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Form **990** 

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For t	he 2009 ca	alendar	year, or tax year beginning , 2009, and ending C Name of organization United Fund of North Talladega County, Inc			, 20	
В	Check if	applicable	D Employe	r identification n	umber			
Address change			use IRS label or	Doing Business As		63 0388325		
$\overline{}$	Name o	-	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephon	e number	
	initial re		type. See	P.O. Box 362		(256)	362-714	1
	Termina		Specific Instruc-	City or town, state or country, and ZIP + 4				
	Amend	G Gross rece	epts \$ 1.	24426				
_		on pending	F Nan	ne and address of principal officer Scott Monroe	LECTOR In the		or affiliates? <b>Yes</b>	☑ No
	трысач	on pending	ľ	ox 797, Talladega, AL 35161			cluded? Yes	□ No
1	Tax-ex	empt status		i01(c) ( 3 )◀ (insert no.)			st. (see instruction	
J	Webs	ite: ▶			7	exemption numb	•	,
ĸ	Form of	forganization	☑ Corp	oration ☐ Trust ☐ Association ☐ Other ► L. Year of formation	<del></del>		egal domicile. At	
Pa	art I	Summ					<u> </u>	
	_			the organization's mission or most significant activities: CIVIC S	UPPORT	ED CHARI	TIES	
	'	RECEIV	E MON	IES FROM INDIVIDUALS AND COMPANIES AND IT IS THEN DI	STRIBUT	FD TO OT	HER 501C (3)	
8	}			L OF WHICH BENEFIT THE COMMUNITY AS A WHOLE	=:::::::::::::::::::::::::::::::::::::		32113333311137	
Governance								
ě	2	Chack this	hav a	f the organization discontinued its operations or disposed of more than 25% of	f ite not see	 ate		
	1			g members of the governing body (Part VI, line 1a)				N/A
භ				pendent voting members of the governing body (Part VI, line 1b)				N/A
₽				The state of the s		5		1
Activities &	1			· · · · · · · · · · · · · · · · · · ·		. 6		15
⋖				volunteers (estimate if necessary)		7a		
				elated business revenue from Part VIII, column (C), line 12		7b		
		TYCE GINE	uica bi	asings taxable means nom rom rom 300 1, and 04	Prior Ye		Current Yea	
		04-354	··	-d synate (Dart MIII ) line 4h)		146229		24426
9				nd grants (Part VIII, line 1h)		140223		14420
Revenue	I	•		e revenue (Part VIII, line 2g)				
æ				me (Part VIII, column (A), lines 3, 4, and 7d)				
				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		146229		24426
_						103444		24426
	1			lar amounts paid (Part IX, column (A), lines 1-3)		103444		<u>81516</u>
ģ	t		•	or for members (Part IX, column (A), line 4)				
penses				mpensation, employee benefits (Part IX, column (A), lines 5–10)				
ğ	16a	Professio	nal fund	draising fees (Part IX, column (A), line 11e)				
ŭ	Ь	Total fund	Iraisıng	expenses (Part IX, column (D), line 25 ECEIVED		40705	<del></del> -	44040
	17/	Other exi	oenses.	(Part IX. column (A), lines 1) a-11g. (TT-24T)		42785		41646
	18	Total exp	enses.	Add lines 13-17 (must equal Part IX, column (A), line 25)		146229	14	23162
	19	Revenue	ess exp	penses. Subtract line 18 from like 12 MAY 2 1 2018		-0-		1264
sets or					ginning of Ci		End of Year	
Bala	20				<del></del>	22262		10729
Net Ass Fund Ba	21			Part X, line 26) OGDEN, UT		22262		9465
				nd balances. Subtract line 21 from line 20		0-	<del></del>	1264
176	rt II		ature I				Ab a la - a a - d (	
	<b>(2)</b>	and belief	naniesoi , it is trui	perjury, I declare that I have examined this return, including accompanying schedule e, correct, and complete Declaration of preparer (other than officer) is based on all	information	of which prep	arer has any kno	wledge.
	<del>-</del>	1. 3	4 1	In along the last	م ا	117/10		
Sig			ature of o	The tell process	Date	<del>/                                    </del>		
He	re	Signa		mital of Franking Dans	Lau	,		
		<u>L.</u>	1100	Tene ////chell, Liecus, ve Direct	<u> </u>			
_		y Type	or print i	name and title  Date Chec	k if	Denominal :		
		Preparer's	3	self-		(see instruction	ntifying number ns)	
Paid		signature	•	Solo Annihore 1/2/10 emple	oyed ► 🗹			
Prep	arer's	E!		Then for buy			34-50-6176	
Use	Only	Firm's na	ployed),		EIN	▶ 63	1284137	
		address,	and ZIP 4		Phone no	o. ► ( 256 )		<del></del>
				return with the preparer shown above? (see instructions)	<u> </u>	<del></del>	√ Yes	<u>No</u>
For	Privad	cy Act and	l Paper	work Reduction Act Notice, see the separate instructions.	Cat No. 11	282Y	Form 990	(2009)

Form **990** (2009)

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	CIVIĆ SUPPORTED CHARITIES
	RECEIVE MONIES FROM INDIVIDUALS AND COMPANIES AND IT IS THEN DISTRIBUTED TO OTHER 501C (3)
	AGENCY'S ALL OF WHICH BENEFIT THE COMMUNITY AS A WHOLE
2	Did the organization undertake any significant program services during the year which were not listed on
~	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and the control of the total expenses, and revenue, in any, for each program corrido reported.
<b>4</b> a	(Code:) (Expenses \$ 81516 including grants of \$) (Revenue \$ 81516 )
-14	
	•
	***************************************
41.	
4D	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	***************************************
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses

-Pa	TW 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>√</b>	
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		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
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 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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\dashv$	<u>√</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-+	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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		✓
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		<b>✓</b>
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		✓
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		<b>√</b>
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

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

Pa	T 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 U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<b>✓</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		<b>√</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
	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		<b>√</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
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		✓
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
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		✓
h	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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			,
а	Did the organization make any taxable distributions under section 4966?	9a		<del>-</del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_ ✓
10	Section 501(c)(7) organizations. Enter:		ł	
a	initiation loos and capital contributions included on that this into the contributions included on the contributions in the contributions in contribution contributions in contribution contributions in contributions in contribution contribution contribution contribution contribution contribution contribution con		-	
	aross receipts, included on roth 556, rair viii, line 72, for public doc of olds facilities	.		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	,		
a	Caross income non-monitors of charefulation	, ]		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	-2-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1		
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>V</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6_		1
7a				
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		✓
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Hev	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
þ	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			•
	form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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 to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	$\neg \neg$	$\overline{}$
14	Does the organization have a written document retention and destruction policy?	14	1	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	<b>√</b>	
	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	i		
	with a taxable entity during the year?	16a		✓_
b	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	- 1	[	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	)(3)s d	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	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 reco			
	organization: ▶			

# 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 compared to the	mpensate	any o	cum	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average hours per		on (		k all	that ap		Reportable	Reportable	Estimated
	nours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
DARLENE MITCHELL 210 EAST ST N TALLADEGA, AL 35160	35 HOUR				1			24548	0	0
SCOTT MONROE P.O. BOX 797 TALLADEGA, AL 35161	3 HOURS			1				0	0	0
WENDY WESTERHOUSE P.O. BOX 886, TALLADEGA, AL 35160	3 HOURS			1				0	0	0
CHAD JONES P.O. BOX 797, TALLADEGA, AL 35161	3HOURS			1				0	0	0
								-		

Pá	Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinu	ed)	
	(A)	(B)	(B) (C) (D) (E)				(F)						
	Name and title		individual trustee	nstitutional trustee	Officer	स्त्र employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	COF ) OI a	Estimate amount other impensatifrom the rganization relating ganization	of tion ie tion ted
										,			
	·									-			
													_
												-	
	Total				<u> </u>			<b>&gt;</b>					
2	Total number of individuals (including but r reportable compensation from the organization)	not limited t	to the	se	liste	ed a	(bove	) wh	o received mo	re than \$100,0	)00 in		
	reportable compensation from the organiza	ILLIOIT P										136	
3	Did the organization list any former office	r, director	or tru	ste	e, k	еу (	emplo	oyee	e, or highest co	ompensated		Yes	No
	employee on line 1a? If "Yes," complete So							•			3	$\vdash$	✓
4	For any individual listed on line 1a, is the s the organization and related organizations (individual.										4		✓
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue (	comp lete S	ens Sche	atic dul	n fi e J	rom a for si	any uch	unrelated orga	anization for	5		<b>✓</b>
Se	ction B. Independent Contractors												
1	Complete this table for your five highest cocompensation from the organization.	mpensated	d inde	per	nder	nt c	ontra	ctor	s that received	more than \$1	00,00	) of	
	(A) Name and business add	ress							(B) Description of se	ervices	(C Compe	C) ensation	
		······································											
2	Total number of independent contractors (in more than \$100,000 in compensation from				ted	to t	hose	liste	d above) who	received			

F-SHIT.							rage s
'Par		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants	1a b	Federated campaigns					
Contributions, gifts, grants and other similar amounts	d e f	Related organizations 1d 1e Government grants (contributions).  All other contributions, gifts, grants, and similar amounts not included above	124426				
a Co	9 h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	•	124426			
Program Service Revenue	2a b c		Business Code				
rogram S	e f g	All other program service revenue .		-			
<u> </u>	3 4 5	Investment income (including dividends, other similar amounts)	interest, and				
	b	Gross Rents	(ii) Personal				
		Gross amount from sales of assets other than inventory	(ii) Other				
		Less. cost or other basis and sales expenses .  Gain or (loss)	•				
Revenue	8a	Gross income from fundraising events (not including \$					
Other		Less: direct expenses b  Net income or (loss) from fundraising ev	ents ►		<u>-</u>		
		Gross income from gaming activities. See Part IV, line 19					-
		Less: direct expenses b Less: Net income or (loss) from gaming activities	ies <b>&gt;</b>			<u> </u>	
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventor	y <b>&gt;</b>				
			Business Code				
	11a b c						
		All other revenue					
		Total revenue. See instructions		124426	124426		

9

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13

14 15

16 17

19

21

23

24

а

b

C

d

**POSTAGE** 

Part IX

Other expenses. Itemize expenses not

covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)

CAMPAIGN EXPENSE

Total functional expenses. Add lines 1 through 24f

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

MEMBERSHIP/DUES

All other expenses

MISCELLANEOUS

fundraising solicitation

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 81516 81516 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, 24548 6137 18411 trustees, and key employees . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . Other employee benefits . . . . . 1379 Payroll taxes . . . . . . 345 1034 Fees for services (non-employees): 1300 1300 c Accounting . . . . . **d** Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . 12 Advertising and promotion . . . . 239 239 478 Office expenses . . . . . . . Information technology . . . . Royalties 6752 1688 5064 Occupancy . . . . . . Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . Payments to affiliates . . . . . . . Depreciation, depletion, and amortization. 2058 514 1544 

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414

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123162

81516

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311

2747

30880

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440

103

10766

Part X **Balance Sheet** (A) Beginning of year (B) End of year 4872 1 Cash-non-interest-bearing . . . . . . . . 1264 2 2 Savings and temporary cash investments . . . . 17390 3 7457 3 Pledges and grants receivable, net . . . . . 4 4 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 6 Notes and loans receivable, net . . . . . . . . . 7 Inventories for sale or use . . . . . . . . 8 Prepaid expenses and deferred charges . . . . Land, buildings, and equipment: cost or 10a 9 other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . 10b 10c 11 11 Investments—publicly traded securities . . . . . 12 Investments—other securities, See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 22262 16 10729 17 22262 17 9465 Accounts payable and accrued expenses . . . . . . . 18 18 19 Deferred revenue . . . . . . . . . . . . . . . . . 19 20 20 21 iabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities. Complete Part X of Schedule D . . . . . . . . 25 25 Total liabilities. Add lines 17 through 25 . . . . . . 26 22262 26 9465 Organizations that follow SFAS 117, check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117, check here ▶ □ ò and complete lines 30 through 34. 30 Net Assets Capital stock or trust principal, or current funds . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 1264 32 Retained earnings, endowment, accumulated income, or other funds 33 1264 33 Total liabilities and net assets/fund balances 22262 10729 34

Pa	t XI Financial Statements and Reporting			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓.	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1 1		
	Schedule O.	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	i i		
За	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	3ь		

Form **990** (2009)

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

Employer identification number

UNITED FUND OF NORTH TALLADEGA COUNTY, INC. 63 0388325 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 🗹 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated d Type III-Other e 

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(īii) Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Did you notify (vii) Amount of in cal. (1) listed in your the organization in organization (described on lines 1-9) organization in col support above or IRC section. governing document? col. (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 164487 153465 149074 146229 124426 737681 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 164487 153465 149074 146229 124426 737681 Total. Add lines 1 through 3 . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 737681 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 164487 153465 149074 146229 124426 737681 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 737681 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 99.94 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box b 33\% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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 . . . . . . . . . . . . b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

	dule A (Form 990 or 990-EZ) 2009						Page 3
Ра	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🔈	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
4	unrelated trade or business under section 513  Tax revenues levied for the organization's						
•	benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
<u> </u>	line 6.)		L				
	tion B. Total Support slendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(a) 2009	(f) Total
		(a) 2005	(b) 2000	(0) 2007	(u) 2008	(e) 2009	(i) Total
9  0a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C 1	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11, and 12.)					·	
4	First five years. If the Form 990 is for toganization, check this box and stop to	<u></u>	<u></u>	nd, third, fourth			
Sec	tion C. Computation of Public Sup						
5	Public support percentage for 2009 (line			· ·		15	%
6	Public support percentage from 2008 S			<u> <sub>.</sub></u> .		16	%_
•ec	tion D. Computation of Investmen	i income Pe	er centage				

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . . 19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33%% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33%%, and line 18 is not more than 331/4 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Scriedule A (F	omi 990 or 990-EZ/ 2009				Page 4
Part IV	Supplemental Inform	ation. Complete this and Part III, line 12,	part to provide the explain Provide any other additi	anations required by Part ional information. See inst	II, line 10;
		<u>,                                    </u>			
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