

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

Open to Public Inspection

		of the Treasury nue Service	The organization may have to use a copy of this return to satisfy state	reporting requirements.	Open to Public Inspection
	_		lendar year, or tax year beginning OCT 1, 2008 and ending S		
Вс	heck if	Please	C Name of organization	D Employer identificat	tion number
. a	pplicabl ¬Addre	use IRS			
늗	chang	9 print or	HUNTSVILLE SPORTS COMMISSION	63-123	72130
늗	_ichang □initia!	e   ,,,,,	Doing Business As		73130
<u> </u>	_lretum ∏Termir	n- Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/suite P.O. BOX 19064	E Telephone number 539-03	764
-	⊒ation ⊒Amend retum	ded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	535,876.
	Application	<b>≱</b> -	HUNTSVILLE, AL 35804	H(a) Is this a group retu	rn
	pendi	F Nar	me and address of principal officer: JANICE FOWLER	for affiliates?	Yes X No
			4 DUG HILL ROAD, BROWNSBORO, AL 35741	H(b) Are all affiliates includ	
			us: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	7	t. (see instructions)
		te: ► N/		of formation 2001 M s	
	ype or	organizatio Summ		Of formation 2001 ist 3	tate of legal dorniche 1111
			scribe the organization's mission or most significant activities: SEE SCHEDU	JLE O	
2		<b>D.1.0, C.</b>			
Activities & Governance	2	Check thi	s box Fig. if the organization discontinued its operations or disposed of more	e than 25% of its assets.	
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	15
8	l		of independent voting members of the governing body (Part VI, line 1b)	4	15 2
ties	l .		nber of employees (Part V, line 2a)	5	
ξ	I		nber of volunteers (estimate if necessary) ss unrelated business revenue from Parti <mark>ofili, lipa pa<sub>n</sub>çojumn (C)</mark>	6   7a	0.
¥			ated business taxable income from Form 990-1/libe 84'	7b	0.
		1401 011101		Prior Year	Current Year
a)	8	Contribut	ions and grants (Part VIII, line 1h) DEC 22 2009	324,111.	297,500.
Ę₩,	9	Program :	service revenue (Part VIII, line 2g)	263,337.	235,458.
2011 R			, , , , , , , , , , , , , , , , , , ,	1,541.	2,918.
69			enue (Part VIII, column (A), lines 5, 6d 8d 3c 10c and 11e)	588,989.	535,876.
•			enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	300,303.	333,070.
2	13 14		nd similar amounts paid (Part IX, column (A), lines 1·3)  paid to or for members (Part IX, column (A), line 4)		
ANNED JAN Expenses	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,200.	101,247.
	ı		nal fundraising fees (Part IX, column (A), line 11e)		
<b>28</b>	Ь	Total fund	draising expenses (Part IX, column (D), line 25)		
æΩ  Σ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	419,948.	395,993.
* S		-	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	511,148.	497,240. 38,636.
<u>-8</u> -8	19	Revenue	less expenses. Subtract line 18 from line 12	77,841.	End of Year
Net Assets or Fund Balances	20	Total sec	ets (Part X, line 16)	Beginning of Year 178,711.	217,793.
ASS	21		risk (Part X, line 16)	2,605.	3,051.
E.E.	22		ts or fund balances. Subtract line 21 from line 20	176,106.	214,742.
Pa	art II		ture Block		
		Under pens and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ete_Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowledge :	and belief, it is true, correct,
		-	Variate Dista	1,-15 05	CEMBER 200
Sig Her		Sigi	nature of officer	Date	s carrisoje 200
nei	e	' "	EN WATSON, TREASURER		
			e or print name and title		
Paid	1	Preparer's		H- (see instru	identifying number ictions)
	ı parer's	signature	12/11/03/61	nployed 🕨 📘	
	Only	yours if	while, remind a commun, r.c.	EIN ►	<del></del>
	•	self-employ address, ar		Phone no ►25	6-533-7610
Mon	v the l	RS discus	ss this return with the preparer shown above? (see instructions)	Filolie ilu	X Yes No
	01 12-		HA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	structions.	Form <b>990</b> (2008)

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

	990 (2008)	ent of Program S			COMMISSION		03-12	3130	Page Z
		he organization's mis		Compilsi	illelitz (see mano	Clionsy			
1		E PARTICIPA		N SPOR	TS.				
^	Dud the evention	ian underteks enu sie	unificant proc			nich word not list	tod on		
2	the prior Form 99				es during the year wi	lich were not list	led on	Yes	X No
3	•	these new services on the time that the terms of the time that the time the time that the time that the time that the time that the time the time that the time that the time the time that the time that the time that the time the time the time that the time that the time that the time the time that the time the time that th			anges in how it cond	lucts, any progra	am services?	Yes	X No
	•	these changes on S							
4	Section 501(c)(3)		ations and s	ection 4947	7(a)(1) trusts are requ	ured to report th	ervices by expenses. he amount of grants and		
	allocations to oth	ers, the total expense							
4a	(Code: EXPENSES	) (Expenses INCURRED W			including grants of NTS HOSTED		) (Revenue \$	215,	258.)
						·- ··· -			
	<del></del>						·		
4b	(Code:	) (Expenses	\$	<del>.</del>	including grants of	<b>5</b>	) (Revenue \$		
						· · · ·			
			=						
4c	(Code:	) (Expenses	\$		including grants of	\$	) (Revenue \$		)
			<u> </u>			· 			<del></del>
							,		
			<u>-</u>						
4d	Other program so (Expenses \$	ervices. (Describe in S II	Schedule O.) ncluding grai	nts of \$		(Revenue \$			
4e		ervice expenses		378,7	69. (Must equal		, column (B).)	- O	20 (0000)
								Form 98	<b>90</b> (2008)

Form	990 (2008) HUNTSVILLE SPORTS COMMISSION 63-1273	130	<u> </u>	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14 <u>a</u>	-	<u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			.,
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the Linted States? If "Ves." complete Schedule F. Pert III	16	I	1 X

Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21

Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 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 questions 24b-24d and complete Schedule K. If "No", go to question 25

Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

located outside the United States? If "Yes," complete Schedule F, Part III

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

**b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes." complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Form **990** (2008)

16

17

18

19

20

21

22

23

24a

24b

24c

24d

25a

25b

26

Х

X

X

X

Х

Х

Х

Х

Х

22

### Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			İ
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			ŀ
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	L	X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

L	t + Statements negarding other into mings and rax compliance			Yes	No
	Established was added to Day 2 of Form 1006. Applied Summary and Transmitted of	ŀ		163	140
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a C			
		1a C			
	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 rep	10 1	1		
С		Ortable garring	1c		Х
٥-	(gambling) winnings to prize winners?				
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	<u> </u>	2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see in		-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	by this retuin.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ithority over a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a	1	Х
h	If "Yes," enter the name of the foreign country:	ioodin, i	100		
•	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	ank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity R				
•	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?	•	6ь		_
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more to	han \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	rsonal			
	benefit contract?		7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?	7f_	<u> </u>	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u>7g</u>	ļ	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section				
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization	anızatıon, have		1	.,
	excess business holdings at any time during the year?		8	ļ	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				v
а	Did the organization make any taxable distributions under section 4966?		9a	1	X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	
10	Section 501(c)(7) organizations. Enter: N/A	1			
а	•	10a	-		
b		10b	-{		
11	Section 501(c)(12) organizations. Enter: N/A				
a		11a	-{		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
10-	· · · · · · · · · · · · · · · · · · ·	11b	120	1	İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 if "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$	12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	ILV	Form	990	/2008\
			1 0111	. 555	(2000)

63-1273130 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the

	Internal Revenue Code.)		_	
Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body  13 15			
b	Enter the number of voting members that are independent  1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		,,	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		10-	Yes	No X
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b		
	to conflicts?	120		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c		
42	In Schedule O how this is done	13		X
13	Does the organization have a written whistleblower policy?	14		X
14	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	'-		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
2	The organization's CEO, Executive Director, or top management official?	15a	Ì	х
b	Other officers or key employees of the organization?	15b	-	X
	Describe the process in Schedule O. (see instructions)	1.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	1	İ
Sec	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 (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition:	<b>_</b>	
	RALPH STONE - 256-427-6749			
	P.O. BOX 19064, HUNTSVILLE, AL 35804			
83200				10000

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

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

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

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

Check this box if the organization did no (A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)	
Name and Title	Average hours	(0		Posi		арр	Iv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	1	Officer		Highest compensated -		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
RALPH STONE	40.00							54 420	0	•	
EXECUTIVE DIRECTOR	40.00	X	-	X				54,430.	0.	0	
JANICE FOWLER PRESIDENT	1.00			x				0.	0.	0	
KEITH SCHONROCK, JR.	1.00	-		A	-	-					
SECRETARY	1.00			X				0.	0.	0	
KEN WATSON											
TREASURER	1.00		<u> </u>	X				0.	0.	0	
								:			
		├	ļ	├	-	<u> </u>					
		-	╁	┢	<del> </del>	1					
<del></del>			t	┢	-						
			<u> </u>		L			<u></u>			
						İ					
		<u> </u>	$\vdash$	_		<b>├</b> _					
		╁	╁	╁	├	┢	$\vdash$				
	_	1		†  –	$\vdash$	┢					
		<u> </u>	ļ.,	<u> </u>	<u> </u>		<u> </u>				
		-	-	+-		├-	_	<del>                                     </del>			
	_	+	+	+	┢	+-		<del> </del>			
			1	1	Γ						

Form **990** (2008)

Pa	1 VII Section A. Officers, Directors, Tr		mplo I	oyee			High	est	1					
	(A)	(B)			)) Posi	C)			(D) Reportable	(E) Reportable		Ec	(F) timate	a.d
	Name and title	Average hours	<sub>(c</sub>				app	ıly)	compensation	compensatio			nount	-
		per week	Individual frustee or director	Institutional frustee	Officer		Highest compensated emolowee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS		com fr org and	other pensa om the anizat d relat anizati	e ion ed
				_										
							-							
		_	ļ . <u> </u>											
	<u> </u>													
	***		_											
			-										<del>.</del>	
		<u> </u>					Ļ		54,430.		0.			0.
2	Total  Total number of individuals (including thos	e in 1a) who re	celv	ed r	nore	tha	an \$1	00,	<u> </u>	l	<u> </u>			
	compensation from the organization												Yes	No.
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or l	nighest compensated e	mployee on		3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15			-						the organization		4		Х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheol				from	an;	y un	relat	ted organization for serv	rices rendered to		5		Х
1	ction B. Independent Contractors  Complete this table for your five highest contractors.  NONE	ompensated in	dep	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of con	npens	ation f	from	
	(A) Name and business	address							(B) Description of s	services	C	(Compe		n
							_					<del></del>		
								$\dashv$						
			_				-	_	<u></u>					
2	Total number of independent contractors from the organization	including thos	e in	1) w	ho r	ece	ıved	mor	re than \$100,000 in con	npensation				
								_				Form	990 (	2008

Pa	rt VII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, B	C	Fundraising events	1c					
ar a	d	Related organizations	1d					
S,E	е	Government grants (contribut	tions) 1e 2	50,000.				
r Si	f	All other contributions, gifts, gran						
E E	-	similar amounts not included abo		47,500.				
det	a	Noncash contributions included in lines	1a-1f \$					
9 8	-	Total. Add lines 1a-1f		<b>&gt;</b>	297,500.			
				Business Code		., ,		
9	2 a	TOURNAMENT RECE	EIPTS	711210	215,258.	215,258.		
Program Service Revenue	b	MISCELLANEOUS		900099	11,900.	11,900.		
Se	c	MEMBERSHIPS		900099	8,300.	8,300.		, ,
E 9	d							
Par.	e					****		
۱ تة	f	All other program service reve	enue		_			
	g	Total. Add lines 2a-2f		<b></b>	235,458.			
$\Box$	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	2,918.	2,918.		
	4	Income from investment of ta	x-exempt bond p	proceeds ►				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ĺ		assets other than inventory						
l	b	Less: cost or other basis						
		and sales expenses						
	С	: Gaın or (loss)						
	d	Net gain or (loss)		<b></b>	•••••			
Other Revenue	8 a	Gross income from fundraising tricluding \$	ng events (not of					
eve		contributions reported on line						
Ε.		Part IV, line 18	a					
흏	b	Less: direct expenses	b					
0		Net income or (loss) from fun-	draising events	<b>&gt;</b>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
ı	b	Less: direct expenses	b					
	c	Net income or (loss) from gar	ning activities					
	10 a	Gross sales of inventory, less	returns					
-		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale	es of inventory	<u> </u>				
ļ		Miscellaneous Revenu	ue	Business Code				
	11 a	·	<del> </del>					ļ
	b		<del></del>					
	c	·						-
	d			L	<del></del>	ļ		ļ
	_	Total. Add lines 11a-11d			F 25 276	220 276		-
83200	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	535,876.	238,376.	0.	
20 CM	, oo							Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

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

	All other organizations must complete the include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21		<del></del>		······································
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22 Grants and other assistance to governments,				
3	organizations, and individuals outside the U.S.	İ			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	54,430.		54,430.	
6	Compensation not included above, to disqualified	- 00/000		•	
U	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)	39,741.		39,741.	
7	Other salaries and wages			•	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,076.		7,076.	
11	Fees for services (non-employees):	•			
а	Management				
b	Legal				
c	Accounting	5,993.		5,993.	
d	Lobbying			<u> </u>	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	10,782.	10,782.		
13	Office expenses	6,483.	6,483.		
14	Information technology		_		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		<u>.                                      </u>		·
22	Depreciation, depletion, and amortization	4,622.		4,622.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
а	expenses shown on line 25 below ) TOURNAMENTS	350,702.	350,702.		
a b	INSURANCE	9,546.	9,546.		
C	FEES	4,070.		4,070.	
d	DUES & SUBSCRIPTIONS	1,470.	<u>-</u>	1,470.	
e	MEALS & ENTERTAINMENT	596.		596.	
f	All other expenses	1,729.	1,256.	473.	
25 25	Total functional expenses. Add lines 1 through 24f	497,240.	378,769.	118,471.	0
26	Joint Costs. Check here ▶ ☐ If following	,		-	
-•	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

832010 12-18-08

Form **990** (2008)

Par	t X	Balance Sheet				<del></del>			
					(A) Beginning of year		(B) End of		
	1	Cash · non-interest-bearing				1			
	2	Savings and temporary cash investments			178,648.	2	21	4,4	<u>21.</u>
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, of	rectors	, trustees, key					
		employees, or other related parties. Complete				5			
	6	Receivables from other disqualified persons (as		F F					
		4958(f)(1)) and persons described in section 49		1					
		Part II of Schedule L	(-,(-,	,-,		6			
s	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges				9			
		Land, buildings, and equipment: cost basis	10a	9,249.					
		Less: accumulated depreciation. Complete		•					
	. ~	Part VI of Schedule D	10ь	5,877.	63.	10c		3,3	72.
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line	11			12			
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets	• • •	•	<u> </u>	14		-	
	15	Other assets. See Part IV, line 11		Ī		15			
	16	Total assets. Add lines 1 through 15 (must equ	ual line :	34)	178,711.	16	21	7,7	93.
	17	Accounts payable and accrued expenses	Jan III jo	2.11	2,605.	17		3,0	
	18	Grants payable				18			
Liabilities	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		İ		20	~		
	21	Escrow account liability. Complete Part IV of S	chedule	D		21			
	22	Payables to current and former officers, director			***************************************		***************************************		
		highest compensated employees, and disquali							
Ë		of Schedule L		Jones Jones L		22			
	23	Secured mortgages and notes payable to unre	lated th	ird parties		23			
	24	Unsecured notes and loans payable		,, o parties		24			
	25	Other liabilities. Complete Part X of Schedule E	)			25			
	26	Total liabilities. Add lines 17 through 25			2,605.	26		3,0	51.
		Organizations that follow SFAS 117, check I	nere 🕨	X and complete					*
ç,		lines 27 through 29, and lines 33 and 34.							
ဦ	27	Unrestricted net assets			176,106.	27	21	4,7	42.
a a	28	Temporarily restricted net assets				28			
Net Assets or Fund Balance	29	Permanently restricted net assets				29			
Ë	1	Organizations that do not follow SFAS 117,	check h	nere 🕨 🔲 and					
P		complete lines 30 through 34.							
ş	30	Capital stock or trust principal, or current fund	s			30			
SS	31	Paid-in or capital surplus, or land, building, or e		ent fund		31			
ž A	32	Retained earnings, endowment, accumulated	ncome.	or other funds	_	32			
ž	33	Total net assets or fund balances	-		176,106.	33	21	4,7	42.
	34	Total liabilities and net assets/fund balances			178,711.	34	21	7,7	93.
Pa	rt XI		9					Yes	No
			<b>.</b>	. — —	٦ ـ			103	1.00
1		ounting method used to prepare the Form 990:			」 Other			İ	v
2a		e the organization's financial statements compile			accountant?		2a	-	X
Ь		e the organization's financial statements audited					2b	<del>                                     </del>	<u> </u>
С		es" to lines 2a or 2b, does the organization have		•		e audit,			
_		ew, or compilation of its financial statements and				-l- A····	2c	<del> </del>	
Зa		result of a federal award, was the organization r	equired	to undergo an audit or aud	ons as set torth in the Sing	yle AUD			Х
		and OMB Circular A-133?					3a_	-	├^
		es," did the organization undergo the required a	uait or a	iuans?			3b	990	L (2008)
83201	1 12-1	8-08					rorm	フラレ	(CUUD)

832011 12-18-08

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

2008

Inspection

Name of the organization

Employer identification number

	_	HUNTSVI:	LLE SPORTS C	OMMIS	SION				63	-1273	3130	
Part I	Reason		ty Status (All organiz			e this part	.) (see inst	tructions)				_
The organ	ization is not a	private foundation t	pecause it is: (Please ch	eck only o	ne organiz	ation.)			_			
1 🔲			s, or association of chur				(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	al service organization	described i	n <b>section</b>	170(b)(1)	( <b>A)(iii)</b> . (Att	tach Sche	dule H.)			
4	A medical res	search organization o	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	l's name,	
	city, and stat											_
5	An organizati	on operated for the t	benefit of a college or u	niversity ov	vned or op	erated by	a governr	mental un	t describe	d in		
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II.)									
6 🖳		-	ent or governmental uni									
7 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🖳	A community	trust described in se	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 <u>X</u>	-	-	eives: (1) more than 33									
			nctions - subject to certa									t
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization at	iter June 3	30, 1975.	
		<b>509(a)(2).</b> (Complete										
10			perated exclusively to te								,	
11	-	-	perated exclusively for the									
			itions described in secti				2). See <b>se</b> c	tion 509	(a)(3). Oned	ok the box	( inai	
		·· ·· <u></u>	organization and compl	c Typ	_		egrated		<b>⊿</b> □	Type III - 0	Other	
e 🗀			ப் the organization is not			•	-	r more dis		• •		
e		·	han one or more publich									
f		•	ten determination from						3(4)(1) 01 3	0011011 001	J(G)(E).	
1	-	rganization, check th		ine mo me	21 11 13 A 1 Y	pe 1, 13pc	, ii, Oi 13 pc	<b>-</b> 111				٦
g		_	organization accepted a	ny aift or ci	ontribution	from any	of the follo	owina per	sons?			
8			rectly controls, either a								Yes No	,_
			upported organization?						.,,	11g(i)		
	_		n described in (i) above?	<b>?</b>						11g(ii)		
	•	=	person described in (i)		e?					11g(iii)		
h	• •		about the organizations			oports.						
		<b>g</b>			•	•						
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi) I	s the	(vii) Ar	mount of	
	anization	(", ", "	organization (described on lines 1-9		sted in your		ion in col	organızatı (i) organı	on in col   zed in the		pport	
·			above or IRC section	•	document?		r support?	``` ° 0 8	5 ?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1	}			]				
				ļ				ļ				
									1			
	· <u></u>						ļ		1			_
					<del></del>				+ +			_
	<del></del> .			1			<del>                                     </del>	-	<del> </del>			_
				-		<u> </u>			1			_
Total												
		<u> </u>	<u> </u>						<del></del>			_

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

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

	rt III Support Schedule for C	)rganizations	Described in	Section 509(a)	(2) (Complete only	if you checked the bo	x on line 9 of Part I)
	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·				( ) 0000	<del></del>
	endar year (or fiscal year 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	000 000	170 240	102 200	220 011	305,800.	1265949.
	include any "unusual grants.")	268,600.	178,248.	182,390.	330,911.	303,800.	1203949.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	83,169.	115,049.	163,427.	256,537.	227,158.	845,340.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						0111000
6	Total. Add lines 1 - 5	351,769.	293,297.	345,817.	587,448.	532,958.	2111289.
78	Amounts included on lines 1, 2, and 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 time 7c from time 6)						2111289.
Se	ction B. Total Support		·	1			
Cal	e <b>ndar year</b> (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	351,769.	293,297.	345,817.	587,448.	532,958.	2111289.
10á	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,657.	14,897.	4,668.	1,541.	2,918.	28,681.
t	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	4,657.	14,897.	4,668.	1,541.	2,918.	28,681.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						2139970.
	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here				-		▶
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
15				column (f))		15	98.66 %
16	Public support percentage from 200	7 Schedule A, Part	IV-A, line 27g			16	97.70 %
Se	ction D. Computation of Inve						
17						17	1.34 %
18	Investment income percentage from					18	2.30 %
19	a 33 1/3% support tests - 2008. If the				e 15 is more than :	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						►X
ı	b 33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, ch						
20							▶□
			- <del></del>		•		A AAA FT AAA

## Schedule D

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

HUNTSVILLE SPORTS COMMISSION

Employer identification number 63-1273130

Pa	rt 1 Organizations Maintaining Donor Adviso	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		e used only
	for charitable purposes and not for the benefit of the donor		
Pa		•	
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	(	storically important land area
	Protection of natural habitat		fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con	servation contribution in the form of a cor	nservation easement on the last day
	of the tax year.		•
			Held at the End of the Year
а	Total number of conservation easements		2a
b			2b
c		ructure included in (a)	2c
ď		• •	2d
3	Number of conservation easements modified, transferred, re		<u></u>
	vear ▶	is accept of the second of the	<u></u>
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		and
_	enforcement of the conservation easements it holds?	g,,,,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and		——————————————————————————————————————
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?	,,	Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expens	se statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	·	•
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	•	
	these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS		J . F
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
ь			► \$ ► \$
_			· · · ·
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions for Form 990.	Schedule D (Form 990) 2008

	TIII Organizations Maintaining Coll		rt. Hist	orical Tr	easures, o	or Other	r Simil	ar Asse	ts (conti	nued)			
3	Using the organization's accession and other re-												
	that apply):			. •	·				-				
а	Public exhibition	d		Loan or exc	hange progra	ams							
b	Scholarly research	e											
c	Preservation for future generations	_	_										
4		ctions and explai	n how th	ev further t	he organizati	on's exem	arua tan	ose in Par	t XIV.				
5	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets												
	to be sold to raise funds rather than to be maint								Yes		No		
Par	t IV Trust, Escrow and Custodial A					ered "Yes	to Forn	n 990. Pai		9. or			
	reported an amount on Form 990, Part X		· 00p.	oto II organi					,				
1a	Is the organization an agent, trustee, custodian		dary for	contribution	s or other as	sets not i	ncluded						
	on Form 990, Part X?	0. 00	J.C., 10.						Yes		No		
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing 1	table:									
•	ii roo, oxpiaii tiio airailgomont iii rattiiv aire	2 00111p1010 1110 10							Amount				
С	Beginning balance						1c						
	Additions during the year	•					1d						
e	Distributions during the year						1e						
•	Ending balance						1f			_			
2a	Did the organization include an amount on Form	000 Part Y line	212					<u> </u>	Yes	Г	No		
	If "Yes," explain the arrangement in Part XIV.	1 990, Fait A, III 6	211					\					
	* V Endowment Funds. Complete if or	nanization answe	ered 'Ye	s" to Form 9	990 Part IV	ine 10.							
		a) Current year		nor year	(c) Two yea		d\ Three	years back	(e) Four	vears	hack		
1.	<del></del>	J Current year	(0) F	iioi year	(C) TWO yea	13 Dack	uj illiec	years back	(C) TOUT	yours	DUON		
1a	Beginning of year balance	-		······					<del> </del>				
b	Contributions			······································					<del> </del>	**********			
C	Investment earnings or losses												
đ	Grants or scholarships						······································	·····	-				
е	Other expenditures for facilities												
	and programs							,		••••	<del></del>		
	Administrative expenses				<b></b>				<del> </del>				
9	End of year balance				i				1				
2	Provide the estimated percentage of the year er	nd balance held a											
a	Board designated or quasi-endowment		%										
Ь	Permanent endowment	%											
C	Term endowment%												
За	Are there endowment funds not in the possession.	on of the organiz	ation tha	at are neid a	ina aaministe	erea for th	ie organi	zation	Г	V	NI.		
	by:								2-13	Yes	No		
	(i) unrelated organizations								3a(i)		<del> </del> -		
	(ii) related organizations		O-E	J. J. D0					3a(ii)				
_	If "Yes" to 3a(ii), are the related organizations lis	•							3b		<u> </u>		
Do:	Describe in Part XIV the intended uses of the or				N Dort V June	10							
Pa	rt VI Investments - Land, Buildings,								(d) Deel	المارية			
	Description of investment	(a) Cost or o basis (investi		(b) Cost or other (c) I basis (other)			on	( <b>d)</b> Bool	k valu	е			
1a	Land			_					_				
b	Buildings	_						.  _					
C	Leasehold improvements												
d	Equipment										=-		
е	Other				9,249.		5,8	77.		<u>3,3</u>	72. 72.		
Tota	I. Add lines 1a-1e. (Column (d) should equal Form	990, Part X, colu	ımn (B),	line 10(c).)				<b>•</b> _		3,3	72.		

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X, III	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
	<u> </u>			
	<del>                                     </del>		. <u> </u>	
			<del></del>	
			···	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12 )			<u></u>	
Part VIII Investments - Program Related. S		line 13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	est or end-of-year mar	
				····
<del></del>				
		·		
				•••••••••••••••••••••••••••••••••••••••
Total (Col (b) should equal Form 990, Part X, col (B) line 13 )	15			
Part IX Other Assets. See Form 990, Part X, line	Description			(b) Book value
(4)	2000			
			_	
	<del></del>			
				<u> </u>
			_	
Total. (Column (b) should equal Form 990, Part X, col (B) I	ne 15 )		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X				
(a) Description of liability		(b) Amount		
Federal income taxes				
			-	
			1	
		<del></del>	1	
			_	
			1	
		· ·	4	
Total. (Column (b) should equal Form 990, Part X, col (B) !	ine 25.) . ▶		L	

In Part XIV, 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. 832053 12-23-08

### SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

**Employer identification number** Name of the organization 63-1273130 HUNTSVILLE SPORTS COMMISSION FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS NOT FILED UNTIL APPROVED BY ORGANIZATION'S GOVERNING BODY. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 PART I, LINE 1: ATTRACT SPORTING EVENTS TO THE HUNTSVILLE AREA RESULTING IN A POSITIVE IMPACT IN THE COMMUNITY AND ENCOURAGE PARTICIPATION IN SPORTS.

21

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	63.	559	4,000.	4,622.							
Current Sec 179	-			Ó							
Accumulated Depreciation	1,255.			1,255.							
Basis For Depreciation	1,318.	465.	3,500.	5,283.		***************************************	****				
Reduction In Basis		466.	3,500.	3,966.							:
Bus % Excl	,		,		x			11			
Unadjusted Cost Or Basis	1,318.	931.	7,000.	9,249,							
No	17	19B	19C						 	+	
Life	5.00							 			
Method	200DB	200DB	200DB				n ·				
Date Acquired	073104200DB5.00	091509200DB5.00	111808200DB7.00						 		
Description	1COMPUTER	2TELEVISION		* TOTAL 990 PAGE 10 DEPR							
Asset No				<u>.</u>				 	 		:

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property) separate instructions. Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

➤ See separate instructions.

Business or activity to which this form relates

990

identifying number

HUN	NTSVILLE SPORTS COM	MISSION	F	ORM	990 1	PAGE 10			63-1273130
	rt I Election To Expense Certain Prope				_			fore yo	ou complete Part I.
	Maximum amount. See the instructions							1	250,000.
	otal cost of section 179 property place	2							
	Threshold cost of section 179 property		3	800,000.					
	Reduction in limitation, Subtract line 3		4						
<b>5</b> p	ollar limitation for tax year Subtract line 4 from line		5						
6	(a) Description of pr			business u	T I	(c) Elec	ted cost		
7 L	isted property. Enter the amount from	line 29			7				
	otal elected cost of section 179 prope		s ın column (c), lines 6	and 7				8	
9 1	entative deduction. Enter the smaller	of line 5 or line 8						9	
10 (	Carryover of disallowed deduction from	n line 13 of your 2	007 Form 4562					10	
11 E	Business income limitation. Enter the s	maller of business	s income (not less tha	n zero) o	r line 5			11	<u> </u>
12 8	Section 179 expense deduction. Add li	nes 9 and 10, but	do not enter more th	an line 1°	1			12	······································
<u>13</u> (	Carryover of disallowed deduction to 2	009. Add lines 9 a	and 10, less line 12		13				
Note	: Do not use Part II or Part III below fo	r listed property	nstead, use Part V.						
Pa	rt II Special Depreciation Allowa	nce and Other D	epreciation (Do not	nclude lis	sted prop	perty.)		,	<u>.</u>
								]	
14 5	Special depreciation for qualified prope	erty (other than lis	ted property) placed i	n service	during t	he tax year		14	
15 F	Property subject to section 168(f)(1) ele	ection						15	
<u> 16 (</u>	Other depreciation (including ACRS)							16	
Pa	rt III MACRS Depreciation (Do no	t include listed p	roperty.) (See instruct	ons.)					
			Section A					, ,	
17 N	MACRS deductions for assets placed	n service in tax ye	ears beginning before	2008		_		17	63.
18 n	you are electing to group any assets placed in ser							<u> </u>	
	Section B - Assets	Placed in Service	e During 2008 Tax Y	ear Usin	g the Ge	neral Depre	ciatio	n Syste	<u></u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment under only - see instructions	se	d) Recovery period	(e) Conventi	on (f) f	<b>dethod</b>	(g) Depreciation deduction
19a	3-year property						_		
b	5-year property	_		55. 5				0DB	559.
c	7-year property	_	3,50	0. 7	YRS	. HY	20	0DB	4,000.
<u>d</u>	10-year property	_							<u> </u>
<u>e</u>	15-year property	_							. <u> </u>
f_	20-year property	_							
_ 9	25-year property				25 yrs.			S/L	
h	Residential rental property	/			27.5 yrs.	MM		S/L	
	nesidential remai property	/			27.5 yrs.	MM	$\perp$	S/L	
i	Nonresidential real property	/			39 yrs.	MM		S/L	<del></del>
		/				MM		S/L	
	Section C - Assets I	Placed in Service	During 2008 Tax Ye	ar Using	the Alte	rnative Depi	reciati	on Sys	tem
<u>20a</u>	Class life	_				<u> </u>		S/L	
<u>b</u>	12-year	<b>_</b>			12 yrs.			S/L	
C	40-year	/	l		40 yrs.	MM		S/L	
	rt IV Summary (See instructions.)	<del></del>						T T	
	Listed property. Enter amount from line							21	
	Total. Add amounts from line 12, lines	-							4 (22
	Enter here and on the appropriate lines				s · see in:	str.		22	4,622.
	For assets shown above and placed in	-	e current year, enter t	he	_				
81625	portion of the basis attributable to sec				23				
	208 LHA For Paperwork Reduction	n Act Notice, see	separate instruction	ıs.					Form <b>4562</b> (2008)

Part V Listed Proper	ty (Include a	utomobiles, ce	rtain oth	ner vehic	les, cell	ular tele	phone	s, certain	comput	ers, and	property	used fo	r enterta	ınment,
recreation, or a	amusement.) vehicle for wi	hich vou are u	sina the	standard	l milead	e rate oi	dedu	ctina lease	expens	se, comp	lete only	v 24a. 24	1b, colun	nns (a)
through (c) of S	Section A, all	of Section B,	and Sec	tion C if	applica	ble.								
Section A - Depreciation a	nd Other In	formation (Ca	ution: S	See the II	struction	ons for li	mits fo	r passeng	er autoi	mobiles.)				
24a Do you have evidence to s			nt use cla	aimed?	<u> Г</u> ү	es	_ No	24b If 'Y	es," is t	<u>he evide</u>	nce writt	en?	Yes L	No_
(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentag	ne ot	(d) Cost or her basis		(e) ils for depri siness/inve use onty	stment	(f) Recovery period	Me	<b>(g)</b> hthod/ vention	(h) Depreciation deduction		Elec sectio co	n 179
25 Special depreciation alle	L	<u> </u>		/ placed	n servi	ce durino	the t	ax vear an	d d					
used more than 50% in		<u>-</u>	ргорогу	placed		30 001111	g (o (	w.,		25				
26 Property used more that			ess use:			<u>-</u>			* *		<del></del>		<u></u>	
20			6											
	T		6				_			-				
			6		1									
27 Property used 50% or le	ess in a qual	ified business	use:	-								·		
			6						S/L ·					***************************************
		9	6						S/L·					
			6						S/L·				]	
28 Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21	, page 1			-	28				
29 Add amounts in column		_				, ,						29		
				B - Infor		on Use	of Vel	hicles						
Complete this section for ve if you provided vehicles to y those vehicles.												ng this s	section fo	)r
		-	(	a)	(	b)		(c)		(d)	(	e)	(f	)
30 Total business/investment	miles driven d	luring the	Vet	nicle	Vel	hicle	\	/ehicle	Ve	hicle	Vet	nicle	Veh	cle
year (do not include com	muting miles)													
31 Total commuting miles	driven during	the year					<u>.</u>				<u> </u>			
32 Total other personal (no	ncommuting	g) miles												
driven												_		
33 Total miles driven during	g the year.				ı								ļ	
Add lines 30 through 32	2					_								
34 Was the vehicle availab	le for person	nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?										<u> </u>	ļ			
35 Was the vehicle used p	nmanly by a	more				İ						1		
than 5% owner or relate	ed person?					ļ				ļ	<b> </b>			
36 Is another vehicle availa	able for perso	onal												
use?	. · <del></del>	- <u></u>							<u> </u>	<u> </u>				
Answer these questions to owners or related persons.		- Questions to you meet an e	•	•					-			re not m	nore than	5%
37 Do you maintain a writte	en policy eta	tement that or	ohibite s	all persor	al use	of vehicl	es inc	duding co	mmutin	a. by you			Yes	No
employees?	on poncy sta	tomont that pi	Jinona (	L.I PO1001	000	U1 TUINUI	, 1110			,, ~, ,oo			1.00	
38 Do you maintain a writte	en policy sta	tement that or	ohibits i	personal	use of v	vehicles	, excer	ot commu	tıng, bv	your				
employees? See the ins		•					-			-			L	
39 Do you treat all use of v														
40 Do you provide more th	•				nforma	tion fron	n your	employee	s about					
the use of the vehicles,							•	•					<u> </u>	
41 Do you meet the require					monstra	ation use	∍?							
Note: If your answer to								covered ve	ehicles					
Part VI Amortization														
(a) Description of	of costs	Date	(b) amortization		(c) Amortiza	ble		(d) Code		(e) Amortiza	ation	Ą	(f) mortization	
42 Amortization of costs th	nat begins du	unng your 200	begins 8 tax ye:	ar:	amoun	<u> </u>	!	section		period or pe	centage		or this year	
											$\Box$			
43 Amortization of costs th	nat began be	fore your 2008	tax yea	ar							43			
44 Total. Add amounts in	column (f). S	ee the instruct	ions for	where to	report						44			
816252 11-08-08												F	orm <b>456</b>	2 (2008)