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1	, '	. `.	1009	
Forn	99	Return of Organization Exempt From Under section 501(c), 527, or 4947(a) of the internal Revenue Condition		2009
	rtment of ti al Revenue	e ireasury	ate reporting requirements	Open-to Public Inspection
A F	or the 2	009 calendar year, or tax year beginning $$ OCT $1$ , $$ 2009 $$ and ending	SEP 30, 2010	
B C	heck if oplicable	Please use IRS	D Employer identifica	tion number
	Address change	label or uss Alabama Battleship Foundation, INC.		
	]Name Jchange ∏Initial	type Doing Business As	58-20	52911
	∃return ]Termin- ated	See Specific Instruct P • O • BOX 65	uite E Telephone number (251)	433-2703
F	Amended return Applica- tion	City or town, state or country, and ZIP + 4 MOBILE, AL 36601	G Gross receipts \$	155,843.
_	_l tlön pending	F Name and address of principal officer.WILLIAM N. TUNNELL, JR SAME AS C ABOVE		Yes X No
	ax-exen	pt status: X 501(c) ( 3 ) ◀ (Insert no.) 4947(a)(1) or 527	H(b) Are all affiliates inclu-	at. (see instructions)
JV	Vebsite:	▶ USSALABAMA.COM	H(c) Group exemption	
			ear of formation 1992 M	State of legal domicile ${f AL}$
Pa		summary	DILEO	
)Ce	1 B	refly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
Activities & Governance	2 C	neck this box I if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
ove	3 N	imber of voting members of the governing body (Part VI, line 1a)	3	3
8	ì	imber of independent voting members of the governing body (Part VI, line 1b)	4	3
ties	1	tal number of employees (Part V, line 2a)	5	0
ctivi		tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12	6 7a	5,711.
¥		et unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
e	l .	ontributions and grants (Part VIII, line 1h)	139,935.	150,132.
Revenue	ľ	ogram service revenue (Part VIII, line 2g)	4,158.	5,711.
æ	l	vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,130.	<u> </u>
	[	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,093.	155,843.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	46,605.	57,497.
	1	enefits paid to or for members (Part IX, column (A), line 4)		
ses		alaries, other compensation, employee penefits (Part X column (A) lines 5-10)		
Expenses		ofessional fundraising fees (Part IX, column (A), line 119		
Ä	17 0	ther expenses (Part IX, column (A), lines (3110MA)(24) 7 2012	1,909.	2,503.
		otal expenses. Add lines 13-17 (must equal Part IX column (A), line 25)	48,514.	60,000.
		evenue less expenses. Subtract line 18 from line 13DEN, UT	95,579.	95,843.
ts or inces			Beginning of Current Year 376,655.	End of Year
4sse Bala	20 T	otal assets (Part X, line 16)	3/0,033.	481,208.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26) et assets or fund balances. Subtract line 21 from line 20	376,655.	481,208.
	art II	Signature Block		
	l	inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement complete. Declaration of preparer lother than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowledge edge	and belief, it is true, correct,
Sign	1 1	Semature of officer		<u> </u>
Her	e	WILLIAM N. TUNNELL, JR., SECRETARY TREASU	RER	
٠	] ;	Type or print name and title		
Paid	. ,	Preparer's Date	Self- (see instr	s identifying number uctions)
	122010	ignature Johnson (III)	employed >	<del></del>
	Only	ours if eff-employed), 1050 HILLCREST RD. STE A	EIN >	· · · · · · · · · · · · · · · · · · ·
	[ :	MOBILE, AL 36695	Phone no > (2	51)633-4070
May		discuss this return with the preparer shown above? (see instructions)	7, 1010 110 - 12	X Yes No

Par	t IV Checklist'of Required Schedules			
<b></b>			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	
	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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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			١
	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, VIII, IX, or X	١	v	
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ŧ
	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	}		ł
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	ĺ		
•	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.			ł
•	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 487 If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12	ĺ	X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
,,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		l
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1	1	
	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		1	
	located outside the United States? If "Yes," complete Schedule F, Part III	18	<u> </u>	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	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	<u> </u>	X
20	Dud the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X

		[ ]	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	<u>X</u>	
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		<u>X</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 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
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 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		<u>X</u>
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, 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		X
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):			
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
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	ļ		
	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 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	1		
	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?			Ì
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		]	
	If "Yes," complete Schedule R, Part V, line 2	35	L	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
			_ Y	es	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	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ole gaming		- 1	
	(gambling) winnings to prize winners?	1	<u>-                                    </u>		
	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	0		-	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2	<u> </u>		~~~~
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instruc			1	.,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the			_	<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3	<u> </u>	$\dashv$	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authori	•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account	it)? 4	<u> </u>	-	X
	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 a	nd			
	Financial Accounts.	_		- 1	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b> </b>	<u>b   </u>	$\dashv$	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding F		c		
	Tax Shelter Transaction?	<u> </u>	+		
bа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and the property of the proper		a		Х
	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions of		•	$\dashv$	<del></del>
D			ь	İ	
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	1-4	<u>-</u>		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and services	Í	- 1	
a	provided to the payor?		a	- {	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<del></del>	Ъ		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ulred			
Ū	to file Form 8282?		'c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				*********
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	al			
	benefit contract?	· · · · · · · · · · · · · · · · · · ·	e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u></u>	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7	'g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re	quired?	h		<del></del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess but	siness 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?	<u> </u>	)a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	)b		<del></del>
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:	1		- }	
а	Gross income from members or shareholders				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against		l	- 1	
	amounts due or received from them.)	<u> </u>	20	1	ı
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	[ ]	2a		<del></del>
<u> </u>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	<u>_</u>	<u>00 (</u>	2000)

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	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body	1a	3		
b	Enter the number of voting members that are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			.,
_	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	000 51 10	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	197	5 6		X
6	Does the organization have members or stockholders?	ambara of the	-		
/a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers or the	7a		Х
<b>.</b>	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other pe	mane?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken		75		
0	by the following:	during the year			
а	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the	33		
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	45/100 41 1110	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
ь	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	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise			
	to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe	-		
	in Schedule O how this is done		12c	L	
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			.,
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		Ì		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			v
	taxable entity during the year?		16a		X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi		ļ		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganization's	404	•	
<u>Car</u>	exempt status with respect to such arrangements?		16b	L	
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE				
17	Elst the states with miles a sopy of this form see is required to se meet	T /501/0\/3\0 only\ availab	ala far		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-public inspection. Indicate how you make these available. Check all that apply.	i you i chors only availat	210 101		
	Own website				
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of interest notice	and fina	noral	
19	statements available to the public.	commer or interest policy,	anu IIII	uicidi	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the organi	zation •	•	
20	WILLIAM TUNNELL - (251) 433-2703				
	BATTLESHIP MEMORIAL PARK, MOBILE, AL 36601				
			Form	990	(2009)

932006 02-04-10

# 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 employees."
- 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.

X Check this box if the organization did not (A) Name and Title	(B) Average hours		(C) Position (check all that apply)					( <b>D)</b> Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PAUL C. WESCH CHAIRMAN								0.	0.	0
J. B. HORST	<del></del>	+	<del> </del>			-	-	0.		0
VICE-CHAIRMAN			]					0.	0.	0
WILLIAM N. TUNNELL, JR.										
SECRETARY-TREASURER			_			<u> </u>		0.	0.	0
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Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	yee	s, a	nd İ	ligh	est	Compensated Employ	ees (continued)			
	(A) (B)			(C)					(D)	(E)		(F	)
	Name and title	Average	Position (check all that apply)						Reportable	Reportable		Estım	
		hours	(cl	heck	all	that	app	ly)_	compensation	compensation		amou	
		per week	actor			[			from the	from related organizations		oth comper	
		Week	Individual frustee or director	R			Highest compensated employee		organization	(W-2/1099-MIS	D)	from	
			ustee	age .		8	gens		(W-2/1099-MISC)	,	´	organiz	
			t leux	Institutional trustee	1.1	핥	25 ST	_				and re	
		[	ludwi	Institu	Officer	Key employee	音音	Former			ĺ	organiz	ations
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	Total						<u> </u>		0.	<u> </u>	0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wi	no re	eceived more than \$100	0,000 in reportable			^
	compensation from the organization											Ye	s No
2	Did the assessment on the assessment of the asse	d				-1-		a- h			Į		140
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			3, K <del>U</del>	y en	ibio	у <del>ее</del> ,	Or r	ngnest compensated er	npioyee on		3	х
4	For any individual listed on line 1a, is the si			omo	oner	ation	20/	1 0+1	her compensation from	the organization	l	3	
7	and related organizations greater than \$15	•							•	tile Organization		4	Х
5	Did any person listed on line 1a receive or									ices rendered to	l		<del> </del>
•	the organization? If "Yes," complete Sched	•				٠	, <b>G</b> ,	٠.۵٠	ou organization for sorv	1000 101100100 10		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	ens	ation fron	1
	the organization. NONE	·								·			
	(A)								(B)			(C)	
	Name and business	address							Description of s	ervices	С	ompensa	tion
								1					
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	Table and a state of the state	to a large of the state of the				44			d = h== \ + =			<del></del>	<del></del>
2	Total number of independent contractors (	-	iot li	mite	a (0		se II O	SIEC	apovej wno received n	nore tnan			
	\$100,000 in compensation from the organi	zation					<del>-</del>		<del></del>			Form 99	0 (2000)
												100m <b>33</b>	<b>U</b> (2009)

Form	990 (	(2009) USS A	LABAMA BATTLESHI	P FOUNDATI	ON, INC.	58-2052	911 Page <b>9</b>
Par	t VII			· · · · · · · · · · · · · · · · · · ·			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats s	1 a	Federated campaigns	1a	<del>[</del>			
통칭	b	Membership dues	1b	ļ			
is, e	С	Fundraising events	1c				•
<u>a</u> a	d	• • • • • • •	1d				
S.E	е	- ,		-			
	f	• •					
운동		similar amounts not included abor	<u> </u>	1			
Contributions, gifts, grants and other similar amounts	9		1a-1f \$	150,132.			
<del>-  </del>	<u>h</u>	Total. Add lines 1a-1f	Business Code				·····
	2 a			7			
Š	2 a b						
Se Se	c						
Program Service Revenue	d						
<u>8</u>	е	,		<u> </u>			
مة	f	All other program service reve	enue				
_	9	Total. Add lines 2a-2f					
	3	Investment income (including		5,711.		5,711.	
		other similar amounts)	• • • • • • • • • • • • • • • • • • •	5,711.	<u> </u>	3,711.	
	4	Income from investment of ta	x-exempt bond proceeds		<del> </del>	<del></del>	
	5	Royalties	(i) Real (ii) Personal				-n-en-ma
-	6 a	a Gross Rents	(i) Hear (ii) Fersonal	-[			
	b			1		•	
1		Rental income or (loss)					
ļ	c	Net rental income or (loss)	<b>&gt;</b>				
ĺ	7 a	Gross amount from sales of	(i) Securities (ii) Other	_			
		assets other than inventory		4			
	t	Less: cost or other basis					
		and sales expenses		-			
		c Gain or (loss)		-			
		d Net gain or (loss)  a Gross income from fundraisin	na overte (not				
Other Revenue	0 6	including \$	l l				
Ş		contributions reported on line					
æ		Part IV, line 18	а				
the last	1	b Less: direct expenses	ь				
٥		c Net income or (loss) from fun	draising events	ļ			<u></u>
	9 8	<ul> <li>Gross income from gaming a</li> </ul>	ctivities. See				
į		Part IV, line 19	a	-			
	Į.	b Less: direct expenses	b	-		<b>\$</b> 	
	l .	c Net income or (loss) from gar	Tilling activities				
	י טוי	<ul> <li>Gross sales of inventory, less and allowances</li> </ul>	a				
	١,	b Less. cost of goods sold	b	-			
	L	c Net income or (loss) from sal	~ <del></del>	1			
	<u> </u>	Miscellaneous Reven		e			
	11				1		
	}	b	l l				ļ
		c			<u> </u>		<del> </del>
		d All other revenue			ļ		
		e Total. Add lines 11a-11d			. 0.	5,711	0.
0220	12	Total revenue. See instructions		155,843	•1	J J / 111	Form <b>990</b> (2009)
9320 02-0	4-10			_			ruin <b>330</b> (2009)

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

	All other organizations must compl				
Do 1 7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	_			
	organizations in the U.S. See Part IV, line 21	57,497.	57,497.		
2	Grants and other assistance to individuals in	ļ			
	the U.S. See Part IV, line 22				······
3	Grants and other assistance to governments,	l	Į		
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			<del></del>	**************************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	i			
	trustees, and key employees				
6	Compensation not included above, to disqualified			}	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,750.		1,750.	
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				···-
12	Advertising and promotion				
13	Office expenses	200.		200.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·		<del></del>	
22	Depreciation, depletion, and amortization	470.		470.	
23	Insurance				
24	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 ) BANK CHARGES	83.		83.	
a	DANK CHARGES	03.		03.	
b		<del></del>	-		
C			<del> </del>	<del>                                     </del>	
d				<u> </u>	
е			<del> </del>		
f	All other expenses	60 000	E7 407	2 5 6 2	0.
25	Total functional expenses. Add lines 1 through 24f	60,000.	57,497.	2,503.	<u> </u>
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization		}		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		<u> </u>	<u> </u>	

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	247,662.	2	338,450
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
ļ	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
8	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
1	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D  10a 1,469  1 ess; accumulated depreciation 10b 764	•		
ŀ	Less accumulated depreciation 10b 764	. 1,175. 127,818.	10c	705
11	Investments · publicly traded securities	127,818.	11	705 142,053
12	Investments - other securities. See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	376,655.	16	481,208
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
i	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
_	Organizations that follow SFAS 117, check here  and complete			
n	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117, check here	TO THE PARTY OF TH		THE THE PERSON OF THE PERSON O
	complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds	0.	30	0
2 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	376,655.		481,208
2 33	Total net assets or fund balances	376,655.		481,208
34	Total liabilities and net assets/fund balances	376,655.		481,208
	ו טומו וופטווונופט מווט וופג מטטפנטווטווט טמומווטפט		1	Form <b>990</b> (200

**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.

### 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 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

USS ALABAMA BATTLESHIP FOUNDATION, INC.

Employer identification number 58-2052911

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.					
The organ	ization is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)						
1 🗀	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	•					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)	(A)(iii).						
4	A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s name	e,	
	city, and stat	e:											
5 🗔	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describe	d In			
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II.)										
6 🗀	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).						
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ribed ir	1	
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)										
8 🖳	A community	trust described in s	ection 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 rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvestr	ment	
	income and u	inrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon ai	fter June 3	0, 197	5.	
		<b>509(a)(2).</b> (Complete	•										
10		=	perated exclusively to te										
11	•	•	perated exclusively for the						•	•		or	
		.,	ations described in section		-		t). See sec	tion 509(	a)(3). Ched	ck the box	that		
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III · Other												
	a Type I		• • •			•	-			Type III · C			
e 📖			t the organization is not									1	
		•	han one or more publicly		•				9(a)(1) or s	ection 509	(a)(2)		
1			ten determination from t	the IRS tha	atitisa iy	pe i, i ype	II, or Type	• (()					
		rganization, check th			<b>A</b> la <b>A</b>	<b>6</b>	- & Al & - II-	<b></b>	0			(i	
g			organization accepted ar	-							V 1	——	
			lirectly controls, either al	one or tog	ether with	beráous c	sescribed i	n (II) and (	ill) below,	1100	Yes	No	
	_	-	upported organization? n described in (i) above?							11g(i)			
		=	person described in (i) o		a?					11g(ii)			
h			about the supported or							[11g(iii)	l		
h	FIOVIDE IIIE	ollowing imormation	about the supported of	yamzanom	(3).								
• •	of supported anization	(ii) EIN	(III) Type of organization (described on lines 1-9	in col (i) lis	organization sted in your document?	(v) Did you notify the organization in col		(vi) is organizati (i) organiz U S	on in col	(vil) Amount support		i	
		1	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
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Total								1					

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 USS ALABAMA BATTLESHIP FOUNDATION, INC. 58-2052911 Page 2

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.)

Sec	ction A. Public Support								
Cale	endar 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 ")	380,574.	262,340.	135,174.	139,935.	150,132.	1068155.		
2	Tax revenues levied for the organ-			•					
	ization's benefit and either paid to		!	!					
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to					ļ			
	the organization without charge		252 242	105 154	120 025	150 100	1000155		
4	Total. Add lines 1 through 3	380,574.	262,340.	135,174.	139,935.	150,132.	1068155.		
5	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)						1060155		
	Public support. Subtract line 5 from line 4						1068155.		
	ction B. Total Support					4			
	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006 262,340.	(c) 2007 135,174.	(d) 2008 139, 935.	(e) 2009 150,132.	(f) Total 1068155.		
7	Amounts from line 4	380,574.	262,340.	135,174.	139,935.	150,132.	1000133.		
8	Gross income from interest,					ļ	•		
	dividends, payments received on	]				J			
	securities loans, rents, royalties	7 776	11 015	0 240	1 150	5 711	37,709.		
	and income from similar sources	7,776.	11,815.	8,249.	4,158.	5,711.	37,709.		
9	Net income from unrelated business	1							
	activities, whether or not the		[		•	<b></b>			
	business is regularly carried on	<u> </u>	<del> </del>	-	<del></del>	<del></del>	<del> </del>		
10	Other income. Do not include gain	ļ		1		1			
	or loss from the sale of capital	1	-	1	]	1			
	assets (Explain in Part IV.)						1105864.		
11	• • • • • • • • • • • • • • • • • • • •	<u>L</u>	<u> 1</u>	<u>L</u>	<u> </u>	40	1103004.		
12	Gross receipts from related activities					12			
13	First five years. If the Form 990 is fo	·	s tirst, second, thii	ra, τουrtn, or τίπτη τ	ax year as a section	on 501(c)(3)	_		
Sa	organization, check this box and storection C. Computation of Publ	lic Support Pe	rcentage	<del></del>	<del></del>	<del></del>			
	Public support percentage for 2009 (			column (fl)		14	96.59 %		
14	Public support percentage for 2009 (			column (i))		15	96.76 %		
15	33 1/3% support test - 2009.if the c			n line 13, and line	14 is 33 1/3% or m		<del></del>		
100	stop here. The organization qualifies					.5.5, 57,550, 6115 50	►X		
	33 1/3% support test - 2008.If the c		_		line 15 is 33 1/3%	or more check th			
'	and stop here. The organization qua				5 15 15 15 17 17 17		<b>▶</b> □		
17	and stop here. The organization qua				13. 16a. or 16b. s	and line 14 is 10%	or more.		
1/1	and if the organization meets the "fac								
	meets the "facts-and-circumstances"					orga	<b>•</b>		
	meets the racts-and-circumstances tes	-	*		-	17a and line 15 is	10% or		
l									
	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								
40	Private foundation. If the organization						ns D		
10	r mate roundation. If the organization	on did not check a	SOA OIT III TO, TO	, a, 100, 174, 01 17		edule A (Form 99)			
					J <b></b>				

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part I )
Sec	tion A. Public Support						
Cale	endar 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				ĺ		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in	}	}				
	any activity that is related to the	İ	]		ļ		
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	İ			}		
	or expended on its behalf					<u> </u>	
5	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	ł	1				
	3 received from disqualified persons						
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		1				
	amount on line 13 for the year						
c	Add lines 7a and 7b						
_8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,				Ţ		
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	L					
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	}		1		1	
	acquired after June 30, 1975				<u> </u>		
•	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is			]			
	regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	lic Support Pe	ercentage				
15	Public support percentage for 2009 (	(line 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2008	8 Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	009 (line 10c, colu	mn (f) divided by l	ne 13, column (f))		17	%
18	Investment income percentage from					18	<u>%</u>
_	33 1/3% support tests - 2009. If the			on line 14, and lin	ne 15 is more than	\	
	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2008. If the	•			· · · · · ·		and
_	line 18 is not more than 33 1/3%, ch	-					▶ 🗔
20	Private foundation. If the organization						<b>▶</b> □
						hedule A (Form 99	0 or 990-EZ) 2009
						•	•

### 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.

2009
Open to Public Inspection

Name of the organization

USS ALABAMA BATTLESHIP FOUNDATION, INC.

Employer identification number 58-2052911

Schedule D (Form 990) 2009

Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pat	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation 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
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	·
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	in Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III   Organizations Maintaining Collections o		Jther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	· ·	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to	,	
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

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

932051 02-01-10

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Par											
	Using the organization's acquisition, accessing										
		on, and other record	is, circon ai	iy Oi tilo i	ioliowing tha	l ale a si	grilloant	130 01 113 0	,011001101	i itoiii.	,
	(check all that apply):			n or ovek	nange progra	me					
a	Public exhibition	d			iange progra	uns					
b	Scholarly research	е		ier	<del></del>	···			-		
С	Preservation for future generations	15		6 4 b 4 b		1		la Dad	VIV		
	Provide a description of the organization's co							se in Part	VIA:		
	During the year, did the organization solicit o					er sımılar	assets	Γ	Yes		No
	to be sold to raise funds rather than to be ma					1 to Form	- 000 Po	<u></u>		!	1 140
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ate ii organ	ization an	isweled 1es	i to For	11 990, Pa	it iv, mie s	<b>9,</b> Or		
			liani far aa	-terbuitoo	- or other se	anta nat					
	is the organization an agent, trustee, custodi	an or other intermed	nary for cor	ILLIDULIOLI	s or other as	56(5)110(	Included		Yes		No
	on Form 990, Part X?	and complete the fo	محامة محسيدها	la.				<u> </u>	1 163		, 140
b	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing tab	10.			Г		Amount		
							1-		Arnoun	·	
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
Ť	Ending balance	202 5	040				1f	<del></del> _	] <b>v</b>		1
	Did the organization include an amount on Fo		217					L	Yes		J No
	If "Yes," explain the arrangement in Part XIV.	£ 4.b			000 David	N/ 1/2 = 1					
Par	t V Endowment Funds. Complete							ana baali	(=) Sau		<u></u>
		(a) Current year	(b) Prio	ryear	(c) Two year	S Dack	(a) Intee y	ears back	(e) Four	years	оаск
	Beginning of year balance					······································		· • • • • • • • • • • • • • • • • • • •	***********	********	<del>                                     </del>
	Contributions						<del></del>				
	Net investment earnings, gains, and losses				**************************************	<del></del>	*********		****	<del></del>	<del></del>
	Grants or scholarships	·····									
е	Other expenditures for facilities										
	and programs	· · · · · · · · · · · · · · · · · · ·									
f	Administrative expenses				<del>;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		**********			<del>-1</del>	<del></del>
9	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a									
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
		%									
За	Are there endowment funds not in the posse	ession of the organiz	ation that a	ire held a	nd admıniste	red for the	ne organiz	zation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		<b>_</b>
	(ii) related organizations								3a(ii)	<del></del> -	<del></del>
ь	If "Yes" to 3a(II), are the related organization:								Зь		L
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building										
	Description of investment	(a) Cost or of basis (investigation)	I		or other (other)	٠.	ccumulate oreciation	i	(d) Boo	k valu	ө
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment	1,	469.				7	64.		7	05.
	Other	•									
	1. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. column	(B), line 1	10(c))			<b>•</b>		7	05.

Schedule D (Form 990) 2009

(a) Description of security or category	(b) Book value		(c) Method of value	
(including name of security)		<del>                                     </del>	ost or end-of-year mai	Ket value
ancial derivatives psely-held equity interests		<u> </u>	<del></del>	<del></del>
ner				
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	<del></del>	<del> </del>		
II. (Col (b) must equal Form 990, Part X, col (B) line 12)	•		······	
irt VIII Investments - Program Related.		13.		
(a) Description of investment type	(b) Book value		(c) Method of value	
		C	ost or end-of-year mai	ket value
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	<del></del>		<del></del>	<del> </del>
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al. (Col (b) must equal Form 990, Part X, col (B) line 13 ) 🕨				
<u> </u>				(b) Book value
<u></u>	ne 15. a) Description			(b) Book value
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	a) Description			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) I	a) Description		<b>&gt;</b>	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) I	a) Description	(b) Amount	•	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount	<b>&gt;</b>	(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	a) Description	(b) Amount		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part	a) Description	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) I art X Other Liabilities. See Form 990, Part (a) Description of liability deral income taxes	ine 15) X, line 25.	(b) Amount		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) (art X Other Liabilities. See Form 990, Part (a) Description of liability	Ine 25.)		ts that reports the or	

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	t XI Reconciliation of Change in Net Assets from Forth 990 to					052911 s	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			,843.
5	Total expenses (Form 990, Part IX, column (A), line 25)			2			,000.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			,843.
4	Net unrealized gains (losses) on investments			4			,710.
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		8	,710.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10	· -		,553.
	t XII Reconciliation of Revenue per Audited Financial Statemen		th Rever	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					
е	Add lines 2a through 2d				2е		
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					
С	Add lines 4a and 4b				4c		
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	ith Expe	nses pe	r Retui	'n	
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.	1 1					
а	Donated services and use of facilities	2a			4		
b	Prior year adjustments	2b			4 1		
С	Other losses	2c			_		
d	Other (Describe in Part XIV.)	_2d			-		
е	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:						
a	investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
	Other (Describe in Part XIV.)	4b			-l . l		
С	Add lines 4a and 4b				4c		<del></del>
5 Do	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIV Supplemental Information				5		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	L lines 1	a and 4: De	et IV lines	1b and 2	Dort V. Jin.	A. Dert
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp						9 4, rait
Λ, ΙΙΙ	e 2, Fatt AI, lifte 6, Fatt AII, liftes 20 and 40, and Fatt AIII, liftes 20 and 40. Also comp	NOTO LINE	part to pre	vide arry a	luditional	momation.	
		· · ·					
					·	- "	
					Sched	ule D (Form	990) 2009

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC USS ALABAMA BATTLESHIP FOUNDATION, Name of the organization Department of the Treasury **SCHEDULE 1** (Form 990)

OMB No 1545-0047

» X **Employer identification number** 58-2052911 Open to Public TO DEVELOP TOURISM AND Inspection (h) Purpose of grant ASSIST IN OPERATING or assistance Yes 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 ame and address of organization (below to government assistance or government assistance and address of organization (below that the control of the 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 KEMORIAL PARK Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection e. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 56,497 63-0482928 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization USS ALABAMA BATTLESHIP COMMISSION 2703 BATTLESHIP PARKWAY MOBILE, AL 36602 Part 1 Part

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance 58-2052911 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if 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. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance INC. USS ALABAMA BATTLESHIP FOUNDATION, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

Schedule I (Form 990) 2009

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009 Open to Public Inspection

Internal Revenue Service

Employer identification number Name of the organization USS ALABAMA BATTLESHIP FOUNDATION, INC. 58-2052911 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SUPPORT THE DEVELOPMENT OF THE USS ALABAMA BATTLESHIP MEMORIAL PARK, AND THE MUSEUM AND DISPLAYS LOCATED AT THE MEMORIAL PARK FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO WILLIAM N. TUNNELL, JR., THE BOARD REPRESENTATIVE FOR REVIEW. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON A REQUEST BASIS.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-2052911

Direct controlling

entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Ð ➤ See separate instructions. Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) INC. USS ALABAMA BATTLESHIP FOUNDATION, ► Attach to Form 990. Primary activity Name, address, and EIN of disregarded entity Name of the organization Parti

Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) ALABAMA OPERATION OF MEMORIAL PARK 63-0482928, 2703 BATTLESHIP PKWY, MOBILE, AL FOURISM- DEVELOPMENT AND Primary activity USS ALABAMA BATTLESHIP COMMISSION Name, address, and EIN of related organization Part II 36602

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

932161 02-04-10

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Schedule R (Form 990) 2009

58-2052911

Page 2

Schedule R (Form 990) 2009 USS ALABAMA BATTLESHIP FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Primary activity Legal domicing fredominant income share of total share of total state of total share of total	(a)	(p)	<b>②</b>	<b>(</b> D)	(e)	€	(6)	ε	8	9
<u></u>	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Seneral or nanaging partner?
										-4
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										_
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Part IV organizations treated as a corporation or trust during the tax year.)

(6)	(4)	3	6)	و	€	[5]	(4)
(3)	2	<u> </u>			_	6	<u>:</u>
Name, address, and EIN of related organization	Primary activity	Legal domicate (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
932162 07-21-10	28	æ		1		Schedule R (Form 990) 2009	n 990) 2009

Page 3

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Yes

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# USS ALABAMA BATTLESHIP FOUNDATION, INC. Schedule R (Form 990) 2009

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- - b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- b Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- 1 Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets

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- Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

nsaction thresholds.	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transc	

Овше	(a) Name of other organization(s)	(b) Transaction	(c)
		type (a-r)	
(2)			
(6)			
(4)			
9			
(9)			
932163 02-04-10	29	Sch	Schedule R (Form 990) 2009

58-2052911

Schedule R (Form 990) 2009 USS ALABAMA BATTLESHIP FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

illat Was Hot a related organization over his recently regarding excession to contain integration participation.	4	(3)	5)	(9)	9	10)	(4)
(b)	2		)				
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	S	Uispropor- tionate	amount in box 20	General or managing
of entity		(state or roreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	Yes No
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