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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code

JACKSON COUNTY UNITED GIVERS FUND

P O BOX 581

SCOTTSBORO AL 35768-

D Employer identification number

63-0517120

E Telephone number

256-259-2669

F Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☐ Cash ☒ Accrual  
 Other (specify) ▶

I Website: ▶

H Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

A 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 112,614.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	105,653.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	1,435.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	5,526.
Expenses	6b	Less direct expenses other than fundraising expenses	2,647.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	2,879.
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe ▶)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	109,967.
	10	Grants and similar amounts paid (attach schedule)	106,500.
	11	Benefits paid to or for members	
Net Assets	12	Salaries, other compensation, and employee benefits	6,459.
	13	Professional fees and other payments to independent contractors	393.
	14	Occupancy, rent, utilities, and maintenance	2,280.
	15	Printing, publications, postage, and shipping	736.
	16	Other expenses (describe ▶ INSURANCE)	1,040.
	17	Total expenses. Add lines 10 through 16	117,408.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	(7,441.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	66,676.
	20	Other changes in net assets or fund balances (attach explanation)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	59,235.	

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	115,138.	105,131.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	115,138.	105,131.
26 Total liabilities (describe ▶ SEE STMT)	48,462.	45,896.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,676.	59,235.

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

Form 990-EZ (2009)

SCANNED JUL 20 2010

96

(See the instructions for Part III )

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28a	109,967.
-----	----------

29a

**30a**

31a

32	109,967.
----	----------

List each one even if not compensated. (See the instr )

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed.	AL	
42a	The organizations books are in care of	ELLIE SMITH	Telephone no
	Located at	WILDWOOD DR AL SCOTTSBORO	ZIP + 4
			256-259-2669
			35769-
b	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)? If "Yes," enter the name of the foreign country.	42b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

- 46 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 Yes No  
46 X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No  
47 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No  
48 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No  
49a X
- b If "Yes," was the related organization a section 527 organization? Yes No  
49b X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** 05/15/2010  
Date  
 Signature of officer *Ellie Smith*  
 ELLIE SMITH EX SECRETARY  
 Type or print name and title

**Paid Preparer's Use Only** Preparer's Identifying No. (See instr.)  
 Preparer's signature *THOMAS G PERKINS* P00908392  
 Date 05/15/2010 Check if self-employed ☒  
 Firm's name (or yours if self-employed), THOMAS G PERKINS CPA EIN ▶ 63-0800441  
 address, and ZIP + 4 201 COLLEGE AVENUE  
 SCOTTSBORO AL 35768-0000 Phone no. ▶ 256-259-2669

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Form 990-EZ (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

JACKSON COUNTY UNITED GIVERS FUND

Employer identification number

63-0517120

**Part I 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)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % 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 1/3 % 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ 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).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(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? ☐

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SCHEDULE 1		501C3		X	X		X		106500.
Total									106500.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Jackson County United Givers Fund**  
**Scottsboro, Al**  
**Supporting for Form 990 Schedule A Part I line 11(h)**  
**September 30, 2009**

**Schedule 1**

<u><b>Name of Supported Organization</b></u>	<u><b>Support</b></u>
Crisis Services of North Alabama	5,200
Easter Seals of Jackson county	1,000
Girl Scouts of North-Central Alabama	4,000
Jackson County Foster Parents Association	1,000
Friends of Family of Jackson County	3,300
Community Action Agency of NE Alabama	1,200
Northeast Alabama Health Services	2,000
Boys & Girls Club-Ben Sanford Center	6,000
Jackson County Christmas Charities	3,000
CASA	8,000
Bridgeport Housing Authority Children's Program	5,000
The Arc of Jackson County	15,500
Impact Learning Center	10,000
Jackson County 4-H Club	3,600
Jackson County Chapter American Red Cross	28,500
Stevenson Friends of Library	3,000
Greater Al Council Boy Scouts of America	4,000
Tennessee Valley Family Services	2,200
<b>Total</b>	<u><b>106,500</b></u>

**US 990****Other Liabilities****2009**

Description	Beginning of year book amount	End of year book amount
PAYROLL TAX PAYABLE	90.	90.
ALLOCATION PAYABLE	25,875.	26,625.
DEFERRED INCOME	22,497.	19,181.
	48,462.	45,896.



List of Officers, Directors, Trustees and Key Employees 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII					2009
US	Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
	DEBRA BORDERS JULIAN PLYMATE K MCCULLLEY ELLIE SMITH RODNEY BELL JIM BUTLER CHERYL ELLIS SUSAN FISHER KATHY FRIDLEY JOHN PARKER ANGIE BAIN MISSY TOLLESON B YARBROUGH RAY CHASTAIN JEAN COOPER JUNE CORREN MIKE DURHAM NORMA HARVEY BILL KNIGHT A MCKENZIE DON PHILLIPS SHELIA SHEPARD LINDA SMITH IMOGENE WEAVIL PAT WILDMAN PHYLISS BAKER JON BERGMAN JOHNNY GAMBLE PAM GRAY GARY HOLCOMB KATHRYN HOLDER JUSTIN MAYHEW JAMES MICK A QUINLIVAN KAREN STENSON LARRY STILES JUSI WEAVER	SCOTTSBORO SCOTTSBORO HOLLYWOOD SCOTTSBORO SCOTTSBORO SCOTTSBORO SCOTTSBORO SCOTTSBORO SCOTTSBORO SCOTTSBORO PISGAH SCOTTSBORO SCOTTSBORO SCOTTSBORO BRIDGEPORT SCOTTSBORO SCOTTSBORO STEVENSON FACKLER SCOTTSBORO SCOTTSBORO SCOTTSBORO PISGAH SCOTTSBORO SCOTTS			