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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	or the	2013 calendar year, or tax year beginning OCT 1, 2013 and ending	SEP 30, 2014	
Bc	heck if	C Name of organization	D Employer identificatio	n number
ar	pplicable	TOMBIGBEE RESOURCE CONSERVATION AND		
	Addres	S DELIET ODMENT COLLICATI	· ·	
<u> </u>	_change		27-3699	0021
<u> -</u>	Name change Initial		<del></del>	7931
<u></u>	return	Number and street (or P 0. box if mail is not delivered to street address)  Room/s		
<u></u>	Termin ated	ATTN: BODAN WEBBON 2301 7TH BIRELI SOO	205-469	
	Amend	ed City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	305,222
	Application	TUSCALOOSA, AL 35401	H(a) Is this a group return	
	pendin	F Name and address of principal officer:DON SHERROD	for subordinates?	Yes X N
		2501 7TH STREET, TUSCALOOSA, AL 35401	H(b) Are all subordinates included	Yes N
IT	3Y-6Y6		527 If "No," attach a list. (	
		e: ► HTTP://WWW.TOMBIGBEERCD.COM/WP/	H(c) Group exemption nur	·
			ear of formation 2010 M Stat	
		Summary	ear or formation 2020 in stat	e of legal dofficie
-		Briefly describe the organization's mission or most significant activities: TO PROMO	TE AND DROVIDE	<del></del>
8	1 !	SHETLY DESCRIBE THE OF AN AND COMPANY AND ECONOMICS.	TC CDOWNY TN MUE	·
ë	-	LEADERSHIP IN RESOURCE MANAGEMENT AND ECONOM	<del></del>	
E		Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r	nore than 25% of its net assets.	
õ	3 1	Number of voting members of the governing body (Part VI, line 1a)		
2	4	Number of independent voting members of the governing body (Part VI, line 1b)	· · · · · · · · · · · · · · · · · · ·	
စ္ဆ		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	
Activities & Governance		Total number of volunteers (estimate if necessary)	6	
둉		Fotal unrelated business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · · · ·	(
٩		Net unrelated business taxable income from Form 990-T, line 34	7b	
		ver difference busiless taxable income from 550-1, line 54	Prior Year	
ŀ		5-Ambrido A. 75-AA701 B 410	184,234.	Current Year 299,78
e l		Contributions and grants (Part VIII, line 1h)	0.	200,10
<u> </u>	9 1	Program service revenue (Part VIII, line 2g)	L	
Revenue	10	Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3 4, and 7d CEIVED	4,993.	5,43
- 1		strict reversible it are virit obtaining by inited of one deliber 1001 and 1101	0.	(
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII- column (A)? line 12)	189,227.	305,22
1	13 (	Grants and similar amounts paid (Part IX, column, (A), lines 1-3)	0.	201,749
ł		Benefits paid to or for members (Part IX, column (A), line 4)	0.	(
y	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,722.	69,134
Expenses		Professional fundraising fees (Part IX, column (A), ilne 11e)	0.	(
be		Total fundraising expenses (Part IX, column (D), line 25)		<del> </del>
Ж		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	156,469.	28,419
1			197,191.	299,30
}		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<7,964.>	5,920
-6	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
ase	20	Total assets (Part X, line 16)	278,241.	271,892
푈	21	Total liabilities (Part X, line 26)	44,497.	32,228
킲	22	Net assets or fund balances. Subtract line 21 from line 20	233,744.	239,664
Pa	rt II	Signature Block		
Unde	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my know	viedge and belief, it
	•	, and complete Declaration of preparer (other than officer) is based on all information of which prep	-	, , ,
*****	1	Von Shemes	7-9-	15
Sign	.	Signature of officer	Date	
		DON SHERROD, CHAIRMAN		
U	-	Type or print name and title		
Here	- 1	100 m = 100 m = 100 m	- Date Check	PTIN
Here		Print/Type preparer's name Print/Type preparer's name	1 21414015 1	
Here			2 4 2015   self-employed P	00366322
Paid	þ	LEIGHANNE M. FAUGHT LEIGHANNE M. FAUGHT		
	arer	LEIGHANNE M. FAUGHT LEIGHANNE M. FAUGHT  Firm's name JAMISON MONEY FARMER PC		-0933119
Paid	arer	LEIGHANNE M. FAUGHT LEIGHANNE M. FAUGHT		
Paid Prepa	arer	LEIGHANNE M. FAUGHT LEIGHANNE M. FAUGHT  Firm's name JAMISON MONEY FARMER PC	Firm's EIN ► 63	
Paid Prepa Use (	arer Only	LEIGHANNE M. FAUGHT LEIGHANNE M. FAUGHT  Firm's name JAMISON MONEY FARMER PC  Firm's address P.O. BOX 2347	Firm's EIN ▶ 63  Phone no.205 3	-0933119

# TOMBIGBEE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL.

<u>Form</u>	990 (2013) DEVELOPMENT COUNCIL 27-3699931 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  CARRY OUT ACTIVITIES THAT ACCELERATE THE DEVELOPMENT, CONSERVATION AND
	WISE USE OF HUMAN, FINANCIAL AND NATURAL RESOURCES IN ORDER TO IMPROVE
	THE STANDARD OF LIVING WITHIN THE AREA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 80,685 • including grants of \$ 65,198 • ) (Revenue \$)
14	YOUTH EDUCATION PROJECTS - PAYMENTS TO BIBB, FAYETTE, GREENE, HALE,
	LAMAR, PICKENS, TUSCALOOSA, AND SUMTER COUNTY SCHOOLS AND LIBRARIES FOR
	READING, COMPUTER, BUSINESS LEADERSHIP AND GARDEN PROJECTS.
4b	(Code) (Expenses \$ 35,491. including grants of \$ 28,679. ) (Revenue \$)
	COMMUNITY PROJECTS - ASSISTANCE TO VARIOUS WEST ALABAMA COMMUNITIES TO
	BUILD AND IMPROVE COMMUNITY CENTERS, PARKS AND OTHER PUBLIC USE
	FACILITIES.
4c	(Code) (Expenses \$ 12,912 • including grants of \$ 10,434 • ) (Revenue \$ )
46	WORKSHOPS HOSTED IN VARIOUS WEST ALABAMA COMMUNITIES TO PROMOTE
	ENVIRONMENTAL CONSERVATION EDUCATION.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 120,583 • including grants of \$ 97,438 •) (Revenue \$ )
4e	Total program service expenses ▶ 249,671.

Form **990** (2013)

## DEVELOPMENT COUNCIL Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	v	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
_	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II	<del></del> -		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	- <del>-</del> -		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <del>-</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		_ X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	, , , , , , , , , , , , , , , , , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	Х
	or more? If "Yes," complete Schedule F, Parts I and IV.	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	$\dashv$	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		
.0	10.04(1)(-1)	18	1	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	world Octobrill O Octobril	19		X
20-	The state of the s	20a		$\frac{\pi}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	ii 165 to iiile 204, did the dryanization attach a copy of its addited financial statements to this return:		000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Ì	}	ĺ
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	}		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	ĺ
	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		_X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		<u>X</u>
C	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		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	-	_ <u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			17
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		_ <u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34_		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		_ <u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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- 41	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
			Yes	No
1-2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements,			
~4	filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
h	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		<u> </u>
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	ļ	X
b	If "Yes." enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			٠,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		
c	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?	_5c		<del>  -</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l v
	any contributions that were not tax deductible as charitable contributions?	_6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	70	•	х
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 7b		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		X
	to file Form 8282?	- · ·		1
d	If Yes, indicate the number of Forms 5252 filed during the year.	7e		1
е		7 <del>1</del>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9	to the property of the state of the property o	7h		
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
^	Sponsoring organizations maintaining donor advised funds.			
9	Did the organization make any taxable distributions under section 4966?	9a		X
a	training the state of the	9b		<u> </u>
b 10	Section 501(c)(7) organizations. Enter:			
a	10a			
b	10h	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	4		
b	the state of the s			
	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	ļ	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	-	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	-
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	-		
c	Enter the amount of reserves on hand		<del> </del>	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	+^
t	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)

DEVELOPMENT COUNCIL

27-3699931

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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	11			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	- 1			
ь		11			
		-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				Х
_	officer, director, trustee, or key employee?	├	2		Λ.
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				v
	of officers, directors, or trustees, or key employees to a management company or other person?	·  -	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	$\vdash$	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·-  -	5		X
6	Did the organization have members or stockholders?	_ <u> </u> _	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	"			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ŀ	9		Х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		9		
000	tion D. I Onoles (This Section & requests information about policies not required by the internal nevertibe Code.)		Т	Vaa	Al-
10-	Did the executation have level shorters brough as an efficience?	Г	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	H	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			i	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·· ⊢	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 1	I2a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 1	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	- 1	- 1		
	in Schedule O how this was done	. 🗓	12c		X
13	Did the organization have a written whistleblower policy?	. [	13	Х	
14	Did the organization have a written document retention and destruction policy?	_ [-	14	Х	
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?			1	
а	The organization's CEO, Executive Director, or top management official		5a	Ì	X
	Other officers or key employees of the organization		5b	_	$\frac{1}{X}$
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	- <b>'</b>			<del></del>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
···a	Acrostilla antitus disease the second	١.	أءما	1	Х
	, , , , , , , , , , , , , , , , , , , ,	-  -	6a	<del>  </del>	<u>~</u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	İ			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.		1	
<u> </u>	exempt status with respect to such arrangements?		6b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) ava	ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	and f	inand	cial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	zatio	n: 🕨		
	SUSAN WESSON - 205-469-6463				
	2501 7TH STREET, TUSCALOOSA, AL 35401				

Form 990 (2013)

DEVELOPMENT COUNCIL

27-3699931

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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. 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.

(A)	(B)	organization compensat						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				r/trus	n an tee)	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JOE OWINGS	1.00										
DIRECTOR		X						0.	0.	0.	
(2) WARREN GRIFFITH	1.00								_	_	
DIRECTOR		X						0.	0.	0.	
(3) WILLICE LASHLEY	1.00								_	•	
DIRECTOR		X						0.	0.	0.	
(4) ROLAND PERRY	1.00									^	
DIRECTOR	1 00	X				_		0.	0.	0.	
(5) JOHNNY ROGERS	1.00	,,							0	0	
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.	
(6) DR. LINDA FORTE	1.00	X						0.	0.	0.	
DIRECTOR	1.00	₽							0.		
(7) EDWARD OZMENT DIRECTOR	1.00	X						0.	0.	0.	
(8) NEIL HYCHE	1.00		_								
DIRECTOR		X						0.	0.	0.	
(9) DON SHERROD	1.00										
CHAIRMAN		1		X				0.	0.	0.	
(10) CRAIG SIZEMORE	1.00										
VICE-CHAIRMAN		L		Х				0.	0.	0.	
(11) FARRINGTON SNIPES	3.00										
SECRETARY-TREASURER				Х				0.	0.	0.	
(12) SUSAN WESSON	40.00										
EXECUTIVE DIRECTOR		<u> </u>		X				43,745.	0.	0.	
		1									
		_									
		l									
		-									
		$\vdash$	ļ								
		ł									
		-									
	I	ı	i l			1 1		1			

Form 990 (2013)

TOMBIGBEE	RESOURCE	CONSERVATION	AND
DEVELOPMEN	IT COUNCIL	1	

Par	t VII Section A. Officers, Directors, Trus		ploy	rees			ighe	st C	1	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable			mated	
		hours per	box	, unle	ss pe	erson	is bot	th an	1 '	compensation			ount o	f
		week (list anv	<del></del>	Jer ar	Jac		J. Lius	T	from	from related		comp	ther	ia-
		hours for	ilecte		1		L		the organization	organizations (W-2/1099-MISC	,		ensati m the	
		related	90.0	<u>\$</u>			sated		(W-2/1099-MISC)	(44-27 1099-141130	'		nızatio	
		organizations	Individual frustee or director	Institutional frustee		8	mber		(17 25 1000)			-	relate	
		below	duat	nota	, n	oldin	est co	ğ				organ	izatio	ns
		line)	횰	Instit	Officer	Keye	Highest compensated employee	퉡						
			1										_	-
								İ						
			1					ļ						
					]	١.	l							
								Γ						
														_
			<u> </u>								_ _			
1 b	Sub-total							ightharpoons	43,745.		).			0.
c	Total from continuation sheets to Part V	I, Section A					-	<b>&gt;</b>	0.		) •			0.
d	Total (add lines 1b and 1c)						<u></u>	<u> </u>	43,745.	(	).			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				_
	compensation from the organization													0
											Г		es	No
3	Did the organization list any former officer,				y er	nplo	yee	, or l	highest compensated er	mployee on				
	line 1a? If "Yes," complete Schedule J for s										_	3		X
4	For any individual listed on line 1a, is the su									the organization				
	and related organizations greater than \$15											4		<u>X</u>
5	Did any person listed on line 1a receive or a							elat	ed organization or indıvi	dual for services				37
_	rendered to the organization? If "Yes," com	plete Schedul	<u>e J f</u>	or su	uch	pers	son					5		<u>X</u>
	tion B. Independent Contractors								<u> </u>					
1	Complete this table for your five highest co	-	-								ensat	tion fro	m	
	the organization. Report compensation for	tne calendar y	ear (	endi	ng v	vith	or w	ithir		/ear				
	(A) Name and business	address	NT/	ONE	7				( <b>B)</b> Description of s	ervices	Co	(C) mpens	ation	
	Hairie and Business	<u>address</u>	IAC	ZIVI	<u>.                                    </u>			-	Description of s	CIVIOCO				—
								- 1						
						-								
								$\dashv$	<del></del>	· · · · · · · · · · · · · · · · · · ·				
		<del></del>						$\dashv$						
		<u> </u>						$\dashv$						
	Taket number of independent of the second of	a ali i alia a la cida -	٠٠ ١٠		- 4 A	<b>*</b>	00 11		I obayo) who received -	ore then		<del></del>		
2	Total number of independent contractors (i		Ot III	nite	u 10	ino:	se IIS N	sted	above) who received m	ore man				
	\$100,000 of compensation from the organi	zation -							<del></del>				20.00	

Form 990 (2013) DEVELOP
Part VIII Statement of Revenue

DEVELOPMENT COUNCIL

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	H & , W !	Check if Schedule O conf		e or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a l	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contribut f All other contributions, gifts, gran similar amounts not included abo g Noncash contributions included in lines f Total. Add lines 1a-1f .	1b 1c 1d 1d 1tions) 1e 1ts, and 1f	2,000. 286,263. 11,520.	299,783.			
_	_			Business Code				
Program Service Revenue		)						
	عو	Total. Add lines 2a-2f		<b>&gt;</b>				
,	3 4 5	Investment income (including other similar amounts) Income from investment of tax	x-exempt bond	🟲	5,439.	5,439.		
	5	Royalties	(i) Real	(ii) Personal				
		Rental income or (loss)	W TOOL					
		Net rental income or (loss) Gross amount from sales of	(i) Securities	► (ii) Other				
	, ,	assets other than inventory	ly decumes	(ii) Other				
		Less: cost or other basis and sales expenses Gain or (loss)						
	d							
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See				, , , , , ,	
		Net income or (loss) from fund		<b>&gt;</b>				
	зa	Gross income from gaming ac Part IV, line 19				1		
	b	Less: direct expenses	b					
ļ	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns a				.,,	
		Less: cost of goods sold	b	<b></b>				
		Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 a b							
	c d			<b></b>			-	
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		▶	305,222.	5,439.	0.	0.

DEVELOPMENT COUNCIL

# Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	<del> </del>
	Check if Schedule O contains a respon			(C)	(D)
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	201,749.	201,749.		·
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			Į.	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,		22 621	12 124	
	trustees, and key employees	43,745.	30,621.	13,124.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	25 200	2 5 20	22 050	
7	Other salaries and wages	25,389.	2,539.	22,850.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				<del></del>
b	Legal	6 017	1 202		<del></del>
C	Accounting	6,917.	1,383.	5,534.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17			<del></del>	
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O)		<del></del>	<del></del>	
12	Advertising and promotion	<del></del>	<del></del>	<del></del>	
13	Office expenses		<del></del>		<del></del>
14	Information technology	<del></del>	<del></del>		<del></del>
15	Royalties		<del></del>	<del></del>	
16 17	Occupancy	5,490.	4,667.	823.	
	Payments of travel or entertainment expenses	3/1301			
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,591.	4,132.	459.	<del></del>
20	Interest	-, -, -, -,			
21	Poyments to offices				
22	Depreciation, depletion, and amortization	1,429.	1,143.	286.	
23	Insurance	1,127.		1,127.	
24	Other expenses. Itemize expenses not covered	<del></del>	<del></del>	<del></del>	<del>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</del>
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	CONTRACT LABOR	4,219.	422.	3,797.	
b	SUPPLIES & MATERIALS	2,652.	2,387.	265.	
c	DUES & SUBSCRIPTIONS	700.		700.	
d	POSTAGE & DELIVERY	532.	426.	106.	
	All other expenses	762.	202.	560.	
25	Total functional expenses. Add lines 1 through 24e	299,302.	249,671.	49,631.	0
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined		Ì		
	educational campaign and fundraising solicitation.				
	Check here Inf following SOP 98-2 (ASC 958-720)				

DEVELOPMENT COUNCIL Form 990 (2013)
Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in this Part X	·			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		25,706.		13,802.
	2	Savings and temporary cash investments	L	231,631.	2	237,069.
	3	Pledges and grants receivable, net		16,694.	3	17,590.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,	-			
	]	trustees, key employees, and highest compensated employees. Complete	e			
	]	Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined u			· · · · · · · · · · · · · · · · · · ·	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	buting			
	]	employers and sponsoring organizations of section 501(c)(9) voluntary				
2	]	employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net	_		7	
ĕ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		925.	9	954.
	10a	Land, buildings, and equipment: cost or other				
	<u> </u>		453.			
	ь	basis. Complete Part VI of Schedule D 10a 7,4  Less: accumulated depreciation 10b 4,5	976.	3,285.	10c	2,477.
	11	Investments • publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	_		12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		278,241.	16	271,892.
	17	Accounts payable and accrued expenses		28,872.	17	13,051.
	18	Grants payable			18	<del></del>
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
į.	22	Loans and other payables to current and former officers, directors, trustee				
		key employees, highest compensated employees, and disqualified person	E			
Liabilities		Complete Part II of Schedule L		ĺ	22	
Ξ	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 (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X of	of			
	l	Schedule D		15,625.	25	19,177.
	26	Total liabilities. Add lines 17 through 25		44,497.	26	32,228.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and			
က္က		complete lines 27 through 29, and lines 33 and 34.	ļ			
5	27	Unrestricted net assets		218,324.	27	239,664.
	28	Temporarily restricted net assets	Г	15,420.	28	0.
3	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶				
ret Assets of rund balances		and complete lines 30 through 34.	]			
3	30	Capital stock or trust principal, or current funds			30	
}	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
: [		Retained earnings, endowment, accumulated income, or other funds			32	
		Total net assets or fund balances		233,744.	33	239,664.
ž	33	Total net assets or fund balances	!	233//111		200,001

# TOMBIGBEE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL.

Forn	1 990 (2013) DEVELOPMENT COUNCIL	27-369	9931	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u>.                                    </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			22.
2	Total expenses (must equal Part IX, column (A), line 25)	2			02.
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233	3,7	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	239	6,6	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ.
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lon a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	1 1		

Form 990 (2013)

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

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

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

TOMBIGBEE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

Employer identification number 27-3699931

Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.	-			
			because it is: (For lines									
1		•	es, or association of chur	_		-		١.				
2 🗔	<del>-</del>		<b>70(b)(1)(A)(ii).</b> (Attach Sc				1-71-71 71	•				
3 🗔			ital service organization			170(6)(1)	(A)(iii).					
4			operated in conjunction					)( <b>አ</b> )(1)(Δ)(i	iii). Enter	the hospit	al's na	me.
<b>-</b>	city, and stat		operated in conjunction	Willia nos	p.i.a. 0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·(~/(·/(· ·/(·	,	ino nospii		.,,,
5 🔲	•		benefit of a college or u	niversity o	wned or or	perated by	/ a govern	mental un	ut describ	ned in		
3 L	_	<u>-</u>		iliversity o	whied or of	Jerated Dj	a govern	incinca an				
• 🗀		(b)(1)(A)(iv). (Comp	·	والمساورة والمالة		470/61/	0/41/4					
6			nent or governmental uni					6 41				
7 X			ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e generai	public des	cribed	ın
. —		(b)(1)(A)(vi). (Comple		, <u> </u>	<b>D</b>							
8	=		section 170(b)(1)(A)(vi).									_
9 📖		-	ceives: (1) more than 33									
			nctions - subject to certa									
			taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	by the orga	anizatıon	after June	30, 19	975.
		<b>509(a)(2).</b> (Complet	•									
10	_	~	perated exclusively to te	•	-							
11			perated exclusively for th									
	more publicly	supported organiz	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509	<b>(a)(3).</b> Ch	eck the bo	x that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type	ı <b>b</b> ∟ ⊤	ype ii c T	ype III - Fu	nctionally	integrated	•	d ∟ Typ	oe III - No	n-function	ally inte	egrated
e	By checking	this box, I certify tha	at the organization is not	controlled	l directly o	r indirectly	by one o	r more dis	qualified	persons o	ther th	an
	foundation m	nanagers and other t	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 50	19(a)(2)	).
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check t			******							$\square$
g	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?			
•			directly controls, either at							<i>,</i>	Yes	No
			upported organization?							. 11g(i	,	
	_		n described in (i) above?							11g(ii		
		•	a person described in (i) o		 ∋?         .		•••••		******	. 11g(ii		
h			about the supported or			••	•••		•••	(- <u></u>	<i></i>	
"	1 TOVIDE LITE I	Ollowing information	about the supported on	gamzanom	(3).							
	<del></del>		T	(iv) le the e	raanization	(v) Did you	ı notifi the	(vi) I	s the	[, m,		
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	of organization (iv) is the organization (v) Di ed on lines 1-9 in col. (i) listed in your orga				on in col.	1. (vii) Amount of mone support		onetary	
orga	inization		above or IRC section		document?		support?	(i) organiz	zed in the 3.2	su su	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No	ł		
			<del> </del>	163	140	163	140	163	140	<del> </del>		
			<del> </del>	<u> </u>	 	<del></del>		<del> </del>	<del>  -</del>			
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Total			1	1		l	1	1				

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

Schedule A (Form 990 or 990-EZ) 2013

Section A. Public Support

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.)

Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ĺ					
	include any "unusual grants.")		207,900.	116,370.	183,140.	299,783.	807,193.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to	j					
	or expended on its behalf				1		•
3	The value of services or facilities						
	furnished by a governmental unit to					ĺ	
	the organization without charge					ļ	
4	Total. Add lines 1 through 3		207,900.	116,370.	183,140.	299,783.	807,193.
	The portion of total contributions		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
-	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)		1				
R	Public support. Subtract line 5 from line 4						807,193.
	ction B. Total Support	L			<del></del>	L	001,155.
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(=) 2012	16 Total
	Amounts from line 4	(a) 2009	207,900.	116,370.	183,140.	(e) 2013 299, 783.	(f) Total 807, 193.
	Gross income from interest.	<del> </del>	201,500.	110/3/0.	103,140.	233,103.	001,155.
0							
	dividends, payments received on						
	securities loans, rents, royalties		4,223.	5,689.	5,365.	F 420	20 716
_	and income from similar sources	<del></del>	4,223.	3,009.	5,305.	5,439.	20,716.
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10				<del></del>	1	827,909.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here	<del></del>	<del> </del>			<u>▶X</u>
	ction C. Computation of Publi			<del></del>	<del></del> -		
	Public support percentage for 2013 (li					14	%
	Public support percentage from 2012				-	15	%
16a	33 1/3% support test - 2013. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization			***************************************	▶ ـ
b	33 1/3% support test - 2012. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						▶∟_
17a	10% -facts-and-circumstances test	t - <b>2013.</b> If the orga	anızation dıd not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (	or more,
	and if the organization meets the "fact	ts-and-circumstand	ces" test, check th	is box and <b>stop h</b> e	e <b>re.</b> Explain in Par	t IV how the organi	izatıon
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - <b>2012.</b> If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization						▶□
						dule A (Form 990	
						•	

# Schedule A (Form 990 or 990-EZ) 2013 DEVELOPMENT COUNCIL 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	to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ĺ	1		ĺ		(
	include any "unusual grants.")		_		<u> </u>	<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per-			[	İ		Ì
	formed, or facilities furnished in any activity that is related to the			Į.	}		
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-			l	1		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		}	1	}		1
	or expended on its behalf				1		1
5	The value of services or facilities			f		<del> </del>	
J	furnished by a governmental unit to					1	
	the organization without charge						
_	· ·			<del></del>	<del> </del>	<del></del>	<del> </del>
	Total. Add lines 1 through 5	ļ <del></del>			<del> </del>		<del></del>
/ a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons	<u> </u>			· <u> </u>	<del> </del>	
i,	Amounts included on lines 2 and 3 received from other than disqualified persons that					}	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			<u> </u>	<del> </del>	<del> </del>	<del> </del>
	Add lines 7a and 7b				ļ	<u> </u>	<del> </del>
_	Public support (Subtract line 7c from line 6)			<u> </u>	<u></u>	<u>L</u>	L
_	ction B. Total Support	<del> </del>			<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				<del> </del> -	<del>                                       </del>	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			ļ	į		
	and income from similar sources				ļ	ļ	
b	Unrelated business taxable income					[	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business				ł		
	activities not included in line 10b, whether or not the business is			i		:	
	regularly carried on				<u> </u>		
12	Other income. Do not include gain				}		
	or loss from the sale of capital assets (Explain in Part IV.)		ļ			ļ	
13	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here					<u>.</u>	▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	vided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15 .		<u>.</u>	16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>13</b> (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2	•				18	%
	33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as						▶□
b	33 1/3% support tests - 2012. If the						and
~	line 18 is not more than 33 1/3%, che						▶□]
20	Private foundation. If the organization						▶□

Schedule A	(Form 990 or 990-EZ) 2013 DEVELOPMENT COUNCIL	27-3699931 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II,	
	Also complete this part for any additional information. (See instructions).	
		<del></del>
		···
		<del> </del>
		· · · · · · · · · · · · · · · · · · ·

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

## Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization

TOMBIGBEE RESOURCE CONSERVATION AND

Employer identification number 27-3699931

DEVELOPMENT COUNCIL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) ....... Aggregate value at end of year ..... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements ..... c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? ..... .. ...... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990. Part X

27-3699931 Page 2 DEVELOPMENT COUNCIL Schedule D (Form 990) 2013 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? .......... **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? ..... Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (d) Three years back (e) Four years back (b) Prior year (c) Two years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs ..... f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ► c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) unrelated organizations .... 3a(i) (ii) related organizations ..... 3a(ii) **b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value depreciation basis (investment) basis (other) 1a Land **b** Buildings . c Leasehold improvements ... 4,976. 7.453.d Equipment . e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013 DEVELOPMENT COUNCIL

27-3699931 Page 3

Part VII	Investments - Other Securities.				
(-) Danasia	Complete if the organization answered "Yes"				d of year market yelye
	ntion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
• •	al derivatives				
	-held equity interests		-		
(3) Other					
(A)					
(B)				···	<del></del>
(C)					
(D)					<del></del>
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12 )				· · · · · · · · · · · · · · · · · · ·
	Investments - Program Related.	<del></del>	<u> </u>		
	Complete if the organization answered "Yes"	to Form 990 Part IV	/. line 11c. See Form 990.	Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)		<del> ;                                 </del>			
(2)					
(3)					
(4)					
(5)					
(6)			-		
(7)					
(8)		-			
(9)					
Total. (Col (I	b) must equal Form 990, Part X, col (B) line 13 )			•	
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	·
	(a) l	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)				<del></del>	
(6)			<del></del>		
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	<del>) 15.)</del>			
Part X	Other Liabilities.				
_	Complete if the organization answered "Yes"	to Form 990, Part IV		n 990, Part X, line 25	•
1.	(a) Description of liability		(b) Book value	-	
	eral income taxes	MAVEC	3,318.	-	
20.00	CRUED WAGES AND PAYROLL OUNTS RECEIVED ON BEHAL		3,310.		
	HERS	r Or	13,024.	1	
	CRUED COMPENSATED ABSCE	NCES -	13,024.	1	
<del>'''</del> <del>-</del> ~	NG TERM	ACED -	2,835.	1	
	NG LERT		2,033.	1	
(7)			<del></del>	1	
(8)				†	
(9)	ma (b) must sould Farm 000 Part V and (D) to	251	19,177.	†	
i otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	i <u>∠</u> 3.) ▶	15,111.	L	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

TOMBIGBEE RESOURCE CONSERVATION AND 27-3699931 Page 4 DEVELOPMENT COUNCIL Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 305,222. Total revenue, gains, and other support per audited financial statements ...... 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 2b **b** Donated services and use of facilities 2c c Recoveries of prior year grants ...... 2d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b ..... 4a 4b **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 299,302. Total expenses and losses per audited financial statements ..... Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses ... d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d .. .... 2e 299,302. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b ... 40 .. ..... 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

3	1
_	3
~	1

OMB No 1545-0047

Open to Public Inspection

Name of	Name of the organization TOMBIGBEE RESOURCE ( DEVELOPMENT COUNCIL	CONSERVATION AND	Employer identification number 27–3699931
Parti	Part # General Information on Grants and Assistance		
1 Do	the organization maintain records to substantiate t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
Cult	criteria used to award the grants or assistance?		X Yes

**2** : : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part 1 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	I Organizations in the	United States. Co	omplete if the orga	ınızation answered "Y	es* to Form 990, Part	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						i	
ALABAMA 4-H FOUNDATION							
226 DUNCAN HALL							
AUBURN, AL 36849	63-0457929		0000'9	0.			COMMUNITY DEVELOPMENT
BIG SANDY ELEMENTARY SCHOOL							
11950 UPPER HULL ROAD							
MOUNDVILLE, AL 35474	63-6001128		10,000.	0			COMMUNITY DEVELOPMENT
CAHABA SPORTS, INC.							
2 INDUSTRIAL ROAD							
BRENT, AL 35034	27-0654428		5,000.	0.			GENERAL FUND

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

63-6001539

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

Schedule 1 (Form 990) (2013)

GENERAL FUND

o

9,425.

:

:

SDUCATIONAL INITIATIVES

ö

7,600

27-2779237

12379 EAGLES' WINGS DRIVE

COKER, AL 35452

EAGLES' WINGS, INC.

FAYETTE COUNTY COMMISSION 103 FIRST AVE NW, STE 2

FAYETTEVILLE, AL 35555

N

GENERAL FUND

0

6,416

20-8358096

- TUSCALOOSA, AL 35405

COMPASSION COALITION OF TUSCALOOSA COUNTY, INC. - 2310 SKYLAND BLVD E

Page 1

.

27-3699931

TOMBIGBEE RESOURCE CONSERVATION AND

DEVELOPMENT COUNCIL

Schedule I (Form 990)

EDUCATIONAL INITIATIVES & EDUCATIONAL INITIATIVES & EDUCATIONAL INITIATIVES & EDUCATIONAL INITIATIVES COMMUNITY DEVELOPMENT (h) Purpose of grant or assistance GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND GENERAL FUND (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of 。 ö ö ö ö Ö 0 ö ö (e) Amount of non-cash assistance 5,000. 7,000. 10,000. 5,500. 6,200, 19,800 8,693 7,754 (d) Amount of cash grant 7,351 (c) IRC section if applicable 63-60009-69 63-0000912 63-6052036 65-1197113 32-0078023 27-3624707 42-1560256 63-6000959 70-2900001 (p) EIN FOUNDATION - PO DRAWER 10 - GORDO PAYETTE COUNTY HIGH SCHOOL FUTURE GORDO AREA COMMUNITY DEVELOPMENT LAMAR COUNTY BOARD OF EDUCATION FARMERS OF AMERICA - 202 TIGER HALE COUNTY BOARD OF EDUCATION GREENE COUNTY FARMERS' MARKET (a) Name and address of organization or government DRIVE - FAYETTE, AL 35555 MAHAN MEMORIAL PARK, INC. SULLIGENT HIGH SCHOOL 150 BUTLER CIRCLE SW GREENSBORO, AL 36744 AL 36744 SULLIGENT, AL 35586 RANDOLPH, AL 36792 VERNON, AL 35592 SOUTHERN ACADEMY EUTAW, AL 35462 EUTAW, AL 35462 407 COLLEGE ST 1115 POWERS ST 107 FURSE AVE GREENSBORO, SCORE, INC. PO BOX 155 PO BOX 510 661 ELM ST AL 35466

Schedule I (Form 990)

27-3699931

TOMBIGBEE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL Schedule I (Form 990)

Page 1 Schedule I (Form 990) (h) Purpose of grant or assistance GENERAL FUND GENERAL FUND (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 5,940. 10,000 (c) IRC section if applicable 63-1265205 63-6001719 (e) TUSCALOOSA COUNTY COMMISSION (a) Name and address of organization or government THE ALABAMA BLUES PROJECT TUSCALOOSA, AL 35402 NORTHPORT, AL 35476 712 25TH AVENUE PO BOX 20113

27-3699931 Schedule I (Form 990) (2013) DEVELOPMENT COUNCIL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in	quired in Part I, Im	e 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information.	
PART I, LINE 2:					
EXPLANATION: GRANTEES SUBMIT DOCUMENTATION FOR ALL GRANT EXPENSES FOR	MENTATION	FOR ALL G	RANT EXPEN	SES FOR	
REIMBURSEMENT.					

Schedule I (Form 990) (2013)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

TOMBIGBEE RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL

**Employer identification number** 27-3699931

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TOMBIGBEE RC&D AREA.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS OTHER WEST ALABAMA COMMUNITY SUPPORT.
EXPENSES \$ 120,583. INCLUDING GRANTS OF \$ 97,438. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE RETURN IS REVIEWED BY THE TREASURER OF THE BOARD OF
DIRECTORS AND THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 18:
EXPLANATION: THE ORGANIZATION MAKES DOCUMENTS AVAILABLE UPON REQUEST AND
AT WWW.GUIDESTAR.ORG.
<del>-</del>
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION MAKES DOCUMENTS AVAILABLE UPON REQUEST AND
AT WWW.GUIDESTAR.ORG.