required to be reported under SFAS 1   | 16 relating to these items:                   |                  |                                   |  |  |
| а      | Revenues included in Form 990, Part VIII, line 1   |   | •                | \$                                |  |  |
| b      | Assets included in Form 990, Part X  |   | <b>&gt;</b>      | \$<br>\$                          |  |  |
|        |  |   |                  |                                   |  |  |

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

|           | dule D (Form 990) 2009 ELACHEE NATURE SCIENCE CENTER, INC.   |             |              | 43768       | Page 4 |
|-----------|--|-------------|--------------|-------------|--------|
| Pa        | Reconciliation of Change in Net Assets from Form 990 to Audited Finan  | cial State  | ements       |             |        |
| 1         | Total revenue (Form 990, Part VIII, column (A), line 12)   | 1           |              | 965,        | 712.   |
| 2         | Total expenses (Form 990, Part IX, column (A), line 25)  | 2           |              | 900,        | 631.   |
| 3         | Excess or (deficit) for the year. Subtract line 2 from line 1  | 3           |              | 65,         | 081.   |
| 4         | Net unrealized gains (losses) on investments   | 4           |              |             |        |
| 5         | Donated services and use of facilities   | 5           |              |             |        |
| 6         | Investment expenses  | 6           | <u></u> -    |             |        |
| 7         | Prior period adjustments   | 7           |              | _           |        |
| 8         | Other (Describe in Part XIV.)  | 8           | _            | 60,         | 775.   |
| 9         | Total adjustments (net). Add lines 4 through 8   | 9           |              |             | 775.   |
| 10        | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9   | 10          |              | 125,        |        |
| Pa        | t XII Reconciliation of Revenue per Audited Financial Statements With Rever  | ue per F    | leturn       |             |        |
| 1         | Total revenue, gains, and other support per audited financial statements   | -           | 1            | 981,        | 050.   |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |             |              |             |        |
| а         | Net unrealized gains on investments 2a   |             |              |             |        |
| b         | Donated services and use of facilities 2b  |             | 1            |             |        |
| c         | Recoveries of prior year grants 2c   |             | 1            |             |        |
| d         | Other (Describe in Part XIV.)  | 5,339.      | 1 1          |             |        |
| е         | Add lines 2a through 2d  |             | 2e           | 15,         | 339.   |
| 3         | Subtract line 2e from line 1   |             | 3            | 15,<br>965, | 711.   |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |             |              | <u> </u>    |        |
| а         | investment expenses not included on Form 990, Part VIII, line 7b   |             |              |             |        |
| b         | Other (Describe in Part XIV.)  | 1.          | 1            |             |        |
| С         | Add lines 4a and 4b  |             | 4c           |             | 1.     |
| 5         | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |             | 5            | 965,        | 712.   |
| Pa        | t XIII Reconciliation of Expenses per Audited Financial Statements With Expe   | nses per    | Return       |             |        |
| 1         | Total expenses and losses per audited financial statements   |             | 1            | 915,        | 969.   |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |             |              | •           |        |
| а         | Donated services and use of facilities 2a  |             |              |             |        |
| b         | Prior year adjustments 2b  |             | 1            |             |        |
| С         | Other losses 2c  |             | 1            |             |        |
| d         |  | 5,339.      | 1            |             |        |
| е         | Add lines 2a through 2d  |             | 2e           | 15,         | 339.   |
| 3         | Subtract line 2e from line 1   |             | 3            | 15,<br>900, | 630.   |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |             |              | ·           |        |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b   |             |              |             |        |
|           | Other (Describe in Part XIV.)  | 1.          | 1            |             |        |
|           | Add lines 4a and 4b  |             | 4c           |             | 1.     |
|           | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  |             | 5            | 900,        |        |
|           | t XIV Supplemental Information   |             |              | <u> </u>    |        |
| X, lın    | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa<br>e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro<br>RT II, LINE 5: ELACHEE RECEIVES CONSERVATION EASEMEN | vide any ad | ditional inf | formation.  | ; Part |
| PRO       | FIT ENTITIES AND PRIVATE INDIVIDUALS. THESE EASEME   | NTS AR      | E IN         | THE FO      | RM     |
| <u>of</u> | LAND TRUSTS. ELACHEE'S RESPONSIBILITY IS TO ENFORC   | E THE       | EASEM        | MENTS.      |        |
| THE       | SE EASEMENTS ARE NOT VALUED UNLESS THE GRANTER OF T  | HE EAS      | EMENT        |             |        |
| REÇ       | QUIRES A FAIR MARKET VALUATION OF THE EASEMENT.  |             |              |             |        |
|           | RT V, LINE 4: SEE ATTACHED ENDOWMENT FUND POLICY   |             |              |             |        |
|           |  |             |              |             |        |

| Schedule D (Form 990) 2009 ELACHEE NATURE SCIENCE CENTER, INC.  Part XIV Supplemental Information (continued) | 58-1643768 Page 5 |
|---|-------------------|
| Supplemental information (continued)  |                   |
| PART XI, LINE 8 - OTHER ADJUSTMENTS:  |                   |
| PRIOR PERIOD ADJ FOR ANNUAL FUND CONTRIBUTIONS PREV. SHOWN  | AS                |
| DEFERRED: 60775.  |                   |
|   |                   |
|   |                   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:  |                   |
| COST OF GOODS SOLD: 12116.  |                   |
| RENTAL EXPENSES: 3223.  |                   |
|   |                   |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:  |                   |
| DOUND THE 1   |                   |
| ROUNDING: 1.  |                   |
|   |                   |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS:   |                   |
| COST OF GOODS SOLD: 12116.  |                   |
| RENTAL EXPENSE: 3223.   |                   |
|   |                   |
| DADE WILL LINE AD COURT AD THOMASHOR  |                   |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS:   |                   |
| ROUNDING: 1.  |                   |
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# SCHEDULE G '(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

2009

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

| ELACHEE   | NATURE SCIENCE CE                        | NTE  | R,                | INC.                              | 58-1643  | 768   |  |  |
|---|--|--|-------------------|-----------------------------------|--|---|--|--|
|   | . Complete if the organization answer    |  |                   |                                   | ine 17. Form 990-EZ  | filers are not  |  |  |
| required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations  b Internet and email solicitations  c Phone solicitations  g Special fundraising events  d In-person solicitations  2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.   |  |  |                   |                                   |  |   |  |  |
| (i) Name of individual or entity (fundralser)   | (ii) Activity                            | (iii)<br>fundr<br>have c<br>or con<br>contribu | ustody<br>trol of | (iv) Gross receipts from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |  |  |
|   |  | Yes  | No                | -                                 |  |   |  |  |
|   |  |  |                   |                                   |  |   |  |  |
|   |  |  |                   |                                   |  |   |  |  |
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|   |  |  |                   |                                   |  |   |  |  |
|   |  |  |                   | -                                 |  |   |  |  |
|   |  |  |                   |                                   | _  |   |  |  |
|   |  |  |                   |                                   |  |   |  |  |
| Total Description of the Control of |  |  |                   |                                   |  |   |  |  |
| 3 List all states in which the organization   | n is registered or licensed to solicit f | unds o   | or has            | been notified it is ex            | empt from registrati   | on or licensing.  |  |  |
|   |  |  |                   |                                   |  |   |  |  |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

| Sch             | edu   | le G (Form 990 or 990-EZ) 2009 ELACHE   |                          |                                      | INC. 58-                   | 164370        | 68 P            | age <b>2</b> |
|-----------------|-------|---|--------------------------|--------------------------------------|----------------------------|---------------|-----------------|--------------|
| P               | art   |   |                          |                                      | t IV, line 18, or reported | more than     | \$15,00         | 0            |
| _               |       | on Form 990-EZ, line 6a. List events with                                       | (a) Event #1             | han \$5,000. (b) Event #2 FLIGHTS OF | (c) Other events           | 1             | al even         |              |
|                 |       |   | SAFARI                   | FANCY                                | 1                          | (add col.     |                 | ough         |
| ē               |       |   | (event type)             | (event type)                         | (total number)             | co            | l. <b>(c)</b> ) |              |
| Revenue         | 1     | Gross receipts  | 69,828.                  | 16,770.                              | 7,482.                     | 9             | 94,0            | 80.          |
|                 | 2     | Less: Charitable contributions  | 69,828.                  | 16,770.                              | 7,482.                     | 9             | 94,0            | 80.          |
|                 | 3     | Gross income (line 1 minus line 2)  |                          |                                      |                            |               |                 |              |
|                 | 4     | Cash prizes   |                          |                                      |                            |               |                 |              |
| ses             | 5     | Noncash prizes  |                          |                                      |                            |               |                 |              |
| Direct Expenses | 6     | Rent/facility costs   |                          |                                      |                            |               |                 |              |
| Direct          | 7     | Food and beverages  |                          |                                      |                            |               |                 |              |
|                 | 8     | Entertainment Other direct expenses   |                          |                                      |                            |               |                 |              |
|                 | 10    | Direct expense summary Add lines 4 through                                      | n 9 in column (d)        |                                      | •                          | 1             |                 |              |
|                 | 11    |   |                          |                                      | •                          |               |                 |              |
| P               | irt l | <b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" to Form   | 1990, Part IV, line 19, or r         | eported more than          | •             |                 |              |
| Φ.              |       |   | (2) (2)                  | (b) Pull tabs/instant                | ( ) ( ) ( )                | (d) Total o   | amıng           | (add         |
| Revenue         |       |   | (a) Bingo                | bingo/progressive bingo              | (c) Other gaming           | col. (a) thre |                 |              |
|                 | 1_    | Gross revenue   |                          |                                      | =                          |               |                 |              |
| ses             | 2     | Cash prizes   |                          |                                      |                            |               |                 |              |
| rect Expenses   | 3     | Noncash prizes  |                          |                                      |                            |               |                 |              |
| Direct          | 4     | Rent/facility costs   |                          |                                      |                            |               |                 |              |
|                 | 5     | Other direct expenses   |                          |                                      |                            |               |                 |              |
|                 | 6     | Volunteer labor   | Yes % No                 | Yes %                                | ☐ Yes % ☐ No               |               |                 |              |
|                 | 7     | Direct expense summary. Add lines 2 through                                     | ı 5 ın column (d)        |                                      | •                          | (             |                 | )            |
|                 | 8     | Net gaming income summary Combine line 1  | , column (d), and line 7 |                                      | <b>•</b>                   |               | T               |              |
| 9               | Ent   | er the state(s) in which the organization opera                                 | tes gaming activities:   |                                      |                            |               | Yes             | No           |
|                 | ls t  | he organization licensed to operate gaming ac<br>No," explain:                  | -                        | states?                              |                            | 9a_           |                 |              |
|                 | _     |   |                          |                                      |                            |               |                 |              |
|                 |       | re any of the organization's gaming licenses re<br>Yes," explain:               | voked, suspended or te   | erminated during the tax y           | rear?                      | 10a           |                 |              |
| 11              |       | es the organization operate gaming activities w                                 | with nonmombers?         |                                      |                            |               |                 |              |
| 12              | is t  | he organization a grantor, beneficiary or truste                                |                          | r of a partnership or other          | entity formed to           | 11            |                 |              |
|                 | adr   | nınister charitable gamıng?   |                          |                                      |                            | 12            |                 |              |

| Schedule G (Form 990 or 990-EZ) 2009 ELACHEE NATURE SCIENCE CENTER, INC. 58-1  | <u>64376</u> | <u>8</u> Ра | ige 3 |
|--|--------------|-------------|-------|
|  |              | Yes         | No    |
| 13 Indicate the percentage of gaming activity operated in:   |              |             |       |
| a The organization's facility  | %            |             |       |
| b An outside facility  | %            |             |       |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:                               |              |             |       |
| Name ▶   | _            |             |       |
| Address  | _            |             |       |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                   | 15a          |             |       |
| b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ |              |             |       |
| c If "Yes," enter name and address of the third party:   |              |             |       |
| Name   | _            |             |       |
| Address  | _            |             |       |
| 16 Gaming manager information:   |              |             |       |
| Name   | _            |             |       |
| Gaming manager compensation > \$   |              |             |       |
| Description of services provided ▶   | _            |             |       |
|  | _            |             |       |
| Director/officer Employee Independent contractor   |              |             |       |
| 17 Mandatory distributions:  |              |             |       |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to<br>retain the state gaming license?    | 17a          |             |       |
| <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the                |              |             |       |
| organization's own exempt activities during the tax year ▶ \$  | <u> </u>     | t           |       |

Schedule G (Form 990 or 990-EZ) 2009

### **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ELACHEE NATURE SCIENCE CENTER, INC.

**Employer identification number** 58-1643768

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERDEPENDENT SYSTEM; AND 2) WORKS TO PROTECT THE NATURAL RESOURCES OF THE CHICOPEE WOODS WATERSHED. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EXHIBITS - TO PROVIDE AN EDUCATIONAL AND HANDS ON EXPERIENCE TO CHILDREN AND ADULTS EXPENSES \$ 6590. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 17556.** OTHER PROGRAM SERVICES EXPENSES \$ 5390. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT/CEO AND BOARD OF TRUSTEES REVIEW THE 990. FORM 990, PART VI, SECTION B, LINE 12C: A SIGNED CONFLICT OF INTEREST STATEMENT IS REQUIRED FROM EACH TRUSTEE AND KEY STAFF MEMBERS ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE CEO IS REVIEWED ANNUALLY IN THE BUDGETING PROCESS INVOLVING THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES. PERIODIC LOCAL COMPARISONS ARE MADE APPROXIMATELY EVERY 3 YEARS. COMPARABLE SALARY INFORMATION IS RESEARCHED THROUGH TRADE **PUBLICATIONS** FORM 990, PART VI, SECTION C, LINE 19: ALL POLICIES AND PROCEDURES,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

GOVERNING DOCUMENTS AND FINANCIAL INFORMATION ARE MAINTAINED IN THE

# **SCHEDULE 0** (Form 990)

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

| Department of the<br>Internal Revenue S | Treasury<br>Service | Form 990 or to provide any additional information.  ► Attach to Form 990. | Open to Public<br>Inspection              |
|---|---------------------|---|---|
| Name of the o                           | rganızat            | ELACHEE NATURE SCIENCE CENTER, INC.                                       | Employer identification number 58-1643768 |
| ADMINIS                                 | TRAT                | IVE OFFICES AND ARE OPEN TO REVIEW BY REQUEST.                            | OUR 990 IS                                |
| POSTED                                  | ONLI                | NE ON GUIDESTAR AND AUDITED FINANCIAL STATEMENT                           | TS ARE SUBMITTED                          |
| WITH FU                                 | NDIN                | G REQUESTS WHEN REQUIRED.   |   |
|   | _                   |   |   |
| THERE H                                 | AVE                 | BEEN NO CHANGES IN THE PROCESS OF AUDIT OVERSION                          | GHT BY THE                                |
| BOARD O                                 | F TR                | USTEES DURING THE CURRENT FISCAL YEAR.                                    |   |
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FOOTNOTES

STATEMENT

SCH.D, PART V, LINE 1E THE BOARD OF TRUSTEES CHANGED THE DESIGNATION OF \$125,000 FROM ENDOWMENT TO CAPITAL IMPROVEMENTS AND CASH RESERVES

Elachee Nature Science Center, INC.
FEI #58-1643768 2009 Form 990
Sch.D, Part XIV

# Agreement Creating the Endowment Fund of Elachee Nature Science Center Approved by Elachee Board of Trustees September, 2004

Whereas, the Board of Trustees of Elachee Nature Science Center, Inc (ENSC) has resolved to establish an Endowment Fund (the Fund) to enable ENSC to more completely fulfill its mission, and

Whereas, the purpose of the Fund is to provide in perpetuity, a source of funds that will develop and enhance ENSC's programs and properties beyond that which is possible through its annual operating funds,

Now, therefore, be it resolved that the following Endowment Fund Agreement (the Agreement) is hereby adopted:

Section 1. Establishment of Fund. A Fund is hereby established by this Agreement. The Fund shall be kept separate and apart from any other funds of the Center, and shall be received, used, or expended only in the manner provided for in this Agreement and in any rules and regulations which may from time to time be adopted by the Board of Trustees. The Fund shall be known as "The Endowment Fund of Elachee Nature Science Center" or other such name as the Board of Trustees of Elachee shall from time to time determine. The initial guidelines and policies (including but not limited to those with respect to investments) for the Fund must be approved by a majority of the Board of Trustees of ENSC. The Fund shall include, but not be limited to, the Elachee/Mark Trail Endowment Fund administered by the North Georgia Community Foundation. Any amendments to such initial guidelines must be approved by no fewer than sixty percent (60%) of the members of the Board of Trustees of ENSC

Section 2. Endowment Trustees. The Endowment Trustees shall be a committee composed of no more than five (5) and no fewer than three (3) members who shall be nominated by the Chairman and approved by a majority vote of the Board of Trustees for renewable terms. The initial term of the Endowment Trustees shall be as follows: two members shall be appointed for an initial term of six tears, two members shall be appointed for an initial term of 4 years, and one member shall be appointed for an initial term of two years. With Board of Trustees approval, the Endowment Trustees shall develop a specific investment policy and shall be charged with the authority and responsibility for investing funds, and for approving distributions to ENSC. A quorum shall consist of at least a majority of the members of the Endowment Trustees. The Endowment Trustees committee shall meet at least two (2) times per fiscal year, and at least ten (10) days' prior notice of meetings shall be given to the Endowment Trustee Committee members. The Endowment Trustees shall, prior to the beginning of each fiscal year, elect one (1) of its members to serve as the Chairperson of the committee for such fiscal year

- Section 3. Endowment DevelopmentCommittee. The Endowment Development Committee shall be composed of no more than eleven (11) and no fewer than five (5) members who shall be nominated by the President and approved by a majority vote of the Board of Trustees for a term of three (3) years. The initial term of the Endowment Development Committee shall be: four members shall be appointed for an initial term of three years, four members shall be appointed for an initial term of two years, and three members shall be appointed for an initial term of one year. Notwithstanding anything contained herein to the contrary, the Chairman and the Treasurer shall automatically be deemed members of the Endowment Development Committee. The committee shall be charged with the authority and responsibility for soliciting endowment funds.
- Section 4. Annual Report/Audit. A report of the Endowment Trustees Committee activities and the status of the Fund shall be presented annually to the Board of Trustees of Elachee. Further, the books and records of the Fund shall be reviewed annually by a firm of independent certified public accountants.
- Section 5. Powers and Liabilities. Members of the Endowment Trustees Committee shall only be liable for their gross negligence, willful misconduct or provable fraud, and such liability shall be on a several and individual basis.
- Section 6. Amendment. This Agreement may be amended only by the Board of Trustees of Elachee and, to be adopted, the amendment must be approved by a vote of no fewer than sixty percent (60%) of the members of the Board of Trustees of Elachee, voting either in person, at a duly held meeting, or by proxy at such meeting.
- Section 7. Fiscal Year. The Fund shall have the same fiscal year as the center.
- Section 8. Termination of Fund. If Elachee ceases to be a qualified charitable organization, assets of the Endowment Fund shall be distributed in such a manner and to such organization or organizations in the Northeast Georgia community as satisfies the requirements of a qualified charitable organization and serves purposes similar to those of Elachee.
- Section 9. Pre-Existing Policies. This policy supercedes and replaces any pre-existing or current policies.

ELACHEE NATURE SCIENCE CENTER

# Elachee Nature Science Center Endowment Fund Allocations Policy Approved by Elachee Board of Trustees September, 2004

Allocations of funds available for distribution will be made in two general ways

- 1. Upon written request of the President/CEO, and with the approval of the Elachee Nature Science Center Board of Trustees, funds may be transferred to the Elachee Nature science Center Treasurer for those special purposes which are consistent with the policies of the Endowment Fund.
- 2. As set forth in the enabling resolution, the Endowment Trustee Committee may obligate monies for general expenses incident to the management and administration of the Fund. Extraordinary initiatives contemplated by the <u>Board of Trustees (delete)</u> Endowment Committee for development activities will be approved by the Elachee Nature Science Center Board of Trustees before implementation.

The funds available for distribution during any one year will be limited to a designated percentage of the market value of the portfolio based on a three year rolling average, with portfolio measures taken at the end of each of the preceding twelve quarters. The market value for this purpose will be taken net of the fees for investment management. All other expenditures, whether in categories 1 or 2 above will be taken from funds available for distribution.

The designated percentage value for funds distribution will be determined each year on a timely basis by the Endowment Trustees Committee.

Any unrestricted unexpended funds from those available for distribution in a given year will be accrued and will continue to be considered "available for distribution" in subsequent years, unless otherwise designated by action of the Endowment Trustees after considering the advice of the Board of Trustees

The Endowment Trustees Committee shall retain the right to dissolve the Elachee endowments and use the principal for general purposes or for the restricted purposes contained in each endowment when, in the Trustees' discretion, the purposes of the endowment can no longer be met or the organization's needs may so require.