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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 D Employer identification number Name of organization B Check if applicable Cawaco Resource Conservation ✓ Address change 63-1027283 Development Council Inc Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (205) 623-0147 2112 11th Avenue South No 541 Terminated G Gross receipts \$ 763,840 -Amended return City or town, state or country, and ZIP + 4 Birmingham, AL 35205 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes Paul McCaleb 2112 11th Avenue South No 541 H(b) Are all affiliates included? Birmingham, AL 35205 If "No," attach a list (see instructions) H(c) Group exemption number 🕨 Tax-exempt status Website: ► http://www.cawaco.org L Year of formation 1972 M State of legal domicile AL Part I Summary Briefly describe the organization's mission or most significant activities Plan and carry out activities that increase conservation of natural resources, support economic development and enhance the environment and standard of living in local communities Activities & Governance 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. $\,$. 18 Number of independent voting members of the governing body (Part VI, line 1b) . 18 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 2 6 0 6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 793,099 702,757 Program service revenue (Part VIII, line 2g) . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6.936 2.912 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 55,216 58,171 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 855.251 763.840 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 205,054 180,734 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines $\,5\,$ Expenses 76,698 76,749 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 499,751 502,941 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 781,503 760,424 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 73.748 3,416 Net Assets or Fund Balances **Beginning of Current End of Year** Year 615,144 657,856 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . 47,316 1,188 22 Net assets or fund balances Subtract line 21 from line 20 610,540 613,956 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-03-21 Signature of officer Date Sign Here PAUL MCCALEB President Type or print name and title Check if self Preparer's signature Lewis F Jones Jr preparer's name Lewis F Jones Jr employed F Paid Firm's name 🕨 Haynes Downard LLP Firm's EIN Preparer Firm's address 🕨 2121 2nd Avenue North Suite 100 Phone no (205) 254-**Use Only**

Birmingham, AL 35203

May the IRS discuss this return with the preparer shown above? (see instructions) .

▼Yes

Par		t of Program Servi edule O contains a resp	-			৮
1	Briefly describe the	e organization's mission				
resor commonding fundi	urces, support econo nunity support and e ng sources for implei	mic development and im conomic development A mentation The Council p	prove the stan dditionally, the provides facilit	dard of living The Cou e Council assits with p ation services and ass	vities that increase the conservincil provides challenge grants for conserving the conserving the conserving the conserving the development and impractions and the Five Mile Cr	or educational, n and identification of lementation of project
2	Did the organization the prior Form 990	n undertake any significa or 990-EZ?	int program se	rvices during the year		Yes ✓ No
	If "Yes," describe th	nese new services on Sc	hedule O			
3	Did the organization services?	n cease conducting, or m	nake significan	t changes in how it con		Yes ▽ No
	If "Yes," describe th	nese changes on Schedu	le O			
4	Section 501(c)(3) a		ons and sectio	n 4947(a)(1) trusts ar	argest program services by exp re required to report the amount ervice reported	
4a	(Code) (Expenses \$	224,717	ıncludıng grants of \$) (Revenue \$)
	#09-030 Buxahatchee	Creek Watershed Project Pro	ovide education ai	nd ınstall BMP's to reduce กเ	ıtrıent loadıng	
4b	(Code) (Expenses \$	159,912	ıncludıng grants of \$	133,279) (Revenue \$)
	clearly defined educati		in 2010 included	funding for local 4-H progra	oama Cooperative Extension System Community development, commu	
4c	(Code) (Expenses \$	58,341	ıncludıng grants of \$) (Revenue \$)
	#380 Woody Biomasss	s Demonstration Assess the e	conomic and envi	ronmental potential of utiliz	ing forest understory for energy produc	tion at steam plants
4d	Other program ser	vices (Describe in Sche	edule O) See a	lso Additional Data fo	r Description	
	(Expenses \$	290,704 incl	uding grants o	f \$ 47,4	55) (Revenue \$)
4e	Total program serv	vice expenses►\$	733,67	4		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
с	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.	11c		Νο
d	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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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		No.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	204		110
_	complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other	TRS Filings	and Tax	Compliance

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•		1
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨	-		
	See instructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
6a	organization solicit any contributions that were not tax deductible?	0a		INO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	ОВ		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
Ĭ	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
40	year [12b]	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	-		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
- 100	venue code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website 🔽 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **
 Kellie Johnston

2112 11th Avenue South Suite 541 Birmingham, AL 35205

(205) 623-0147

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organiza	ation nor any re	lated or	ganız	atio	n co	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)				lI		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) Doug Smith Board member	1 00	Х						0	0	0
(2) Gary Crowson Board member	1 00	Х						0	0	0
(3) David Standridge Board member	1 00	Х						0	0	0
(4) Jim Phillips Board member	1 00	Х						0	0	0
(5) Allen Caton Board member	1 00	Х						0	0	0
(6) Allan Lowe Board member	1 00	х						0	0	0
(7) Corley Ellis Board member	1 00	х						0	0	0
(8) Dennis Cooper Board member	1 00	х						0	0	0
(9) Robert Kelly Board member	1 00	х						0	0	0
(10) Sheila Baker Board member	1 00	Х						0	0	0
(11) Jim Pitts Board member	1 00	Х						0	0	0
(12) Tracia Busey Board member	1 00	Х						0	0	0
(13) Bruce Hamrick Board member	1 00	х						0	0	0
(14) Nell Miller Board member	1 00	х						0	0	0
(15) Keith Pike Board member	1 00	х						0	0	0
(16) Paul McCaleb President	1 00			х				0	0	0

\$100,000 in compensation from the organization **F**0

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

(A) Name and Title	(B) (C) (D) (E) A verage hours per that apply) compensation from the from related		á	(F) Estima amount o	ated fother							
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization related organization		the ion and ed
17) Joe Love Ice President	1 00			х				0		0		
										+		
										+		
										+		
										+		
										+		
										4		
1b Sub-Total				•	•		►					
c Total from continuation sheet						•						
d Total (add lines 1b and 1c) .							•	0		0		0
! Total number of individuals (inc \$100,000 in reportable compe					ted	above) who	received more tha	n			
											Yes	No
Did the organization list any fo	ormer officer, direc	tor or t	ruste	e, k	ey e	mploy	ee, o	or highest compens	ated employee		1.05	110
on line 1a? If "Yes," complete S	chedule J for such	ındıvıdı	ual			•	-			3		Νo
For any individual listed on line organization and related organi												
individual			•	•	•		•			4		No
5 Did any person listed on line 1		-				-		-	r individual for			
services rendered to the organ	ization? <i>If "Yes,"</i>	complet	e Sch	edul	e J f	or suct	n pers	son	•	5		Νo
Section B. Independent Co	ntractors											
Complete this table for your five \$100,000 of compensation fro	e highest comper		ndep	ende	ent o	contra	tors	that received more	than			
·	(A)								(B)		(0	
N:	ame and business ad	dress						Descr	iption of services	-	Compe	nsation
										-		

	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c		ns (B), (C), and	· ·	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	180,734	180,734		
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				
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	71,184	59,795	11,389	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,565	4,675	890	
а	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	6,900		6,900	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	41,250	34,650	6,600	
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	4,682	3,933	749	
.7	Travel	6,200	6,200		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,200	3,233		
.9	Conferences, conventions, and meetings	2,774	2,774		
0	Interest	, ,	,		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,389	1,167	222	
- 3	Insurance	1,175	,		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	2,213	2/2//		
а	Project expenses	429,562	429,562		
b	Training and staff deve	2,279	2,279		
С	Supplies	1,991	1,991		
d	Miscellaneous	1,861	1,861		
e	Dues and subscriptions	978	978		
f	All other expenses	1,900	1,900		
25	Total functional expenses. Add lines 1 through 24f	760,424	733,674	26,750	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			562,931	1	509,691
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key er	nployees, and			
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$, and contributing employers or organizations of section $501(c)(9)$ voluntary employer organizations (see instructions)	s, and				
		Schedule L				6	
SS	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	. • •			9	
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a	15,586			
	b	Less accumulated depreciation	10b	5,678	2,055	10c	9,908
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11	•	•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	•	92,870	15	95,545	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			657,856	16	615,144
	17	Accounts payable and accrued expenses .			2,500	17	1,188
	18	Grants payable			18		
	19	Deferred revenue		2,500	19		
46	20	Tax-exempt bond liabilities			20		
<u>a</u>	21	${\tt Escroworcustodialaccountliability}\ \ \textit{Complete PartIVofSchedule}$	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	
	23	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			42,316	25	0
	26	Total liabilities. Add lines 17 through 25			47,316	26	1,188
ces		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	te line	es 27			
Balance	27	Unrestricted net assets			412,666	27	472,642
	28	Temporarily restricted net assets			197,874	28	141,314
핃	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here \blacktriangleright \sqcap and lines 30 through 34.	compl	ete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
Ř	33	Total net assets or fund balances			610,540	33	613,956
_	34	Total liabilities and net assets/fund balances			657.856	34	615.144

1461	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_	763,84
2	Total expenses (must equal Part IX, column (A), line 25)	2			760,42
3	Revenue less expenses Subtract line 2 from line 1	3			3,41
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		é	510,54
5	Other changes in net assets or fund balances (explain in Schedule O)	5			ı
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		e	513,95
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3а	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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b	_	

OMB No. 1545-004

OMB No 1545-0047

0040

Open to Public

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization Cawaco Resource Conservation

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.

ns. Inspection
Employer identification number

Development Council Inc 63-1027283 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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						
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	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	ot 390,904	509,079	412,260	914,198	702,757	2,929,19
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished i	n	79,288	57,346	55,216	58,171	250,02
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities tha	t					
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities	150,000	150,000	150,000	150,000	150,000	750,00
	furnished by a governmental unit the organization without charge	to 130,000	130,000	130,000	130,000	130,000	730,00
6	Total. Add lines 1 through 5	540,904	738,367	619,606	1,119,414	910,928	3,929,21
	A mounts included on lines 1, 2,	,	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	,	· · · · · ·
	and 3 received from disqualified						
	persons	_					
b	A mounts included on lines 2 and received from other than	3					
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of th	e					
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						3,929,21
Se	from line 6) ection B. Total Support						
	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(a) 2008	(4) 2000	(2) 3010	(6) Total
	ın)			(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	540,904	738,367	619,606	1,119,414	910,928	3,929,21
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	16,146	23,027	5,539	6,936	2,912	54,56
	and income from similar	'	<i>,</i>	,	,	,	,
	sources						
b							
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b	16,146	23,027	5,539	6,936	2,912	54,56
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	557,050	761,394	625,145	1,126,350	913,840	3,983,77
14	First Five Years If the Form 990 is	for the organization	n's first, second,	third, fourth, or f	ifth tax year as a	section501(c)(3) organization,
	check this box and stop here						▶□
<u> </u>	otion C. Commutation of De-	blic Comment De	uconto o o				
	ection C. Computation of Pu Public Support Percentage for 201			1.3 column (f)			00.555
15			-	ro column (t))		15	98 630 %
16	Public support percentage from 20	009 Schedule A, Pa	rt III, line 15			16	98 430 %
			. .				
	ection D. Computation of In				(f))		
17	Investment income percentage fo	•			(1))	17	1 370 %
18	Investment income percentage fro					18	1 570 %
	33 1/3% support tests-2010 Ift						

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID:

Software Version:

EIN: 63-1027283

Name: Cawaco Resource Conservation

Development Council Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 290,704 including grants of \$ 47,455) (Revenue \$

Cawaco Resource Conservation Development Council provides a number of additional programs dedicated to planning and carrying out activities that increase conservation of natural resources, support economic development and enhance the environment and standard of living in local communities efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493082005072

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

ternal Revenue Service F Attach to Fo	orm 990. ► See separate instructions.	Inspection
Name of the organization Cawaco Resource Conservation		Employer identification number
Development Council Inc		63-1027283
Part I Organizations Maintaining Donor A		unds or Accounts. Complete if the
organization answered "Yes" to Form 99	T .	(b) 5dd
Total complex and afficient	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
A ggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advi funds are the organization's property, subject to the	-	noradvised Yes No
5 Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		·
Part II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of ar Preservation of a	n historically importantly land area certified historic structure n of a conservation
		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified his	storic structure included in (a)	2c
d Number of conservation easements included in (c) a	cquired after 8/17/06	2d
Number of conservation easements modified, transfethe taxable year Number of states where property subject to conservations.		ed by the organization during
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, han	dling of violations, and
Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents during the year 🛌
A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year 🕨 \$
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	Yes No
In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financia nents	I statements that describes
art III Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire.	for public exhibition, education or resear	ch in furtherance of public service,
b If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
(i) Revenues included in Form 990, Part VIII, line 1		► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, histofollowing amounts required to be reported under SFA		
a Revenues included in Form 990, Part VIII, line 1		▶ \$

b Assets included in Form 990, Part X

ar	411 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easur	es, or O	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are a	a sıgnıfıca	ant u	se of its col	lection		
а	Public exhibition		d	Γ	Loan	orexcha	nge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ furthe	r the org	janızatıon	's ex	empt purpo	se in		
•	During the year, did the organization solicit assets to be sold to raise funds rather than			,					ılar	Γ,	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an ar		•									
а	Is the organization an agent, trustee, custod included on Form 990, Part X?					tions or	other ass	ets r	not	Γ,	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		г					
_							-	_		A mou	пт	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
3	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete											
	Paginning of year halance	(a)Current Year	(b)	Prior \	rear	(c)Iwo	Years Back	(a)	Three Years B	ack (e)	Four Ye	ars Back
1	Beginning of year balance							<u> </u>		-		
	Contributions											
:	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the yea	r end balance held	as									
a	Board designated or quasi-endowment											
Ь	Permanent endowment											
C 3	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation f	thata	re held	and adr	ministere	d for	the			
-	organization by	ooron or the organiz				u u					Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								ļ	3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization							•	[3b		
	Describe in Part XIV the intended uses of th											
3 [t VI Investments—Land, Building	s, and Equipme	nt. S								Ι	
	Description of investment				a) Cost o sıs (ınve:		(b) Cost or basis (oth		(c) Accum deprecia		(d) Bo	ook value
1	Land		•									
5	Buildings		•									
z	Leasehold improvements											
d	Equipment					15,586				5,678		9,908
e	Other											

9,908

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
(1)Financial derivatives		Cost of the of	year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost of end-of	-year market value
			_
Table (Cales (h) about a surf Farm 000 Bart V and (D) to 12)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(h) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value 95,545
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip (1) Grants receivable	ne 15.		95,545
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Grants receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Grants receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15		95,545
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Grants receivable Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		95,545

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	763,840
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	760,424
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,416
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	-	10	3,416
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 EXII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	820,216
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	020,210
- а	Net unrealized gains on investments		
ь	Donated services and use of facilities	6	
c	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d		56,376
3	Subtract line 2e from line 1	3	763,840
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b	7	
с	Add lines 4a and 4b		0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	763,840
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Retu	rn
1	Total expenses and losses per audited financial statements	1	816,800
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	'6	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	56,376
3	Subtract line 2e from line 1	3	760,424
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	760,424
Par	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, :V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		

additional information

Ident if ier	Return Reference	Explanat ion
Description of Uncertain Tax Positions Under FIN 48		As of September 30, 2010, the Council has no uncertain tax positions that qualify for recognition or disclosure in the financial statements

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Schedule I

(Form 990)

Cawaco Resource Conservation

DLN: 93493082005072 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Inspect ion Employer identification number

Development Council Inc						63-102/283	
Part I General Informatio	n on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance?					TYes ▼۱
Part II Grants and Other A Form 990, Part IV, line duplicated if additional	ssistance to Go e 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga		_				· · · · · •	5 18

Ident if ier

Return Reference

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

Explanation

Schedule I (Form 990) 2010

Software ID: Software Version:

EIN: 63-1027283

Name: Cawaco Resource Conservation

Development Council Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Torin 550,5cheddie 1, Far	,			· · · · · · · · · · · · · · · · · · ·			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blount County Historical Society204 2nd Street North Oneonta, AL 35121	63-6001422		10,000		FMV		Transfer documents to digital media
Alabama Cooperative Extension System2612 Lane Park Road Birmingham, AL 35223	63-6000724		5,000		FMV		Trees for bees education program
Chilton Research and Extension Center120 County Road 756 Clanton, AL 35045	63-6000724		5,000		FMV		A half day farm and wildlife expo will be offered to the public
Greystone Elementary School300 Village Street Birmingham, AL 35243	63-0971873		10,000		FMV		Development of Alabama Course of Study objectives dealing with conservation
Harrison Regional Library50 Lester Street Columbiana, AL 35051	63-4774558		5,000		FMV		Provide study materials needed for career training
Isabella HS11338 County Road 15 Maplesville, AL 36750	63-6000803		9,385		FMV		Engineering competition
Alabama Tourism Department401 Adams Avenue Montgomery, AL 36104	63-6000619		15,000		FMV		Birding trails
Mt Brook Presbyterian Church3405 Brookwood Road Birmingham, AL 35223	58-2060122		5,000		FMV		Provide hands-on lab to teach organic food production
Cleveland Elementary School 115 Stadium Drive Cleveland, AL 35049	63-1255438		5,000		FMV		Provide Smart-board technology for classroom
Alabama 4-H Center892 4-H Road Columbiana, AL 35051	63-0792800		10,000		FMV		Scholarship for students to attend Coosa River Science School
Alabama Environmental Council2431 Second Avenue North Birmingham, AL 35203	23-7044787		5,000		FMV		To develop recycling toolkit for communities
Business and Finance Academy701 Highway 70 Columbiana, AL 35051	63-6001081		5,000		FMV		Students developed credit union training center

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule 1, Par	t II, Grants an	u Other Assistance	to doverninents	and Organization	is in the officed Sta	ates	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Green Resource Center2564 18th Street South Birmingham, AL 35209	26-0390832	501(c)3	5,000		FMV		Develop website for the Green Resource Center
Shoprats Southeast108 Grand Club Drıve Maylene, AL 35114	68-0672287	501(c)3	5,000		FMV		To teach hands-on alternative fuel skills
University of Montevallo Montevallo Connection Hollie Cost Station 6367 Montevallo, AL 35115	63-6000720		5,000		FMV		Support environmental camp for students
Community Markets Inc200 Union Hill Drive Suite 301 Birmingham, AL 35203	27-1839789		5,000		FMV		Establishment of a Saturday morning farmers market at 6401 Valleydale Road in Shelby County
Blount County Council of Garden Clubs411 Quail Ridge Road Oneonta, AL 35121			5,000		FMV		Create a trail of trees at Palisades Park
City of Dora1485 Sharon Boulevard Dora, AL 35062	63-0498621		5,000		FMV		Renovated unused building for community center
Main Street Birmingham1 55th Place South Birmingham, AL 35212	20-0763511	501(c)3	5,000		FMV		To create a pocket park in North Birmingham
AMRV RC&D5514 Highway 31 South Birmingham, AL 35640	63-0822867	501(c)3	5,000		FMV		Rainwater harvesting on poultry operations
Rice Town VFD241 Ricetown Road Hayden,AL 35079	57-0892847		5,000		FMV		To provide a more capable and reliable piece of equipment to serve the community of Rice Town
Creek View Elementary8568 Highway 17 Maylene,AL 35114	63-6001081		5,000		FMV		Provide ADA approved playground equipment
Glenwood Autism and Behavioral Health Center150 Glenwood Lane Birmingham, AL 35242	23-7396710	501(c)3	5,000		FMV		Create a horticulture therapy program

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DLN: 93493082005072

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name	of '	t he	orga	ıniza	t ior
Cawaco	Re	sour	ce Co	nsen	atio
Develo	pme	nt C	ounci	l Inc	

Employer identification number

63-1027283

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Form 990 as completed by the audit firm Haynes Dow nard LLP is presented to members of the Finance Committee for review. The Finance Committee makes the recommendation to the Executive Committee to approve the Form 990 for filing. The Executive Committee reviews the Form 990 and takes appropriate actions to file. Each Board Member receives a copy of the Form 990.

Identifie	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Each year, Board Members are asked to complete a conflict of interest statement. The statement asks the Board Members to disclose other groups and organizations in which they are affiliated. Conflicts of interest are reviewed when new grants or contracts are executed.

ldentifier	Return Reference	Explanation	
	Form 990, Part VI, Section B, line 15a	Payroll changes, including increases, are reviewed by the Payroll Committee. The Payroll Committee provides recommendations to the Finance Committee who determines if funds are available. Recommendations of the Payroll and Finance Committee are the considered by the Executive Committee. All discussions and determinations are captured in the minutes of each Committee.	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Caw aco's form 990 is available through Guidestar and upon written request. The conflict of interest, financial statements and governing documents are available upon written request.