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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

Α	For the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
В	Check if applicable	Please C Name of organization	D Employer identifi	cation number
_	Addres	Use IN WASHINGTON COUNTY ECONOMIC DEVELOPMENT		
Ļ	change	print or COUNCIL		00000
Ļ	jchange			296827
	Initial return Termin ated	See   Number and street (or P 0 box if mail is not delivered to street address)   Room/sui	1 '	r 202–3510
Ē	Ameno		G Gross receipts \$	0.
	Applic	JOHNSON CITY, TN 37601	H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer STEPHEN M. DARDEN	for affiliates?	Yes X No
_			$ \underline{1} $ H(b) Are all affiliates inc	
		mpt status: X 501(c) (6 ) ◀ (Insert no.) 4947(a)(1) or 527	— <u>1</u>	list (see instructions)
		e: ► HTTP://THEWCEDC.COM/	H(c) Group exemption	
			ar of formation 2009	M State of legal domicile TN
	art I	Summary  Briefly describe the organization's mission or most significant activities TO PROMOT	F FCONOMIC D	FVFIODMFNT
ce	'	IN THE WASHINGTON COUNTY, TN AREA BY WORKING	WITH BUSINES	SES AND
Governance	2	Check this box I if the organization discontinued its operations or disposed of mo		
. ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
es	5	Total number of employees (Part V, line 2a)	5	0
×.	6	Total number of volunteers (estimate if necessary)	6	0
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		-	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	0.	
	: I	Program service revenue (Part VIII, line 2g)	0.	
	: I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	<b>U</b> •
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	<u> </u>
		Professional fundraising fees (Part IX, column (A), line 11e)	0.	
		Total fundraising expenses (Part IX, column (D) Ine 26)	······································	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24h)	0.	39,704.
				39,704.
	19	Total expenses Add lines 13-17 (must egial Part IX, column (A), line 250 Revenue less expenses. Subtract line 12 2 1 2013		<39,704.>
5	Ses BS		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16) OGDEN, UT		140,302.
Net Assets or	21	Total liabilities (Part X, line 26)		180,006.
		Net assets or fund balances Subtract line 21 from line 20		<39,704.>
F	art II	Signature Block	· · · · · · · · · · · · · · · · · · ·	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	is, and to the best of my knowled ge	oge and belief, it is true, correct,
c:		Skoha M. Harte	5-1	1-13
Sig	gıı ere	Signature of officer	Date	1 '/
110		STEPHEN M. DARDEN, CHAIRMAN		
		Type or print name and title	<del></del>	
_				rer's identifying number instructions)
Pa		signature 05/17/13	self- employed $\blacktriangleright$ $\Box$	istructions
	e Only	Firm's name (or BLACKBURN, CHILDERS & STEAGALL, PLC	EIN ►	
US	only.	self-employed), 801B SUNSET DRIVE		- <del></del>
_		JOHNSON CITY, TN 37604-3033	Phone no 🕨 (	423)282-4511
<u>M</u>	ay the If	RS discuss this return with the preparer shown above? (see instructions)	<del></del> -	X Yes No
932	2001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	nstructions.	Form <b>990</b> (2009)

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	art III Statement of Program Service Accomplishmen	ts	
1	Briefly describe the organization's mission.	MUD MAY 22.52	V7.10mo.v. 20
	TO ENHANCE JOB GROWTH AND INCREASE BY ENGAGING THE COMMUNITY AND BUSI	THE TAX BASE OF WASH	MIDTID THE
	EXISTING BUSINESSES AND ACTIVELY R		
	COMMERCE.	20.0212110 11.00011	
2	Did the organization undertake any significant program services during	ng 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		
3	Did the organization cease conducting, or make significant changes	in how it conducts, any program services	Yes X No
4	If "Yes," describe these changes on Schedule O.		
•	Describe the exempt purpose achievements for each of the organizal Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) to		
	allocations to others, the total expenses, and revenue, if any, for each		r grams and
4a	\(\(\mathcal{D}\) \(\mathcal{D}\) \(D		Revenue \$
	ECONOMIC DEVELOPMENT: TO SEEK APPRO		
	AREA FOR INTERESTED BUSINESSES; FAINDUSTRIAL PARKS; FACILITATE THE R		
	OF CURRENT UTILITY SERVICES; AND P		
	EXISTING BUSINESSES IN THE AREA.	ROVIDE BOITORT BERVIO	LED TOR CORRENT
4b	(Code ) (Expenses \$ include	ding grants of \$ ) (	Revenue \$
	(CTTT ) (S. POTIOSO \$\psi\$	σing grants or ψ	nevende \$\psi\$
			<del></del>
			<del></del>
4-	10-1		
4c	(Code: ) (Expenses \$ Include	ding grants of \$ ) (	Revenue \$
4d	Other program services. (Describe in Schedule O )		
	(Expenses \$ including grants of \$	) (Revenue \$	)
4e	Total program service expenses ►\$		- 000 ::
			Form <b>990</b> (2009)

Form 990 (2009) COUNCIL
Part 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		ļ	
	If "Yes," complete Schedule D, Part V	10	<u></u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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			
	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	ļ		
•	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	ļ	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			١,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l v
_	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	v
00	complete Schedule G, Part III	19		X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990	

## Part IV Checklist of Required Schedules (continued)

		Form	990 (	2009
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>.</u> -
	If "Yes," complete Schedule R, Part V, line 2	36	<b> </b>	ļ
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	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
00	Schedule N, Part II	32	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	If "Yes," complete Schedule N, Part I	31	<b> </b>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
24		30	<b></b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	20-		х
Ь	,	28b		
a	, , , , , , , , , , , , , , , , , , , ,	28a		X
_	Instructions for applicable filing thresholds, conditions, and exceptions)	00-		v
28_	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	¥**** ^		- y
26	Schedule L, Part III	27		X
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000		Х
26	·	<b>∠</b> 3D		
	Schedule L, Part I	25b		
,	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		Х
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		Х
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>		
	column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
			Yes	No

Form	990 (2009) COUNCIL 27-1296	827	Р	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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	)		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	)		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>		<u> </u>
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	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			
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5b		
Ŭ	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	JC_	-	
	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	, , , , , , , , , , , , , , , , , , ,			
	benefit contract?	_7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ь 8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
· ·	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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.			$\vdash$
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them )	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2009)

Form 990 (2009)

27-1296827

Page 6

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			
			Yes	No
1a		16		
b		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<del></del>
	December 1997		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11 11 A	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	^	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13	40		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		
Ü	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available to according to the control of the control	ible for		
	public inspection. Indicate how you make these available. Check all that apply  Own website			
19	— · · · · · · · · · · · · · · · · · · ·	. عامد		
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public	,, and fina	ncial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nization: <b>L</b>		
	HANK CARR - (423)282-1804	nzation:		
	208 SUNSET DRIVE, SUITE 103, JOHNSON CITY, TN 37604			
		Form	990 (	20091

932006 02-04-10

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

<b>(A)</b> Name and Title	(B) Average			(C Pos	C) Itior	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	all 1		Highest compensated and complete		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STEVE DARDEN										
CHAIRMAN	0.30	X		X		<u> </u>		0.	0.	0
MARK FERGUSON		۱ _	l _	ļ	l _					
BOARD MEMBER	0.30	X	L					0.	0.	0
DENNIS VONDERFECHT										
BOARD MEMBER	0.30	X				<u> </u>		0.	0.	0.
HOMER G'FELLERS										
BOARD MEMBER	0.30	X						0.	0.	0
PAUL STANTON					l					
BOARD MEMBER	0.30	X		<u> </u>				0.	0.	0
KELLY WOLFE						ĺ			;	
BOARD MEMBER	0.30	X						0.	0.	0
WARREN BROYLES		Ì	1		]	1				
BOARD MEMBER	0.30	X	<u> </u>			L		0.	0.	0
RAB SUMMERS								_	_	_
BOARD MEMBER	0.30	X	<b>.</b>	<b> </b>		\		0.	0.	0
KEN ROSS			1					_	_	_
BOARD MEMBER	0.30	X				<u> </u>	_	0.	0.	0
BOBBY JOBE						1		_	_	_
BOARD MEMBER	0.30	X	<u> </u>		ļ	<u> </u>		0.	0.	0
HANK CARR		l						_	_	
BOARD MEMBER	0.30	X	<u> </u>		<u> </u>	ļ		0.	0.	0
JOE GRANDY									_	
BOARD MEMBER	0.30	X	<u> </u>	L_	_	<u> </u>	_	0.	0.	0
JIM POWELL			1							
BOARD MEMBER	0.30	X	<u> </u>	ļ		L	_	0.	0.	0
GERALD THOMAS		l								
BOARD MEMBER	0.30	X	<u> </u>	<u> </u>	<u> </u>	<b>↓</b> _	<u> </u>	0.	0.	0
TOMMY BURLESON	0.00	١						_	_	
BOARD MEMBER	0.30	X	<u> </u>	<u> </u>		<u> </u>		0.	0.	0
RICK KIRK	0.00				ļ			_	_	
BOARD MEMBER	0.30	X	<b> </b>	$oxed{oxed}$		<u> </u>	<u> </u>	0.	0.	0

932007 02-04-10

Form 990 (2009)

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	mple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	т		
	, (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	ļ , ,			osition all that apply)			Reportable	Reportable		Estimate	
		hours per week	individual trustee or director	Institutional frustee	l		Highest compensated Complexes		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISO	ed other ns compensatio		ation e ion
	1		individi	Insttut	Officer	Key employee	Highest	Former				organizatio	ons
				<del> </del>									
							-						
					-						_		
		······································			-		-				+		
							-						
							-	-					
				-		ļ							
	Total	L	l	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wi	ho re		1			
	compensation from the organization						_,						0
									<del></del>			Yes	No
3	Did the organization list any former officer,			, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	Ì		
4	line 1a? If "Yes," complete Schedule J for s					_4		4.0		Ab	-	3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									tne organization		4	Х
5	Did any person listed on line 1a receive or a									ices rendered to	1		
	the organization? If "Yes," complete Schedetion B. Independent Contractors	ule J for such	pers	on_					<del></del>			5	X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	hat received more than	\$100.000 of comp	ensa	ation from	
	the organization NONE												
	(A) Name and business	address							(B) Description of s	services	Co	(C) ompensatio	יח
		<u> </u>											
		·											
	<del></del>												-
		<del></del>											
2	Total number of independent contractors (i		ot li	mıte	d to		se li	stec	d above) who received n	nore than		<del></del>	
	\$100,000 in compensation from the organiz	zation 🚩					<u> </u>			<u></u>		Form <b>990</b> (	(2009)

• <u>Forn</u>	n 990	D (2	WASHE		UNTY ECO	NOMIC DEVE	CLOPMENT	27-1296	5827Page <b>9</b>
Pa	ırt V	/11	Statement of Reve	nue					
	• ,					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1	а	Federated campaigns	1a					
ra nn		b	Membership dues	1b					
s, g		С	Fundraising events	1c					
gift ar		d	Related organizations	1d					
ıs, mil			Government grants (contribu	tions) 1e					
Contributions, gifts, grants and other similar amounts			All other contributions, gifts, gran	· <del></del>					
the			similar amounts not included abo						
do		9	Noncash contributions included in lines	<u> </u>					
Se			Total. Add lines 1a-1f		<b></b>				
					Business Code				
e l	2	а							
ار کے		b							
Program Service Revenue		c					<u> </u>		
e a		d				<del></del>			
P.		e					-		
4		f	All other program service reve	enue		*			
			Total. Add lines 2a-2f		<b>&gt;</b>				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		•				
	4		Income from investment of ta	x-exempt bond p	oroceeds ►				
	5		Royalties		•				
			•	(ı) Real	(ii) Personal			~ · · · · · · · · · · · · · · · · · · ·	
	6	а	Gross Rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
			Net rental income or (loss)		<b>&gt;</b>				1
			Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory		,,				
		b	Less cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)		<b>&gt;</b>				
<u>e</u>	8	а	Gross income from fundraisin	ng events (not					
ا و ا			including \$	of					
ا ۾			contributions reported on line	e 1c) See					
ē			Part IV, line 18	а					
Other Revenue		b	Less: direct expenses	b					
		С	Net income or (loss) from fund	draising events	<b>•</b>				
	9	а	Gross income from gaming a	ctivities See					
			Part IV, line 19	а					
		b	Less direct expenses	b					
		С	Net income or (loss) from gan	ning activities	<b></b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less. cost of goods sold	b					
ļ		С	Net income or (loss) from sale		<b>•</b>				<u> </u>
,			Miscellaneous Revenu	Je	Business Code				
	44	_					i	i	i

0. 0. 0. Form **990** (2009)

12

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

Total revenue. See instructions

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 (R) (C) an	a /I

	nclude amounts reported on lines 6b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Gran	nts and other assistance to governments and			*	7
orga	anizations in the U.S. See Part IV, line 21				
2 Gra	ints and other assistance to individuals in				
the	U.S. See Part IV, line 22				
3 Gra	nts and other assistance to governments,				······
orga	anizations, and individuals outside the U.S.				
See	Part IV, lines 15 and 16				
4 Ben	nefits paid to or for members				
5 Con	mpensation of current officers, directors,				
trus	stees, and key employees				
6 Com	npensation not included above, to disqualified				
pers	ons (as defined under section 4958(f)(1)) and				
pers	ons described in section 4958(c)(3)(B)				
7 Oth	er salaries and wages				-
8 Pens	sion plan contributions (include section 401(k)				
and	section 403(b) employer contributions)				
9 Oth	er employee benefits				7-1-44
<b>0</b> Pay	roll taxes				
1 <b>1</b> Fee:	s for services (non-employees).				
<b>a</b> Mar	nagement				
<b>b</b> Leg	al <u> </u>	255.		255.	
_c Acc	ounting				
<b>d</b> Lob	bying				
e Prof	essional fundraising services. See Part IV, line 17				
f Inve	estment management fees				
g Oth	er	23,816.		23,816.	
I <b>2</b> Adv	ertising and promotion	116.		116.	
3 Office	ce expenses	2,691.		2,691.	
4 Info	rmation technology				
5 Roy	alties				
6 Occ	upancy				
7 Trav	/el				
8 Payı	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
<b>9</b> Con	ferences, conventions, and meetings	998.		998.	
0 Inte	rest				
. <b>1</b> Payı	ments to affiliates				
<b>2</b> Dep	reciation, depletion, and amortization				
	rance				
abov misc expe	r expenses Itemize expenses not covered re (Expenses grouped together and labeled rellaneous may not exceed 5% of total rses shown on line 25 below )				
	VING	10,302.		10,302.	
	TERVIEW	1,364.		1,364.	
c CH	AMBER OF COMMERCE	162.		162.	
d					
е					
	ther expenses				
5 Total	functional expenses. Add lines 1 through 24f	39,704.	0.	39,704.	0
	t costs. Check here. 🕨 🔲 if following				·
SOP	98-2 Complete this line only if the organization				
repor	rted in column (B) joint costs from a combined				
educ	ational campaign and fundraising solicitation	<u> </u>			

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Form 990 (2009)

COUNCIL Part X | Balance Sheet (A) Beginning of year End of year 140,302. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 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 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 140,302. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 180,006. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 -iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 0. 180,006. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets <39,704.> 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 <39,704.> 0.

140,302. Form **990** (2009)

33

34

0.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

## WASHINGTON COUNTY ECONOMIC DEVELOPMENT

Form 990 (2009) COUNCIL 27-1296827 Page 12 Part XI. Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual 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 **b** Were the organization's financial statements audited by an independent accountant? 2b c 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 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: 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? Х За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service **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.

2009
Open to Public Inspection

Name of the organization

WASHINGTON COUNTY ECONOMIC DEVELOPMENT COUNCIL

Employer identification number 27-1296827

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENCOURAGING THEM TO RELOCATE IN THE AREA.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS
PRESENTED TO THE FINANCE COMMITTEE OF THE ORGANIZATION BEFORE IT WAS FILED.
THE FINANCE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF
DIRECTORS FOR FINANCIAL MATTERS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST UNDER THE SUNSHINE LAW.