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## Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file F
990. All other org. anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

Open to Public

	rnal Revenue Service	► The organization may	have to use a copy of this retu	rn to satisfy state re	porting requirements		Inspection
-A-	For the 2008 calendar	year, or tax year beginning	Sep 1	, 2008, and e	nding Aug 31	·	, 2009
В	Check if applicable	C Name of organization		1 100	1	D Employer	identification number
	Address change   Please use IRS	ALABAMA HOSA ASSO	CIATION, INC.	HPH	<u> </u>	52-12	84108
	Name change label or	Number and street (or P O box,		et address) Ro	om/suite	E Telephone	
	Initial return type.	P.O. BOX 302101				•	
$\perp$	Termination See Specific		nd 7iP + 4			(334)	242-9581
-	Amended return Instruc-		10 211 1 4			F Group E	xemption
	Application pending	MONTGOMERY		AL 3	6130-2101	Number	<u>,                                     </u>
	• Section 501(c)(3	3) organizations and 4947(a)(	1) nonexempt charitable	le trusts	G Accounting r		Cash Accrual
	must att	ach a completed Schedule A	(Form 990 or 990-EZ).		Other (speci	7	
	14/1 1 - 17/7				H Check ► X		ganization is <b>not</b>
ı	Website: ► N/A	hy l			required to a	attach Sche	dule B (Form 990,
J	Organization type (check or	<u> </u>	<del></del>	a)(1) or 527			
K		anization is not a section 509					ot more than
_		ot required, but if the organiza			· · · · · · · · · · · · · · · · · · ·	eturn	
L	Add lines 5b, 6b, and 3 instead of Form 990-E	7b, to line 9 to determine gros	s receipts, if \$1,000,00	0 or more, file f	Form 990	<b>⊳</b> s	45,163.
P		Expenses, and Change	s in Net Assets or	Fund Balan	ces (See the		
L		fts, grants, and similar amour		Tuna Balan	(000 (110	1	15 101 1 411 1.)
		revenue including governmer				2	23,679.
		es and assessments	it ices and contracts			3	17,351.
	4 Investment incor					4	308.
	+	om sale of assets other than i	nventory	5a			300.
	<b>b</b> Less cost or oth						
R	1						
E	6 Special events and a	ctivities (complete applicable parts of	• •	•	eck here	☐ <del>※</del> , ·	
E N	a Gross revenue (i	• • • • • • • • • • • • • • • • • • • •	of contribute	· ·		Ш   ' <u>}</u>	
REVENJE	reported on line	, ,					
_	<b>b</b> Less direct expe						
	·	from special events and activities (Si	70	)-/ О   6ы		6c	
		nventory, less returns and allo	•	7a			
	<b>b</b> Less: cost of goo	•		7b	<del>* .</del>		
	•	loss) from sales of inventory (	Subtract line 7b from li			7c	
		ribe REFUNDS AND O'				) 8	3,825.
	•	add lines 1, 2, 3, 4, 5c, 6c, 7c		<del></del>		-' <b>►</b> 9	45,163.
			<del></del>	· · ·			45,165.
		lar amounts paid (attach sche	dule)			10	06.006
Ē	11 Benefits paid to		L			11	26,096.
ê	· ·	compensation, and employee I				12	
EXPENS	<b>)</b>	s and other payments to indep	pendent contractors			13	
	14 Occupancy, rent	, utilities, and maintenance				14	-
E S	15 Printing, publica	tions, postage, and shipping	<b>-</b>			15	1 250
		cribe ADMINISTRATIVI	5		<del></del>	) 16	1,752.
	<del></del>	(add lines 10 through 16)	17 ( )	<del></del>	····	▶ 17	27,848.
	.	it) for the year (Subtract line 1	/ from line 9)			18	17,315.
N E T	19 Net assets or fur	nd balances at beginning of ye	ear (from line 27, colum	nn (A)) (must aç	gree with end-of-y		124 050
N E	figure reported of	on prior year's return)	/			19	134,058.
9	s = 0o. ogoo	n net assets or fund balances		- 20		≥ 21	151 272
Б		nd balances at end of year Co			- (I F 000	<u> </u>	151,373.
	art II Balance S	Sheets. If Total assets on line		2,500,000 or mo			
-	7 Cook	(See the instructions for	ranı)		(A) Beginning		(B) End of year
		HACOUHCHIO			134,	058. 22	151,373.
2.	•	ho >	`			0 <b>. 23</b>	0.
24	•	חב -			124		0.
2: 2(		crihe ►	`		134,	058. <b>25</b>	151,373.
2		palances (line 27 of column (E	N must agree with line	21)	13/	058. 27	0. 151,373.
	, itolassess of fullula		, agree mur iiile	/	<u> </u>	0000121	101,010.

TEEA0812 01/14/09

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

	990-EZ (2008) A	LABAMA HOSA AS	SOCIATION, INC.		52	-128	14108 Page <b>2</b>
Par			rvice Accomplishments				Expenses
What	is the organization's prin	nary exempt purpose? HE	ALTH RELATED OCCUP	ATION TRAINING		(Requ	uired for 501(c)(3)
Desc desc prog	ribe what was achie ribe the services pr ram title	eved in carrying out the ovided, the number of	e organization's exempt purpo persons benefited, or other re	ses. In a clear and cond levant information for ea	cise manner, ach	4947	(4) organizations and (a)(1) trusts; optional thers)
28		·	SECONDARY STUDENTS	ENROLLED IN		i I	
	HEALTH RELA	TED_OCCUPATION	NS 				
	(Grants \$	28 a	26,096.				
29			20,000.				
	(Grants \$	29 a					
30	Caranto V		is amount includes foreign gra	ants, check here		230	
	(Grants \$	 ) If th		ants. check here		30 a	
31		vices (attach schedule	)			302	
32	(Grants \$	) If th vice expenses (add Irr	is amount includes foreign gra	ants, check here	<u> </u>	31 a	26,096.
Par			, Trustees, and Key Em	plovees. (List each o			ated See the instra
1	(17   2.5(0)	J.11.0013, B11.001013	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name ar	nd address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances
ALI	ISON MORROW				·		
P.C	BOX 30210	1	PRESIDENT				
MON	ITGOMERY	AL 36130	1.00	0.		0.	
SHE	LBY SMITH						
P.0	. BOX 30210	1	VICE PRES-NORTHERN				
MON	TGOMERY	AL 36130	1.00	0.		0.	
		<b></b>					
				·			
	- <del> </del>						
	<del>-</del>						
			_				
		<del></del> -					
					<u>-</u> .		
		- <b>-</b>					

	, ,		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS7 if it is, attach a conformed copy of the changes	34		X
35-	-If-the organization-had-income-from-business activities, such as-those-reported on-lines-2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	i i	53." - 35.42 - 35.42	
	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
_	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.			نينا
	Did the organization file Form 1120-POL for this year?	37 b	e* 8*	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	Annes. 2	Х
ł	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	501(c)(7) organizations Enter	1. 1	** 	J
	Initiation fees and capital contributions included on line 9  Cross recents, included on line 9, for public use of allub facilities.	-{		,***
	Gross receipts, included on line 9, for public use of club facilities  501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	- 48	* *
<del>-10</del> c	section 4911 \( \); section 4912 \( \), section 4955 \( \)	*	, ,	Š
ŀ	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40 b		X
ď	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		,	
C	Enter amount of tax on line 40c reimbursed by the organization		;	14
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		x
<b>42</b> a	Telephone no (334)  Located at Laureen B.  Telephone no (334)  MONTGOMERY AL ZIP + 4 > 36130		- <u>95</u> 8	31 
ŀ	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country	. 4	. <b>1</b> 14*	
(	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	_	<b>&gt;</b> []	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
44	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		<u>x</u>
BAA		orm <b>99</b> 0	)-EZ	(2008)

orm	990 EZ	12000	AT ADAMA	UOCA	ASSOCIATION,	TNO
OHIL	330.EZ	(2000)	ALADAMA	NOON	ASSOCIATION.	INC.

52-1284108

Page 4

Part V Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. No 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 46 46 X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 X-49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization(s) a section 527 organization? 49 b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (b) Title and average (c) Compensation (d) Contributions to employee (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors receiving over \$100,000 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. 12-6-10 Sign Here HUSA state Advisor Education Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid employed Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 **JENKINS** & AS SQ CIATES CPAs parer's 529 SOUTH PERRY STREET Use SUITE EIN Only MONTGOMERY ΑL 36104 Phone no May the IRS discuss this return with the preparer shown above? See instructions Yes BAA Form 990-EZ (2008)

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name o	of the	e organization			_				Employer	rdentificat	ron number	
			CIATION, INC.							284108		
Part	1-	Reason for Pu	iblic Charity Statu	is (All organizations	must o	comple	te this	part.)	(see ı	nstruct	tions)	
				se it is (Please check on								
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).											
2												
3	A hospital or cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> (Attach Schedule H)											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
•	name, city, and state											
5												
6												
7												
8	Ш	A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II	)						
9		from activities rela investment income	ated to its exempt funct	more than 33-1/3 % of thons — subject to certain ss taxable income (less somplete Part III)	exception	ons. and	(2) no n	nore tha	an 33-1/3	3 % of its	s support f	rom aross
10	_		•	exclusively to test for put		-					.,	
11		more publicly supp	ported organizations d	exclusively for the benefirescribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2)	ions of, See <b>s</b>	or carry ection 50	out the   09(a)(3).	purposes of Check the	of one or box that
		a 🗌 Type I	<b>b</b> Type II	c 🗌 Type II	I – Fund	tionally	ıntegrate	ed		d 🗌	Type III-	Other
е		By checking this by than foundation me 509(a)(2)	ox, I certify that the organization and other than	ganization is not controlle n one or more publicly su	ed directl pported	ly or ındı organıza	rectly by ations de	one or escribed	more di in sectio	squalifie on 509(a	ed persons ()(1) or sec	other tion
f			received a written dete	ermination from the IRS t	hat is a	Type I, 1	Гуре II о	r Type	III suppo	rting org	anızatıon,	
g		Since August 17.	2006, has the organiza	tion accepted any gift or	contribu	ition from	n anv of	the foll	owina pe	ersons?		
J			,	, , , ,		-	. ,					Yes No
		(i) a person wh	o directly or indirectly o	controls, either alone or to	ogether v	with pers	sons des	cribed	ın (II) an	d (III)		100 110
		_	overning body of the si	•							11 g (i)	
		• • •	mber of a person desc	**							11 g (ii)	
		` '	•	described in (i) or (ii) ab							11 g (iii)	
h		Provide the follow	ing information about t	he organizations the orga	nization	support	<u> </u>		1	<del>-</del>		
	(	i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the tion in col d in your erning ment?	the organ	(ı) of	(vi) le organizati (i) organiz U S	on in col	(vii) Amou	nt of Support
					Yes	No	Yes	No	Yes	No		
												-
								-				
					1							<del></del>
			1		1	<b> </b>		<u> </u>		-		
			1			<del> </del>		8		<u>*,</u>		
Total				,		*			, , , , , , , , , , , , , , , , , , ,	3,		
Total			<u> </u>	I		1 3	J , *	, .		,		

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	)					<del></del>
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	в	(f) Total	
1	Gifts, grants, contributions and membership-fees-received—(Donot include unusual grants ")								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-3			3.0	22× *				
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	<b>Public support.</b> Subtract line 5 from line 4		, <b>\$</b> (				7		
Sec	tion B. Total Support		<u> </u>			,			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total	l 
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income form unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							•	
11	<b>Total support.</b> Add lines 7 through 10	) ) )			. S		, ,	<del></del>	
12	Gross receipts from related activ	ities, etc (see ins	tructions)				12		
13	First five years. if the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, or	fifth tax year as a	a section 50	1(c)(3)	)	▶ □
Sec	tion C. Computation of Pu		Percentage						
	Public support percentage for 20			e 11, column (f)			14		%
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f				15		%
16 a	33-1/3 support test – 2008. If the and stop here. The organization				the line 14 is 33-1	/3 % or mor	e, che	ck this box	► 🗌
Ł	33-1/3 support test — 2007. If the and stop here. The organization				and line 15 is 33-	1/3% or mo	re, che	eck this box	<b>-</b>
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this b	ox and stop here.	.Explain in i	Part IV	/ how	▶ 🗌
ł	or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nď-circumstances	test, check this b	ox and stop here	Explain in	Part I\		<b>-</b> []
	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,					
BAA					S	cnequie 🗛 (F	∙orm 9	90 or 990-EZ	1 2008

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

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts grants contributions and membership fees received (Do not include 'unusual grants')				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-), 2000	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
(	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)	~%. <b>~</b> ???		\$ 18 " A.S.			
Sec	tion B. Total Support	32.3.6.0			773 77		<del></del>
	4141	T-10					
Cale	ndar vear (or fiscal vr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	l <b>(e)</b> 2008 l	(f) Total
	ndar year (or fiscal yr beginning in) ►	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	ndar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10 a 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in				· · · · · · · · · · · · · · · · · · ·		(f) Total
9 10a 11 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)	is for the organiza stop here	tion's first, secon		· · · · · · · · · · · · · · · · · · ·		(f) Total
9 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	d, third, fourth, c	· · · · · · · · · · · · · · · · · · ·		<b>▶</b> □
9 10a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and extion C. Computation of Pu	is for the organiza stop here  blic Support P 08 (line 8, column	tion's first, secon Percentage (f) divided by lir	d, third, fourth, c	· · · · · · · · · · · · · · · · · · ·	a section 501(c)(3)	► \
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Schedule A	(Form 990 c	or 990-E	Z) 20 <u>08</u>	ALABAMA	HOSA	ASSOCI	ATION,	INC.	5	2-1284108	Page <b>4</b>
Part IV	Supplem	ental I	nforma	tion. Comp	lete this	part to	provide th	e explan	ation require	d by Part II, on. (see insti	line 10;
	Part II, III	ne 1/a	or 1/b;	or Part III	, line 12	. Provide	e any othe	er additio	nal informati	on. (see insti	ructions)
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## SCHEDULE E (f orm 990 or 990-EZ)

**Schools** 

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service ► To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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Employer identification number

ALABAMA HOSA ASSOCIATION, INC. 52-1284108 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Х Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain 3 Х WE ARE PART OF THE ALABAMA PUBLIC EDUCATION SYSTEM IN WHICH WE DO NOT DISCRIMINATE ĸ, Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Х 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Х c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4с Х d Copies of all material used by the organization or on its behalf to solicit contributions? Х 4d If you answered 'No,' to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Х **b** Admissions policies? 5ь X c Employment of faculty or administrative staff? 5с Х d Scholarships or other financial assistance? 5d Х e Educational policies? 5e Х f Use of facilities? 5f Х g Athletic programs? 5g Х h Other extracurricular activities? Х 5h If you answered 'Yes,' to any of the above, please explain (If you need more space, attach a separate statement) è 1 wy.X 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Х b Has the organization's right to such aid ever been revoked or suspended? 6b Х If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation 7