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3545 08/10/2010 10 37 AM

Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047 2009 Open to Public Inspection

A	For the 20	09 calendar ye	ar, or tax year beginning , and ending											
В	Check if applic		C Name of organization	D	Emplo	yer identification number								
	Address chan	ge label or	FAIRHOPE SINGLE TAX CORPORATION											
	Name change	1	Doing Business As		63-	0243535								
$\exists$	•	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	E		one number								
$\mathbb{H}$	Initial return	See Specific	336 FAIRHOPE AVENUE		251	-928-8162								
	Termination	Instruc-	City or town, state or country, and ZIP + 4	G	Gross recei	pts \$ 4,513,819								
	Amended retu	m tions	FAIRHOPE AL 36532-2318											
	Application pe	ending F Name	and address of principal officer	H	(a) is this a	group return for								
				H	affiliates (b) Are all a									
		1			include									
_		77			II No.	attach a list. (see instructions)								
<u>+</u>	Tax-exemp		501(c) ( <b>4</b> ) ◀ (insert no ) 4947(a)(1) or 527											
<u>J</u>	Website:	nization X Cor	'airhopesingletax.com			exemption number								
	'art-l	Summai		on		M State of legal domicite AL								
4.	7		ne organization's mission or most significant activities		···									
	I .	-	IIZATION'S PRIMARY EXEMPT PURPOSE:											
ဦ														
Governance	1	THE CORPORATION IS RECOGNIZED AS TAX EXEMPT UNDER SECTION 501[C][4] OF THE INTERNAL REVENUE CODE AS A SOCIAL WELFARE												
8	1		if the organization discontinued its operations or disposed of more than 25% of its net a	assets										
			members of the governing body (Part VI, line 1a)		3	5								
Activities &	4 Nun	nber of indepe	endent voting members of the governing body (Part VI, line 1b)		4	5								
ĭ	5 Tota	al number of e	mployees (Part V, line 2a)		5	5								
Act	6 Tota	al number of v	olunteers (estimate if necessary)		6	<del></del>								
	7a Tota	al gross unrela	ated business revenue from Part VIII, column (C), line 12		7a									
	b Net	unrelated bus	iness taxable income from Form 990-T, line-34		7b	0								
		tobutone and		nor Year		Current Year								
iue	1		grants (Part VIII, line 1h) evenue (Part VIII, line 2g)	457,	164	4,388,404								
Revenue			e (Part VIII, column (A), lines 3, 4, and 7d). AUG 1 6 2010	185,		125,415								
æ			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
	l			642,	763	4,513,819								
	13 Gra	nts and simila	r amounts paid (Part IX, column (A), lines 1-3)	100,		48,683								
			r for members (Part IX, column (A), line 4)											
S	15 Sala	aries, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)	170,	610	177,235								
sesuec	1		raising fees (Part IX, column (A), line 11e)			And a literature with the control of the con-								
Expe	ı	_	expenses (Part IX, column (D), line 25)	-	-									
ш			The state of the s	136,		4,184,911								
				407,		4,410,829								
- S	19 Rev	renue less exp	enses Subtract line 18 from line 12 L, Beginning	, 235 ,		102,990 End of Year								
Net Assets or Fund Balances	20 Tota	al assets (Pari		,182,		8,584,647								
Ass	21 Tota	al Irabilities (Pa		145,	-	3,443,259								
E E	22 Net	-		,037,	698	5,141,388								
**P	art II🐬	Signatur	e Block											
		Under penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to t	the best of	my knowledge								
		and belief, it	s true, correct and complete Declaration of preparer (other than officer) is based on all information of white	on prepare	. ^									
Sig		Xes	le Alyskof	<u></u>	18	11-10								
He	re		e of officer		Date									
			olie Stejskal - Secretary											
		y Type or	print name and title			Preparer's identifying number								
Pai	d	Preparer's	Check if self-		(see instructions)									
	parer's	signature		employed I		P00312104 63-1184019								
	e Only	Firm's name	' <b>B</b> 50 0 50 000	$\longrightarrow$	EIN ►	03-1104019								
		if self-employ address, and	" The state of the	1	Phone	251-626-0904								
Mav	the IRS di	L	urn with the preparer shown above? (see instructions)		no 🕨	Yes X No								
			work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)								
DAA			,											

) (Revenue \$

Form 990 (2009)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

O including grants of \$

4,328,272

	Checklist of Required Schedules						
	•				<u>.                                    </u>	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		X
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						v
	candidates for public office? If "Yes," complete Schedule C, Part I				3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
_	Schedule C, Part II			!	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				_		х
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			į	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I				6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				•		
•	complete Schedule D, Part III				8		х
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, directly or through a related organization, hold assets in term, permanent, or						
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						
	VII, VIII, IX, or X as applicable				11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					, V.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Schedule D, Part VI				3.3	ege e	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more					是	19 E 2
	of its total assets reported in Part X, line 169 if "Yes," complete Schedule D, Part VII				*	<u> </u>	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				1	1	dat.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				4 74	1	<b>73</b>
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets						の特別を
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				を対する と、対象	333	Š.
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					7	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				A TOTAL	KTA D	SEE
	Schedule D, Parts XI, XII, and XIII	ſ		1	12	\$755.9E	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	$\overline{}$	Yes_	No X	100		1777
42	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A					AESE X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				14a		
	business, and program service activities outside the United States? 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				140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		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 United States? If "Yes," complete Schedule F, Part III				16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	If "Yes," complete Schedule G, Part III			[	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20	]	X
					Form	990	(2000)

<u> </u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24	х	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	^	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	-		х
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ļ <u></u>
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ļ
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	i		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	İ		
	If "Yes," complete Schedule L, Part III	27	7-4-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	54.42.		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	4		36
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	ļ		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	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		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			
	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,			İ
	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	-	l	
	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		
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,			1
	Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		}	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	000	10000

· Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	,				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		ķ. •	-,	-
	U.S. Information Returns Enter -0- if not applicable	1a	27		N.,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1	. :	, `
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		ļ.,	1	<b>*</b>
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1			7-	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	1	S	5 1/2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			2	1 4	36.
	instructions)			1 2 2	70,00	5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,			ja g	30 E. A.
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	onty				
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial					
	account)?			4a		Х
b	If "Yes," enter the name of the foreign country			Me Saga	-1. 2	18
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k			17.8	,
	and Financial Accounts					4 - 1 -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	).				
	gifts were not tax deductible?			6b		· · · · · · · · · · · · · · · · · · ·
7	Organizations that may receive deductible contributions under section 170(c).			. ·.	14.0	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls		المدنساند!	· · · · ·	تحشيده الم
	and services provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			_7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7c		
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		10	in wife	y', 19, 5
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person			3.4.5	175	ار کردوا در کو
•	benefit contract?			7e	8B11	ن3. ا <del>نظار</del> ندها
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h	}	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			15 14-14	in a	14
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				40.00	·
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			10.3	145	3.1.
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	V 514	F( .
0	Section 501(c)(7) organizations. Enter	1		5 1 3	1.6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Initiation fees and capital contributions included on Part VIII, line 12	10a			3	<b>K</b>
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del> </del>		· [] [] [] [] [] [] [] [] [] [] [] [] []	E
	Section 501(c)(12) organizations. Enter	ا _ د د		11.3	15.	
a	Gross income from members or shareholders	11a		23		F27
	Gross income from other sources (Do not net amounts due or paid to other sources against	115		100	疆湖	
	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	11b ]		12a	1 B. F 285	anthi.
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			W.S.	. <del> </del>
	100, Chief the amount of tax-exempt interest received of accided during the year	120	_		990	(2009)

Form 990 (2009) FAIRHOPE SINGLE TAX CORPORATION 63-0243535 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 7 3 5 **b** Enter the number of voting members that are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a X of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 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, and financial 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 336 FAIRHOPE AVENUE SUSAN MOREL organization >

AL 36532-2318 251-928-8162

**FAIRHOPE** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	did not compen	sate	any (	curre	nt o	fficer,	dire	ctor, or trustee		
(A)	(B)		(C) Position (check all that apply)					(D)	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	or director		Officer	a Key employee	-		Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
C.O. MCCAWLEY			<b></b> -	1					<del></del>	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	3.00	X						2,100	0	0
H. CLIFF PITMAN										
DIRECTOR	3.00	X	İ		İ			2,100	0	0
CAROL SALTZ										
DIRECTOR	3.00	X						2,100	0	0
RALPH JENNINGS										
TRUSTEE	3.00	X						2,100	0	0
NANCY JENNINGS										
TRUSTEE	3.00	X						2,100	0	0
LEIGH ROGERS										
TRUSTEE	3.00	X				Ш		2,100	0	0
DAVE JESTER						1 1				
TRUSTEE	3.00	X						1,760	0	0
FRED WATKINS, JR.					ļ		į			_
DIRECTOR	3.00	X			<u> </u>			1,760	0	0
LESLIE STEJSKAL					İ				_	_
SECRETARY	35.00			X				37,800	0	0
C. MICHAEL ARNOLD						1 1				
TREASURER	3.00			X				2,100	0	0
WILLIAM D. MOSHER						1				_
V.P.	3.00	<b>!</b>		X				2,100	0	0
LAWRENCE THOMAS						ĺĺ				_
PRESIDENT	3.00	-		X		$\vdash$		2,100	0	0
			-							

DAA

Form **990** (2009)

Part VII Section A. Officers	, Directors, Trus							nd Highest Compensated E	mployees (continued)		
(A) Name and Title	(B) Average	(C) (D) (E)  Position (check all that apply) Reportable Reportable compensation compensation							(F) Estimated		
·	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
	<u> </u>										
							ļ				
		ļ			_						
<del></del>											
1b Total								60,220			
Total     Total number of individuals (individuals)	cluding but not lim	uted	to th	ose i	ister	Labo	vel		00 000 in		
reportable compensation from	_		0								
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line the organization and related or individual</li> <li>Did any person listed on line 1a</li> </ul>	complete Schedu 1a, is the sum of ganizations great	le J repo er th	for sontab an \$	uch ( le co 150,0	ndivi impe 000?	dual nsat	ion a 'es,"	and other compensation from complete Schedule J for su		Yes No 3 X 4 X	
services rendered to the organ	ization? If "Yes,"									5 X	
Section B. Independent Contractor  Complete this table for your five compensation from the organize	e highest compen	sate	d inc	lepe	nden	t cor	ntrac	ctors that received more than	1 \$100,000 of		
	(A) business address							Descript	(B) ion of services	(C) Compensation	
EUGENE M. SHOCKLEY FAIRHOPE	».T		<u> </u>		130	CI		DRIVE COMPUTER PROG	D		
FAIRHOPE	AL	3	63	<u>34</u>				COMPUTER PROG	K	107,400	
Total number of independent or more than \$100,000 in compen		-				to the	ose	listed above) who received		(N)	

Form 990 (2009) FAIRHOPE SINGLE TAX CORPORATION

	0 (2009) FAIRHOPE SI		AX CORPO	RATION	63-0243535	·	Page
art V	III Statement of Reve	nue			(5)	(C)	(0)
	•		• •	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
•			, <b>,</b> .	1000/1010/101	exempt function	business revenue	excluded from tax under sections
1					revenue	10701100	512, 513, or 514
<b>£</b> 1a	Federated campaigns	1a		· .			ren i grin de la la la la la la la la la la la la la
j b	Membership dues	1b		.,,		ير م الموار " و ا	
c g	Fundraising events	1c				4 2	Control of the contro
a d	Related organizations	1d					
Ē e	Government grants (contributions)	1e					
s f	All other contributions, grits, grants,			The first of the second			WI WAS A
and other similar amounts	and similar amounts not included above	1f					
<b>E</b> 9	Noncash contributions included in lines 1a-1	11 \$		i	· / / / · /	985	And the same of the same
<u>e</u> h	Total. Add lines 1a-1f		<u> </u>		5. ja− ,		7 7 7 7 7
2			Busn. Code		1 11 12,	,	4. 1 . 4. IL
2a	Rents			4,017,732	4,017,732		
2 в	Administration Fee I	Income		278,100			
ဦး   င	Lease Fees			42,243	42,243	<u>_</u>	
g d	Late Charges			35,784	35,784		
2a b c d e f	Rent Office Space			13,715			
g f	All other program service reven	iue		830	830		
<u> </u>	Total. Add lines 2a-2f		<b></b>	4,388,404	a ye		
3	Investment income (including di	ıvıdends, ınter	rest, and				
	other similar amounts)		•	125,415	125,415		
4	Income from investment of tax-	exempt bond	proceeds >				
5	Royalties		<u> </u>			····	1 7 14 7 2
	(ı) Real	(	ıı) Personal		٠- ٠-	7	
6a	Gross Rents			,			
b	Less rental exps			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- "	<u> </u>
С	, , <del>, , , , , , , , , , , , , , , , , </del>				ء 'بد		حمد مستشكيك درو
d	Course amount from	<del></del>	<u> </u>			<del></del>	
/"	sales of assets (i) Securities	i	(II) Other				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	other than inventory				,		100 - 100
b				1/2		ب الميان المان المان المان المان المان المان المان المان المان المان المان المان المان المان المان ا	Control of the contro
	basis & sales exps			, 7, 7, 1			
C	` '			لما فسمسسست سمم	The times the tile of	المسلمون والمتكام سناوي	an Paritimber State
	Net gain or (loss)			, ,	11 St. 1 648 550 133	3000	734.5 Task
g   8a	Gross income from fundraising even	nts			1.10.		11年 11月 11日
b b	(not including \$ of contributions reported on line 1c)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Commence of the second	(大) ( ) ( ) ( )	
2	See Part IV, line 18					197	And we will be to the second
<u> </u>	Less direct expenses	a b		1 - 3 - 32	A supplied to the state of the	· · · · · · · · · · · · · · · · · · ·	
3   2	Net income or (loss) from fundr		<b>—</b>	الأمعث والمساه سيا	مناهد المستقالة		paramanan da 181 Mara
	Gross income from gaming activities			*	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
34	See Part IV, line 19	' a			وُ مَا يَعْنِي مِنْ الْمِنْ ال		<b>《</b>
h	Less direct expenses	b	···· - · · · · · · · · · · · · · · · ·	高 强 气温			
	Net income or (loss) from gamil	~	<b>&gt;</b>				
	Gross sales of inventory, less	-3 -5		1935 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 3 Jan 20,000		The second second
	returns and allowances	а			The state of the s	15年18年	LOTE TO SEE TO
Ь	Less cost of goods sold	ь		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The second second
	Net income or (loss) from sales	of inventory	<b>•</b>				
	Miscellaneous Revenue		Busn. Code	2013-0354-15	The Park of the Pa	And the second of the second o	- Mary - Mary Mary Mary -
11a							
Ь							
C							
ما	All other revenue						
] d						新常的 人名埃尔	1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Total. Add lines 11a-11d		<b>•</b>	4,513,819			

Form 990 (2009) Part IX **Statement of Functional Expenses** 

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

	All other organizations must				
	not 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			- 1/k	7. 7.2.2. 0
	organizations in the U.S. See Part IV, line 21	48,683	48,683	250	7 7 7
2	Grants and other assistance to individuals in			. 15	4 1 1
	the U.S. See Part IV, line 22			A.	and the second second
3	Grants and other assistance to governments,			nd.	· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			, -, -, -,	
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	60,220		60,220	
6	Compensation not included above, to disqualified	00,220		00/220	
Ū	•	1			
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	105,603	105,603		
7	Other salaries and wages	105,003	105,005		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	11 410	0 166	2,946	
10	Payroll taxes	11,412	8,466	2,340	<u> </u>
11	Fees for services (non-employees)	]			
_	Management	14 227	· <u>-</u>	14,227	
b	Legal	14,227	5,500	5,164	
	Accounting	10,664	3,300	5,104	
d	Lobbying			<u>.</u> .	
e	Professional fundraising services See Part IV, line 17			<u> </u>	
f	Investment management fees				
g	Other			· · · · · · · · · · · · · · · · · · ·	
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses				
14	Information technology		<del></del>		
15	Royalties	4,046	4,046		
16	Occupancy	4,040	3,030		<u> </u>
17	Travel		<del></del>	· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	·	<del> </del>		
19 20	Conferences, conventions, and meetings Interest	<del></del>	<del></del>		
21	Payments to affiliates	<del></del>	<del></del>		
22	Depreciation, depletion, and amortization	29,648	29,648	<del></del>	
23	Insurance	29,048	20,040		
_0	modratio	·····································	一大	17	学现于中世代生物,
24	Other expenses Itemize expenses not	[1] 中华东西等			1964年,1964年至
	covered above (Expenses grouped together	的现在分词 沒有	一种 一种	34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· "是我们是这种的人的。"
	and labeled miscellaneous may not exceed				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	5% of total expenses shown on line 25 below )		的是是其代表的	THE BROKE	<b>经验证的基础</b>
а	Ad Valorem Taxes	3,804,142	3,804,142		
b	Computer Programming	107,400	107,400	<del></del> -	
c	Lessees Auto Taxes	101,241	101,241	<del></del>	
d	PARK FOR PUBLIC USAGE	63,172	63,172		
е	Office Supplies & Expense	15,587	15,587		
f	All other expenses	34,784	34,784		
25	Total functional expenses. Add lines 1 through 24f	4,410,829	4,328,272	82,557	
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 educational campaign and				
DAA	fundraising solicitation			·	Form <b>990</b> (2009)

Form 990 (2009) Part X **Balance Sheet** (B) (A) End of year Beginning of year 250 250 1 Cash-non-interest bearing 1 8,372,524 4,892 724 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 264. 382 304 603 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L ĥ Notes and loans receivable, net 7 8 Inventones for sale or use 6,483 478 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 3,581,582 10a other basis Complete Part VI of Schedule D 3,421,101 163,111 3,418, b Less accumulated depreciation 10b 10c 141 11 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 13,182,803 8,584,647 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,993,938 1,347,774 17 17 Accounts payable and accrued expenses 2,094,182 2,149,904 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 1,263 1,303 25 Other liabilities Complete Part X of Schedule D 443,259 8,145,105 26 Total liabilities. Add lines 17 through 25 Net Assets or Fund Balances Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. 4,954,701 5,056,190 27 Unrestricted net assets 82,997 28 85,198 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,037,698 5,141,388 33 33 Total net assets or fund balances 8,584,647 13,182,803 Total liabilities and net assets/fund balances

Form 990 (2009)

Form	990 (2009) FAIRHOPE SINGLE TAX CORPORATION 63-0243535		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		- 16	,
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in		المجددي	-
	Schedule O	[]:	- ?	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>X</u>	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1 1		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		77	
	Schedule O			1 c 25
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			- <b>(2)</b>
	issued on a consolidated basis, separate basis, or both			
	X Separate basis		11.2	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	[ ]		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

ealile	e or the organization		Employe	er idenuncation number
F	AIRHOPE SINGLE TAX CORPORATION		63-0	243535
	Organizations Maintaining Donor Advised Function answered "Yes" to Form 990, P		counts.	Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (dunng 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	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
	used only for charitable purposes and not for the benefit of the donor or de			
	purpose conferring impermissible private benefit?	•		Yes No
Pa	art II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impe	ortant land	d area
	Protection of natural habitat	Preservation of certified historic st		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservat	ion	
	easement on the last day of the tax year			
			*	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	dunng	
	the taxable year			
4	Number of states where property subject to conservation easement is local	ated ▶		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		
	<b>-</b>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easement	ts in its revenue and expense statement, a	nd	
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that descr	ibes	
	the organization's accounting for conservation easements			
.Pa	organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" to I		milar As	ssets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	vorks of	
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	olic servic	e,
	provide, in Part XIV, the text of the footnote to its financial statements that	describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its re-	evenue statement and balance sheet work	s of art,	
	historical treasures, or other similar assets held for public exhibition, education	ation, or research in furtherance of public s	service,	
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or other	her similar assets for financial gain, provide	e the	
	following amounts required to be reported under SFAS 116 relating to the	se items		
а	Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$
b	Assets included in Form 990, Part X		<b>&gt;</b>	\$
	·			

154,099

Schedule D (Form 990) 2009

93,166

3,418,470

60,933

d Equipment e Other

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

Schedule D (Form 990) 2009 FAIRHOPE SINGLE TAX CO	RPORATION	63-0243535	Page <b>3</b>
Part VII Investments—Other Securities. See Form 990,			
(a) Description of security or category	(b) Book value	(c) Method of valua	ation
(including name of security)		Cost or end-of-year ma	rket value
Financial derivatives			
Closely-held equity interests			
Other			
			· · · · · · · · · · · · · · · · · · ·
			<del></del>
			· · · · · · ·
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII Investments—Program Related. See Form 990,			
(a) Description of investment type	(b) Book value	(c) Method of valua	
		Cost or end-of-year ma	rket value
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			<u> </u>
Part IX Other Assets. See Form 990, Part X, line 15			(b) Book value
(a) Description	<del></del>		(U) BOOK VAIGE
	<del></del>		
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Amount	3 - 3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1. E
Federal income taxes			<b>到到其關為第</b>
State W/H Taxes Payable	1,303	Report of the State of the Stat	
		<b>"在我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	
		中海 建油油 强力强而动	
	· · · · · · · · · · · · · · · · · · ·	中国的强烈的	10000000000000000000000000000000000000
		The state of the second of the second	
		1000 1000 1000 1000 1000 1000 1000 100	
			。 医动物性 海門
		Land Control of the Control	
		[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	A TOUR
		10000000000000000000000000000000000000	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,303		1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the organiza	tion's financial statements	that reports the	

organization's liability for uncertain tax positions under FIN 48

	edule D (Form 990) 2009 FAIRHOPE SINGLE TAX CORPO		-0243535	Page 4
_Pa	art XI Reconciliation of Change in Net Assets from Form	990 to Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	<u></u>
<u>Pa</u>	urt XII Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d	Marie Marie	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	2 1 1	
С	Add lines 4a and 4b		_4c	· <u></u>
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
. Pa	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Exper	ses per Return	<u></u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	F - 10	
b	Prìor year adjustments	2b	````'!:.	
C	Other losses	2c	<u> </u>	
d	Other (Describe in Part XIV)	2d		
6	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	) (	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		14 m	
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b	Other (Describe in Part XIV)	4b	<u>Car</u> del	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	),		
<u> </u>	rt XIV Supplemental Information			
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa $$	art III, lines 1a and 4, Part IV, lir	nes 1b	
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part	XIII, lines 2d and 4b Also com	nplete	
this p	art to provide any additional information			
	· - <b></b> -			
	·			
		<del>-</del>		

Schedule D (Fo	orm 990) 2009	FAIRHOPE	SINGLE TA	X CORPORATION	63-0243535	Page 5
Part XIV	Suppleme	ntal Information	(continued)	· · · · · · · · · · · · · · · · · · ·		
	•		750			
	<del>-</del> -	- <del>-</del>	- <del>-</del>			
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

ž X PUBLIC IMPROVEMENTS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant HONOR WWII VETS or assistance Yes Employer identification number non-cash assistance (g) Description of 63-0243535 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation assistance (book, FMV, appraisa, other) 23,308 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable 9 FAIRHOPE SINGLE TAX CORPORATION ო 63-6001254 63-0935233 General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? HONOR FLIGHT SOUTH AL VETERANS MEMO AL 36532 AL 36652 (a) Name and address of organization Enter total number of other organizations or government CITY OF FAIRHOPE, AL N. SECTION ST. Name of the organization PO BOX 2187 FAIRHOPE Parti 3 MOBILE

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

Schedule I (Form 990) 2009

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Schedule I (F	Schedule   (Form 990) 2009 FAIRHOPE SINGLE TAX CORPORATION	GLE TAX CORPO		63-0243535		Page 2
Partill	Grants and Other Assistance to Individuals in the	to Individuals in the	e United States. Cor	nplete if the organiza	United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 22.	
•	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addition	onal space is neede	P		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
Partil	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informat	ion required in Part I	line 2, and any other add	tional information.

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

o provide any additional information.

Attach to Form 990.

OMB No 1545-0047

Open to Public

Inspection

FAIRHOPE SINGLE TAX CORPORATION

Employer identification number
63-0243535

Name of the organization

Form 990 - Organization's Mission or Most Significant Activities
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE:

THE CORPORATION IS RECOGNIZED AS TAX EXEMPT UNDER SECTION 501[C][4] OF THE INTERNAL REVENUE CODE AS A SOCIAL WELFARE ORGANIZATION. ITS PURPOSE SHALL BE TO ESTABLISH AND CONDUCT A MODEL COMMUNITY OR COLONY, FREE FROM ALL FORMS OF PRIVATE MONOPOLY, AND TO SECURE ITS MEMBERS THEREIN, EQUALITY OF OPPORTUNITY, THE FULL REWARD OF INDIVIDUAL EFFORTS AND THE BENEFITS OF COOPERATION IN MATTERS OF GENERAL CONCERN. THE CORPORATION OWNS APPROXIMATELY 4,400 ACRES OF LAND, WHICH IT LEASES FOR A VARIETY OF PURPOSES: RESIDENTIAL, COMMERCIAL, AGRICULTURAL AND MUNICIPAL. THE CORPORATION IS FINANCIALLY SUPPORTED THROUGH RENTS FROM THE LEASE OF ITS LAND HOLDINGS. THE LARGEST PORTION OF THE RENT COLLECTED IS THE AD VALOREM TAX PORTION, WHICH IS PAID TO THE LOCAL TAX COLLECTOR. THE REMAINING RENT IS USED TO PAY ADMINISTRATIVE EXPENSES, VARIOUS COMMUNITY IMPROVEMENTS AND CHARITABLE CONTRIBUTIONS.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
THE ORGANIZATION HAS MEMBERS

Form 990, Part VI, Line 7a - Election of Members and Their Rights
OFFICERS AND DIRECTORS ARE ELECTED BY THE MEMBERS

Name of the organization

FAIRHOPE SINGLE TAX CORPORATION

Employer identification number 63-0243535

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE PRESIDENT AND THE TREASURER REVIEW THE TAX RETURN.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ANNUALLY DISCLOSURE STATEMENT FOR CONFLICTS OF INTEREST ARE SUBMITTED

ANNUALLY BY EACH OFFICER, DIRECTOR AND TRUSTEE

Form 990, Part VI, Line 15a - Compensation Process for Top Official BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS

Form 990, Part VI, Line 15b - Compensation Process for Officers
BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THEY ARE AVAILABLE AT THE CORPORATIONS OFFICE THEY ARE AVAILABLE AT THE FRONT DESK

Form **4562** 

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172 2009

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67 Identifying number

		FAIRHO	PE SINGLE I	AX CORPORAT	ION		63-	<u>·024</u>	13535	
		to which this form relates	·i on							
_		t Depreciat			- 470					
. P	art I	<b>Note:</b> If you have		•		romplete f	Part I			
1	Maximum		1	250,000						
2	Maximum amount. See the instructions for a higher limit for certain businesses.  Total cost of section 179 property placed in service (see instructions)							2		
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								800,000	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-									
5		ition for tax year Subtract li		•	lıng separately, se	e instructions		5		
6			on of property		Cost (business use		c) Elected cost		CO. ST. P. C. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	
					~					
					<del></del>					
7	Listed pro	perty Enter the amount	from line 29			7				
8	Total elect	ted cost of section 179 p	property Add amounts	ın column (c), lines 6 ar	nd 7			8		
9										
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562									
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)							_11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11									
13_									11. 李明明美人	
		e Part II or Part III below	for listed property. Ins	tead, use Part V						
_Pa		Special Depreciat					<u>ed proper</u>	ty ) (	See instr.)	
14	Special de	preciation allowance for	r qualified property (oth	er than listed property)	placed in servic	e			ŀ	
	during the	tax year (see instruction		14						
15		ubject to section 168(f)(		15						
16		reciation (including ACR		<del></del>		<del></del>		16	24,686	
Pa	art III	MACRS Depreciat	tion (Do not includ			ctions.)				
				Section A				T	12 644	
17		eductions for assets pla	=					17	12,644	
18	If you are el	ecting to group any assets		e tax year into one or more rvice During 2009 Tax					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<del></del>	Oection D-	(b) Month and year	(c) Basis for depreciation	<del></del>	General Dep	Teclation by	3.6111	<u> </u>	
	(a) Class	rfication of property	płaced in service	(business/investment us only-see instructions)		(e) Convention	ı (f) Metl	hod	(g) Depreciation deduction	
19a	3-year pr	operty				ļ			<u> </u>	
b	5-year pr	operty	TO THE STREET OF THE STREET						<u></u>	
С	7-year pr	operty								
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	property	<del></del>	<del> </del>		27 5 yrs	MM	S/L		<u> </u>	
i	Nonreside property	ntial real	<b> </b>	<del></del>	39 yrs	MM	S/L		<u> </u>	
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		Summary (See ins	structions )		1 40 yrs	IVIIVI			L	
21		perty Enter amount from		<del></del>			<del></del>	21		
22		amounts from line 12, I		es 19 and 20 in column	(a) and line 21	Enter here		<del></del>		
		appropriate lines of you						22	37,330	
23		shown above and place	•	·					E SE MENTANTI	
			<del>-</del>			23		_	FY SAME	
portion of the basis attributable to section 263A costs  23  Ear Paparaust Reduction Act Notice are consists instructions										

3545 FAIRHOPE SINGLE TAX CORPORATION
63-0243535 Federal Statements

FYE<sup>-</sup> 12/31/2009

8/10/2010 10:37 AM

# **Taxable Interest on Investments**

Description	 Amount	Unrelated Business Code	Postal Code	Acquired after 6/30/75
Earned Interest Earned Interest- Land Fund	\$ 124,014 1,401			
Total	\$ 125,415			

1	• •					•	• 1
	8/10/2010 10:37 AM		Fund Raising	w.	o l		
	3		Management & General	v.	v.		
	tements	f - All Other Expenses	Program Service	\$ 12,522 9,343 5,040 2,847 2,761 2,761	\$ 34,784		
	Federal Statements	Form 990, Part IX, Line 24f	Total Expenses	\$ 12,522 9,343 5,040 2,847 2,761 2,761	\$ 34,784		
	3545 FAIRHOPE SINGLE TAX CORPORATION 63-0243535 FYE: 12/31/2009	Form	Description	Insurance Public Relations Consultant Fees Telephone Repairs & Maintenance Education Committee	Total	24	