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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total

assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

	Α	A For the 2009 calendar year, or tax year beginning , 2009, and ending									
	В	Check if a	pplicable	Please	C Name of organization		D	Employer identification number			
	X	Addre chang	SS	use IRS							
		7	change	label or print or	CODE OFFICIALS ASSOCIATION OF ALABAMA		20	0-3047822			
		Initial	-	type		Room/suite	—	Telephone number			
	\vdash	Termi		See	CODY PHILLIPS 100 HUGHES ROAD		1				
		Amend		Specific	City or town, state or country, and ZIP + 4		1_				
	_	retum Applic		Instruc- tions.	MADISON, AL 35758		F Group Exemption Number · · · ▶				
								nethod. X Cash Accrual			
		• 50	CDON O	pecify							
				, , ,	X if the organization is not						
		Mahai	to: 🛌	พพพ (COAA.COM		d to attach Schedule B (Form 990,				
						—ı '		•			
		Tax-exempt status (check only one) - X 501(c) () ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF) Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A									
				_	990 return is not required, but if the organization chooses to file a return, be set to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form			36,841			
		irt I			xpenses, and Changes in Net Assets or Fund Balance						
		1					1				
		2			gifts, grants, and similar amounts received	(<u>-</u> -	32,708			
		3			ce revenue including government fees and contracts		3	760			
2000					ues and assessments	1	4	77			
2		4			from sale of assets other than inventory 5a						
2					The state of description and the state of th						
N		D	Less	cost or c	other basis and sales expenses		5 o				
2	<u>a</u>	l _			from sale of assets other than inventory (Subtract line 5b from line 5a)	1 1 1	5c				
MAN	Revenue	6			a activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	.▶ ∟」					
	ě	a			e (not including \$ of contributions	3,296					
100	œ		report	ea on iir	e 1)	1,842					
Z					spenses other than fundraising expenses		6c	1,454			
SCANNED		1			(loss) from special events and activities (Subtract line 6b from line 6a).		<u> </u>	1,434			
000					inventory, less returns and allowances						
		D	Less	cost of g	oods sold 7b		7.0				
100		1 _			(loss) from sales of inventory (Subtract line 7b from line 7a)		7c 8				
		8			(describe >		9	34,999			
		9		* -	e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		10	2,000			
		10			nilar amounts paid (attach schedule)		11	2,000			
	,	11	Bener	us palo O	o of for members	}	12				
	ses	12	Saları	es, other	-cermensation-and employee benefits		13	385			
	Expens	13	1 19103	Sichar i	ses and other payriting to independent contractors	(14				
	Ä	14	Occur	Pancylle	Mt, Willes 220 Unantenance		15	209			
		15	Printin	ig, publi	cations, postage, and supplies	• • • • • • • • • • • • • • • • • • • •	16	49,200			
		16	Other	expense	s describe BEE ATTACHED SCHEDULE		17	51,794			
		17			es Add lines 10 through 16		18	-16,795			
	ets	18			icit) for the year (Subtract line 17 from line 9)		10	-10,793			
	Assets	19			fund balances at beginning of year (from line 27, column (A)) (must agree wit		4.0	54,090			
	it A				jure reported on prior year's return)		19	34,030			
	Net	20			s in net assets or fund balances (attach explanation)		20	37,295			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20						21	<u> </u>			
	Ρć	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inst (See the instructions for Part II.) (A) Beginning of year						(B) End of year			
	^^				(coo are monacono rei i are ii)	54,09	1 22	37,295			
	22				ivestments	34,03	23	3,,233			
	23						24				
	24				e >)	54,09		37,295			
	25						26	3.,233			
	26				scribe ▶) d balances (line 27 of column (B) must agree with line 21)	54,09		37,295			
	<u>27</u>	Met	<u> </u>	or run	Balances (inte 27 of column (b) must agree with line 21)	<u> </u>	- 141	37,233			

Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III) What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.					Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)		
28 HOLDS AN ANNUAL CONFERENCE PROVIDING EDU	CATIONAL PROGRA	MS AND FORUMS	<u> </u>				
TO TRAIN GOVERNMENT OFFICIALS AND GROUPS	CONCERNED WITH	CODES AND					
ORDINANCES				,			
	s foreign grants, check her		28a		49,794		
29 PROVIDED FOUR SCHOLARSHIPS FOR COLLEGE S							
PURSUING A DEGREE IN A FIELD RELATING TO	CONSTRUCTION A	ND/OR					
RELATED CODE ADMINISTRATION							
(Grants \$) If this amount include	es foreign grants, check her	e	29a		2,000		
30							
	· · · · · · · · · · · · · · · · · · ·						
(Grants \$) If this amount include	s foreign grants, check her	e >	30a				
31 Other program services (attach schedule)			<u></u>				
(Grants \$) If this amount include	s foreign grants, check her	e >	31a				
32 Total program service expenses (add lines 28a through 31a)	<u> </u>	<u></u>	▶ 32		51,794		
Part IV List of Officers, Directors, Trustees, and Key Emplo	yees. List each one ever	if not compensated.	See the in	structions	for Part IV.)		
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		ributions to enefit plans &	(e) Expense account and		
	devoted to position	`enter -0)	deferred c	ompensation	other allowances		
ALAN BOSWELL							
2291 UNIVERSITY BLVD TUSCALOOSA, AL	PRESIDENT	.00		. 00	.00		
DAVID VEAL							
909 AVENUE A OPELIKA, AL 36801	VICE-PRESIDENT	. 00		. 00	.00		
CODY PHILLIPS	_						
C/O CITY OF MADISON MADISON, AL 35758	SEC/TREAS	. 00		.00	. 00		
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Part '	Other Information (Note the statement requirements in the instructions for Part V)			
			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? If "Yes," attach a conformed copy of			
	the changes	34	_	<u>x</u> _
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		<u>x</u> _
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36_		<u>x</u> _
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a]		
b	Did the organization file Form 1120-POL for this year?	37b		<u>x</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		ĺ
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	}		l
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			1
	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	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			1
	organization managers or disqualified persons during the year under sections 4912,			l
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			1
е	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	40e		<u> </u>
41	List the states with which a copy of this return is filed			
42a	The organization's books are in €2000 PHILLIPS Telephone no 256-772	-563	Τ	
	Located at ► MADISON, AL ZIP+4 ► 35758			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vaa	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	425	Yes	X
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign county			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.	42c		х
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	1	
42	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43			–	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
		1	Yes	No
4.4	Did the accompation maintain any depart advised funds? If "Vas." Form 000 must be completed instead of		163	110
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		х
4 =	Form 990-EZ	44	-	
45	"Yes," Form 990 must be completed instead of Form 990-EZ	45		х
			0-EZ	(2009)

	501(c)(3) organizations and section 4947 and complete the tables for lines 50 and						
46 Did	the organization engage in direct or indirect p	political campaign activit	ies on behalf of o	r in opposition to		Yes	No
can	ndidates for public office? If "Yes," complete Sch	edule C, Part I			46_		Х
	the organization engage in lobbying activities?	•			47		<u> </u>
	he organization a school as described in sectio	, ,, ,, ,, ,	•		48_		X
	the organization make any transfers to an exe				49a		X
b If "\	Yes," was the related organization a section 527	organization?			49b		X
	mplete this table for the organization's five high ployees) who each received more than \$100,00				ter "No		
<u> </u>	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		ount ar allowar	
ONE							
						-	
		_			-		
f Tota	al number of other employees paid over \$100,0	000 ▶			L		
	mplete this table for the organization's five hi	-	•	ors who each rec	eıved	more	thar
	mplete this table for the organization's five his 00,000 of compensation from the organization (a) Name and address of each independent contractor paid	If there is none, enter "N	•		eived		
\$10	00,000 of compensation from the organization	If there is none, enter "No	one."				
\$10	00,000 of compensation from the organization (a) Name and address of each independent contractor paid	If there is none, enter "None than \$100,000	one."				
\$10	00,000 of compensation from the organization (a) Name and address of each independent contractor paid	If there is none, enter "No	one."				
NONE	00,000 of compensation from the organization (a) Name and address of each independent contractor paid	If there is none, enter "No	one."				
NONE	(a) Name and address of each independent contractor paid	If there is none, enter "No	one."				
SONE	(a) Name and address of each independent contractor paid	If there is none, enter "No	one."				
NONE	(a) Name and address of each independent contractor paid	If there is none, enter "Not more than \$100,000 Celving over \$100,000	(b) Type	of service	(c) Com	npensat	ion
\$10 NONE d Total	al number of other independent contractors recond belief, it is true, correct, and complete Declaration	If there is none, enter "Not more than \$100,000 Celving over \$100,000	ying schedules and state based on all information	ements, and to the best of which preparer has an emergence of which preparer has an emergence of the control of the best of the best of the control of the best	(c) Con	npensat	ion
\$10 NONE d Total	al number of other independent contractors recand belief, it is true, correct, and complete Declaration	there is none, enter "Note than \$100,000 ceiving over \$100,000 cei	(b) Type (b) Type ying schedules and state based on all information	ements, and to the best of which preparer has an emergence of which preparer has an emergence of the control of the best of the best of the control of the best	(c) Con	npensat	ion
\$10 RONE d Total	al number of other independent contractors reconstructions of perjury, I declare that I have examined and belief, it is true, correct, and complete Declaration of Signature of Officer CODY PHILLIPS Type or pringt name and title Preparer's signature	there is none, enter "Note than \$100,000 ceiving over \$100,000 cei	(b) Type (b) Type ying schedules and state based on all information	ements, and to the best of which preparer has an emergence of which preparer has an emergence of the control of the best of the best of the control of the best	of my knowled the work of the	owledge edge	ion
\$10 RONE d Total	al number of other independent contractors recommendation of the organization of the o	there is none, enter "Note than \$100,000 Celving over \$100,000 If this return, including accompany of preparer (other than officer) is	ying schedules and state based on all information Check if self-employed Ell	of service Iments, and to the best of of which preparer has an of the preparer has an of the preparer has an of the preparer's identifying in the preparer'	of my knowled with the second of the second	owledge ee instruc	ion
NONE	al number of other independent contractors recommendation of the organization of the o	there is none, enter "Note than \$100,000 ceiving over \$100,000 cei	ying schedules and state based on all information Check if self-employed Ell	of service Iments, and to the best of of which preparer has an of the preparer has an of the preparer has an of the preparer's identifying in the preparer'	of my knowled with the second of the second	owledge ee instruc	ion

CODE OFFICIALS A	SSOCIATION OF ALABAMA
	OUCUATION OF ALADAMA

FORM 990Z PAGE 1 LINE 10

20 3047822

SCHOLARSHIPS GRANTED

JENNA L. JOHNSON	1000
JACOB LESLIE LINDSEY	250
KYLE FRANKLIN WILLIAMS	500
MELISSA J. SMITH	250

TOTAL 2000

FORM 990Z PAGE 1 LINE 16

OTHER EXPENSES

CONVENTION EXPENSES	42101
BANK SERVICE CHARGE	36
TRAVEL	2029
CONTINUING EDUCATION	1086
OFFICE SUPPLIES	117
SUPPLIES	2011
DUES/MEMBERSHIPS	1820

49200