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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

	01 111	e 2009 Calendar year, or tax year beginning OC1 1, 2009 and endir	כן פי	EP 30, 2010	<del></del>
В	Check if			D Employer identific	cation number
•	.,	USE ISS SHELBY COUNTY COMMUNITY HEALTH			
	]Addro	ess label or FOUNDATION			
	Name Johan	type		63-1	182558
F	Initial	To be a second of the second o	/suite	E Telephone numbe	
一	Term	In- Specific DO DOY 400	Juito	•	620-8122
늗	_Jated  Amer				
<u> </u>	ireturr	City or town, state or country, and ZiP + 4		G Gross receipts \$	28,920,962.
_	Appli tion pend			H(a) Is this a group re	
		F Name and address of principal officer CHAD SCROGGINS		for affiliates?	Yes X No
		P.O. BOX 488, ALABASTER, AL 35007		H(b) Are all affiliates inc	cluded? Yes No
		tempt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)
		ite: ▶ N/A		H(c) Group exemptio	n number 🕨
<u>K</u>	F <u>orm o</u>	f organization: X Corporation Trust Association Other ▶ L	Year (	of formation: 1996 N	A State of legal domicile; AL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities. TO INVE	ST	IN THE DEVE	LOPMENT AND
ဋ		SUPPORT OF PROGRAMS THAT IMPROVE THE HEALTH			
ıла	2	Check this box  if the organization discontinued its operations or disposed or			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
త	1			5	0
Ë	5	Total number of employees (Part V, line 2a)		<del></del>	0
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	
Ą	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34			0.
Revenue	1		-	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			<u>v=</u>
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>-4,866,087.</u>	2,822,290.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u>10,095.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-4,866,087.	2,832,385.
	13 '	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,208,715.	2,131,064.
	14 -			<del></del> -	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16:	Professional fundraising fees (Part IX, column (A), line 11e)			
Þe		o Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	- <u>-</u>	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	•	158,917.	152,348.
			-	2,367,632.	2,283,412.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A); line 25).	-	$\frac{2,307,032.}{-7,233,719.}$	548,973.
<u></u>	19	Revenue less expenses Subtract line 18 from line 12			
Net Assets or	<u> </u>	Total assets (Part X line 16) P JAN 1 8 2011	Re	ginning of Current Year	End of Year
SSe	20	Total assets (Fair X, line To)	-	60,054,328.	62,984,232.
et P	21	Total liabilities (Part X, line 26)			50 004 000
		Net assets or fund balances Subtract line 21 from line,20	L	<u>60,054,328.</u>	62,984,232.
P	<u>art"ll</u>				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete Declaration of prepare (other than officer) is based on all information of which preparer has any kno	ments, a wledge	and to the best of my knowled	ge and belief, it is true, correct,
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			,
Sig	3n	Vany Smothe		14/2	12010
He	re	Sygnature of officer		Date	
		CHAD SCROGGINS, PRESIDENT	_		
		Type or print name and title			,
_		Preparer's Date,	Ch		rer's identifying number istructions)
Pai	iou de liUrioj				
Pre	parer's	Trumshame of HORTON, TEE, BUIRNETT, ET AL. PC	1 2.1.	ployed ► [_][	
Use	e Only	yours if self-employed), 3800 COLONNADE PKWY SUITE 500			
		address, and		Phone no > 2	05-967-9744
NA-	the	IRS discuss this return with the preparer shown above? (see instructions)		Ti none no. 🖊 Z	X Yes No
IVI >					

FO	UNDATIO	N	

Form	SUPPLY COMIT COMMONTH UPWILL	62 1102EE0 Dags 2
	1990 (2009) FOUNDATION rt III' Statement of Program Service Accomplishments	63-1182558 Page <b>2</b>
1	Bnefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION	
	TO INVEST IN THE DEVELOPMENT AND SUPPORT OF PROGRAMS THE	
	HEALTH AND WELL BEING OF PEOPLE AND COMMUNITIES IN SHEI	
	ENCOURAGE INCREASED EFFICIENCY AND QUALITY OF HEALTH SE	
	PROVIDE FUNDING FOR CITIZEN HEALTH CARE NEEDS PREVIOUSI	LY SUPPORTED BY
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
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	? Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o	of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code: ) (Expenses \$ 350,400 · including grants of \$ 350,400 · ) (F	Revenue \$
	ASSISTED SHELBY COUNTY COMMUNITY BY SUPPLYING FUNDING F	OR MIDDLE
	ALABAMA AREA AGENCY ON AGING, SAFEHOUSE, SHELBY COUNTY	
		ERS OF ALABAMA,
	ADAPTIVE AQUATICS, FAMILY CONNECTION, AND GREATER SHELE	
	FOUNDATION.	JI COV BROWNING
	78.52.	
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		<del></del>
	(0.1)	D
4b	(Code: ) (Expenses \$ 680,905. including grants of \$ 680,905.) (I	
	ASSISTED THE SHELBY COUNTY COMMUNITY BY SUPPLYING FUNDI	ING AGENCIES WITH
	THE COSTS OF INMATE HEATLH CARE AND EMS UNITS.	
	<u> projet</u>	·
	The state of the s	
	P. C.	
	- 17 特別 / A - A - A - A - A - A - A - A - A - A	
4c	(Code: ) (Expenses \$ 870,000 · including grants of \$ 870,000 · ) (I	
	ASSISTED THE SHELBY COUNTY COMMUNITY BY SUPPLYING FUND	
	CHILTON/SHELBY MENTAL HEALTH CENTER, SHELBY BAPTIST MEI	
	ALABAMA DEPARTMENT OF MENTAL HEALTH, SHELBY COUNTY HEAD	TH DEPARTMENT,
	COMMUNITY OF HOPE HEALTH, AND EASTER SEALS PEDIATRIC.	
	<u>'</u>	
	·	
	Track of a second	
_		
4d	Other program services. (Describe in Schedule O.)	
_	(Expenses \$ 229,759. including grants of \$ 229,759.) (Revenue \$	
4e	Total program service expenses ▶\$ 2,131,064.	
	`.oup.a.a	Form <b>990</b> (2009)

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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	990 (2009) FOUNDATION 63-1182	<u>558</u>	<u>P</u>	age 3
Par	t IV. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	L	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		ĺ	1
	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			i
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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			
•	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		х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	<u> </u>		
''		11	x	
_	as applicable	<del>  ''</del>	A.	-
•	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	, v.,		
•	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.	1		
•	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.	<u> </u>	"	
•	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	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	1	1	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u> </u>	<u> </u>	<b>↓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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	<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	İ
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	L	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	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	School of School of C. Post III	10		v

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Form 990 (2009) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </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	1 1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.0
	Schedule J	23		<u> </u>
24a		, ,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	.		v
	Schedule K. If "No", go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
A	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	and the first control of the control	2.70		
LUG	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.00		
•	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		х
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		Х
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			i
	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		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		ł	,,,
	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	00		X
•	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Α_
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		**-
	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?	T-7-		
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			l
	Note. All Form 990 filers are required to complete Schedule O.	<u> 38</u>	000 /	<u> </u>  2009)
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Form 990 (2009)

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Form 990 (2009) FOUNDATION

Part 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	1a		0 *:	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0	١.	ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			_
	(gambling) winnings to prize winners?			1c	<u> </u>	<u> </u>
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	2a		<u> </u>	<del> </del>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	ļ	<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	instru	ctions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his return?	_3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	πty over, a	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	_4a	ļ	<u> </u>
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 a	and			ļ
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	•	_5b	-	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	ırdıng	Prohibited			
	Tax Shelter Transaction?			5c	-	——
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit		1	l
	any contributions that were not tax deductible?			_6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	or gifts		1	
	were not tax deductible?			6b	<del> </del>	
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	_		3.
	provided to the payor?			_7a	╁	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7b</u>	┼	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	_		- v
	to file Form 8282?	د ا	I	7c	<del>                                     </del>	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				ł
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a phones contract?	961201	ıaı	70		
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	raa+2		7e 7f	<del>                                     </del>	+
†	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'			7g	<del>                                     </del>	<del>                                     </del>
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		ogured?	7 <u>9</u> 7h	+	<del> </del>
Δ,	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			'''	1	<del>                                     </del>
J	supporting organizations maintaining donor advised funds and section 303(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc					
	at any time during the year?	000 0	Johnson Holalingo	8		
9	Sponsoring organizations maintaining donor advised funds.		•	<u> </u>	1	1
a	Did the organization make any taxable distributions under section 4966?			9a		_
b	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b		
10	Section 501(c)(7) organizations. Enter:				-	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	and the second of the second o	10b		- ;		
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		}		
	Gross income from other sources (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	116			1.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				$\mathbb{L}^{-}$
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Part VII 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.

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  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?  14 X  15 Does the organization have a written document retention and destruction policy?  16 Does the organization have a written document retention and destruction policy?  17 The organization's CEO, Executive Director, or top management official persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  18 Other officers or key employees of the organization  19 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  10 If "Yes," has the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  19 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  10 If "Yes," has the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  19 Own website Another's website X Upon request  19 Osenche in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  12b CHAD SCROGGINS - 205-620-8122	Sec	tion A. Governing Body and Management					
b Enter the number of voting members that are independent  Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons who may elect one or more members of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body and the relative of such chapters, affiliates, and branches to ensure of the governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization flag the form?  In the proposition have a written organization have a written organization to review this person proposi			ı	1		Yes	No
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FOUNDATION

Form 990 (2009)

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Page 7

Part:VIII 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.

X Check this box if the organization did		y cu	rren			, dıre	cto		<del></del>	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and Title	Average hours	l (ct		Posi		app	ħA.	Reportable compensation	Reportable compensation	Estimated amount of
	per			( a., (	i lat	app	''	from	from related	other
	week	directo						the	organizations	compensation
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		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related
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REGINALD HOLLOWAY BOARD MEMEBER		x	ļ					0.	0.	0.
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BOARD MEMEBER		x				1		0.	0.	0.
DAVID YEAGER		_ <del>-</del>	Г							
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	t.VII Section A. Officers, Directors, 1	(B)			(0	>)			(D)	(E)	(F)		
	Name and title	Average hours	(cl		Posi all 1		ı app	ly)	Reportable compensation	Reportable compensation	,	Estimat amount	
		per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C) (	other ompens from th organiza and rela	ation ne tion ted
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-	Total  Total number of individuals (including bu	4 4 l 4 - 4 - 4 l		linke			2) 144		0.	000 in reportable	0.		0
2	compensation from the organization	t not limited to ti	1056	IISTE	o a	JUV	<del></del>		eceived more than \$100	,000 in reportable	<del>,</del>		
3	Did the organization list any former offic			, ke	y en	olqı	yee,	or h	nighest compensated en	nployee on			
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	sum of reportab	le c							the organization			X
5	and related organizations greater than \$ Did any person listed on line 1a receive or	or accrue compe	nsat	ion f						ces rendered to		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
Sec	the organization? If "Yes," complete Sch	edule J for such	pers	on					···			5	X
1	Complete this table for your five highest	compensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensatio	n from	
	the organization. NONE  (A)  Name and busine	see address					-		(B) Description of s	ervices	Com	(C)	
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	V2 1												<u> </u>
2	Total number of independent contractor \$100,000 in compensation from the organization fr		not li	mite	d to		se li 0	stec	d above) who received n	nore than	· *	* * * * * * * * * * * * * * * * * * *	, - , -
	08 02-04-10									<u></u>	Fo	rm <b>990</b>	(2009

	990 (2009)	FOUNI	DATION				63-1182	558 Page <b>9</b>
Pa	rt VIII State	ement of Reve	nue					
1	· · · · · · · · · · · · · · · · · · ·		ı		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	f All other co similar amo	nip dues ng events	its, and live If					·
<u> </u>	_ h Total. Add							
Program Service Revenue			Ï	Business Code				
4	. f . All other p	rogram service reve	enue					
	other simil	I lines 2a-2f It income (including Iar amounts) In investment of ta		•	2180339.	2180339.		
	6 a Gross Rer b Less: rent c Rental inc d Net rental	al expenses	(i) Real	(ii) Personal				
	assets oth	ss)	(i) Securities 26,730,528, 26,088,577, 641951.	(ii) Other	641,951.	641,951.	. , ,	
Other Revenue	8 a Gross inco including contribution Part IV, lin b Less dire	ome from fundraisir  \$ons reported on line e 18	of of 1c). See a b					
	9 a Gross inco Part IV, lin b Less: dire	ome from gaming a le 19	ctivities. See a b			d		
	and allow b Less: cos c Net incom	t of goods sold ne or (loss) from sale	a b es of inventory	<b>&gt;</b>	-	-		
	11 a	scellaneous Reveni	ne	Business Code				
	d All other re	evenue d lines 11a-11d		•	10,095. 10,095.			
	12 Total rever	nue. See instructions.	<u> </u>		2832385.	2832385.		0.
9320 02-0	09 I-10							Form <b>990</b> (2009)

932010 02-04-10

# Part IX Statement of Functional Expenses

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

Doı	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	d (D). (D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and			* ***	
	organizations in the U.S. See Part IV, line 21	2,131,064.	2,131,064.		
2	Grants and other assistance to individuals in		·		, ,
	the U.S. See Part IV, line 22			100 00 -10 3	· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	[	ĺ	•	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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 .			<del></del>	
C	Accounting				
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	138,365.		138,365.	
g	Other	6,763.		6,763.	
12	Advertising and promotion				<del></del>
13	Office expenses			<del></del> -	
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance	6,825.		6,825.	
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.)				·
а	FOREIGN TAXES	204.		204.	
b		169.		169.	
C	BOARD MEETING EXPENSE	22.		22.	
d	· ( , :)				
e	- / /				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,283,412.	2,131,064.	152,348.	0.
26	Joint costs. Check here I If following				
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Form 990 (2009)

Part X Balance

Pa	t X^	Balance Sheet				
	, ,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,305,411.	1	797,533.
	2	Savings and temporary cash investments			2	
	<b>'3</b> <sup>2</sup>	Pledges and grants receivable, net		3		
	4.	Accounts receivable, net		4		
	5	Receivables from current and former officers, di	ectors, trustees, key	1	, '	
	- 5	employees, and highest compensated employee	es Complete Part II		1	**
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			1
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) Complete		731	, F
		Part II of Schedule L			6	
इ	7	Notes and loans receivable, net .			7	
Assets	8	Inventories for sale or use	•		8	
Ř	9 ;	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other			,	, , , , ,
	1.5	basis. Complete Part VI of Schedule D	10a			1,3
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		56,074,992.	11	61,383,423.
	12	Investments - other securities. See Part IV, line 1	555,823.	12	724,517.	
	13	Investments - program-related. See Part IV, line		13		
	14 ^	Intangible assets			14	
	15	Other assets. See Part IV, line 11		118,102.	15	78,759.
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	60,054,328.	16	62,984,232.
		Accounts payable and accrued expenses			17	
	18	Grants payable .		"	18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Payables to current and former officers, director		,		1
į		highest compensated employees, and disqualifi	ed persons. Complete Part II			
_	,	of Schedule L	•		22	
	23	Secured mortgages and notes payable to unrela			23	<del></del>
		"Unsecured notes and loans payable to unrelate	d third parties		24	
	l	Other liabilities. Complete Part X of Schedule D		0.	25	0,
_	26	Total liabilities. Add lines 17 through 25	and complete		26	
"		Organizations that follow SFAS 117, check he	and complete			ا مولان بدير .
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			27	ا
lar		. Temporarily restricted net assets			28	
ě	i	Rermanently restricted net assets	•	·	29	
Š	29	Organizations that do not follow SFAS 117, c				
F		complete lines 30 through 34.	medicine P Land	5 / 1	1	
ş	30	† Capital stock or trust principal, or current funds	0.	30	0.	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	0.	31	0.	
Ĕ	32	Retained earnings, endowment, accumulated in		60,054,328.	32	62,984,232.
ž	33	Total net assets or fund balances	,	60,054,328.	33	62,984,232.
	34	Total liabilities and net assets/fund balances		60,054,328.	34	62,984,232.
	<del></del>					Form 990 (2009)

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Form	990 (20	09)

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## SHELBY COUNTY COMMUNITY HEALTH

FOUNDATION

63-1182558 Page **12** 

Pa	t XI Financial Statements and Reporting			
	· () () () () () () () () () () () () ()		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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	X	L
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	i		
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u></u>
		Form	990	(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. Open to Public

OMB No 1545-0047

Name of the organization

SHELBY COUNTY COMMUNITY HEALTH

**Employer identification number** 63-1182558

		FOUNDAT		_					63	<u>8-1182558</u>
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
The organ	nzation is not a	private foundation t	pecause it is: (For lines 1	through 1	11, check	only one b	ox)			
1 🛄	A church, co	nvention of churches	, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)			
2 🛄	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	hedule E.)						
з 🖳	A hospital or	a cooperative hospit	al service organization d	described i	n section	170(b)(1)(	A)(iii).			
4	A medical res	earch organization o	perated in conjunction v	with a hos	pıtal descr	ibed in <b>se</b>	ction 170(	(b)(1)(A)(iii	). Enter tl	he hospital's name,
	city, and stat	θ					_			<del></del>
5	An organizati	on operated for the I	penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unıt	describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (Comple	te Part II.)							
6 🖳	•	. •	ent or governmental unit							
7 L	An organizati	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (Complet	te Part II.)							
8 🖳			ection 170(b)(1)(A)(vi). (							
9	.7 %		eives: (1) more than 33 1							
	•	•	ictions - subject to certa							-
			xable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 30, 1975.
—		<b>509(a)(2).</b> (Complete	·							
10	-	-	erated exclusively to tes	·=	-			-		
11 LX			erated exclusively for th							
	-	- · · ·	tions described in section				). See <b>sec</b>	tion 509(a	a)(3). Che	ock the box that
	a X Type	- · · ·	organization and comple Type II c		e III - Func		paratod		-a [	Type III - Other
	• •		t the organization is not	• •		_	-	more disc	u Lalified r	• •
e	. 444		nan one or more publicly							
	. '	=	ten determination from t						(a)(1) 01 3	360tion 303(a)(2).
•	_	rganization, check th				pe i, Typo	ii, oi Type			
g		•	rganization accepted an	v aft or co	ontribution	from any	of the follo	owing pers	ons?	
9			rectly controls, either ale							Yes No
			ipported organization?	oo o. 10g		<b>P</b> 0.00		() (.	., ,	11g(i) X
	_		described in (i) above?							11g(ii) X
1		•	person described in (i) o		∍?					11g(iii) X
h s			about the supported org				•			
•	grate bath in	Ū		-	, ,					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	ı notıfy the	(vi) ls	the	(vii) Amount of
	anization	(,	l (docombod on linge 1-0	, , <i>,</i>	sted in your			organızatıc (i) organiz	on in col.   ed in the	support
·			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
SHELE										
COUNT	Y, AL	63-6001694	6	X		X		X		<u>2131064.</u>
•	لاد باستان میه			<u> </u>						
	er direction and			}		1 _				
	······································			1		1	1	<u> </u>		

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

2,131,064.

932021 02-08-10

<u>Total</u>

Schedule A	(Form	990 or	990-EZ	2009
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Sche	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa		_		Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(vi	i)
<u></u>	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
	tion A. Public Support				T	<del>                                     </del>	
	ndar year.(or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					<del>                                     </del>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1		1	
_	or expended on its behalf					<del> </del>	<del>-</del>
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions					1 . 1	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					Men 4 5 2 2 2 2	
	on line 1 that exceeds 2% of the	, ,				,	
	amount shown on line 11,			,			
_	column (f)		,		<del> </del>		
	Public support. Subtract line 5 from line 4 tion B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	/-\ 2005	(F) 2006	(a) 2007	(d) 200B	(e) 2009	/f\ Total
	Amounts from line 4	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gross income from interest,				<del></del>		
0	dividends, payments received on				İ		
	·						
	securities loans, rents, royalties and income from similar sources				1	1	
9	Net income from unrelated business				<del> </del>	<del>                                     </del>	
9						1	
	activities, whether or not the business is regularly carried on				]		
10	Other income. Do not include gain	<del></del>				<del>                                     </del>	
10	· · · · · · · · · · · · · · · · · · ·					1	
	or loss from the sale of capital				1	1	
4.4	assets (Explain in Part IV)  Total support. Add lines 7 through 10	ļ		<del></del>			
11		oto /oss motoret	l	<u></u>	<u> </u>	12	
12	Gross receipts from related activities	*	•	od fourth or fifth t	av voor oo o oosti		
13	First five years. If the Form 990 is fo organization, check this box and stop	•	s iirst, second, triii	a, iourai, or iiitii t	ax year as a secti	011 30 1(0)(3)	▶□
Sec	tion C. Computation of Publ		rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (	<del></del>		column (fl)		14	%
15	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•			15	%
	33 1/3% support test - 2009. If the c			n line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies	_				,	▶□
b	33 1/3% support test - 2008. If the c		-		l line 15 is 33 1/3%	6 or more, check thi	s box
	and stop here. The organization qua						▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances tes	-	·			17a, and line 15 is 1	0% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						. ▶□
_18	Private foundation. If the organization						<u>, ▶</u>

	ا مار خود را دو در در در در در در در در در در در در در		_				
	a						
	The state of the s						
Sche	edule A (Form 990 or 990 EZ) 2009 rt III: Support Schedule for (	Tranizations	Described in	Section 500/a	1(2) (2		Page 3
	tion A. Public Support	J gariizations	Described III	Section Sos(a	//=/ (Complete only	/ If you checked the bo	x on line 9 of Part L)
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2005	(B) 2006	(6) 2007	(0) 2008	(e) 2009	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")		1				
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in					l	
	any activity that is related to the organization's tax-exempt purpose		1		1		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		1				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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					<u> </u>	
	Total. Add lines 1 through 5						<del></del>
7 a	Amounts included on lines 1, 2, and	}	ļ				
	3 received from disqualified persons					<del> </del>	
D	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		ŀ				
_	amount on line 13 for the year  Add lines 7a and 7b			<del> </del>			<del></del>
	Public support (Subtract line 7c from line 6)		-	1			
	etion B. Total Support	1	<u> </u>	<u> </u>	·	_ <del>                                      </del>	·
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ		<del> </del>	
	Add lines 10a and 10b						·
11	Net income from unrelated business activities not included in line 10b,					1	
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital		1	1		1	
12	assets (Explain in Part IV.)	-		<del> </del>	<del> </del>		
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	r the organization	e first second the	rd fourth or fifth t	ax year as a sect	on 501(c)(3) organiz	ation
1-4	check this box and stop here	o organization	o mot, scoone, till	ivariii, vi mili t	, Juli 40 4 3001	os i (o)(o) organiz	<b>▶</b> □
Sec	ction C. Computation of Publ	lic Support Pe	ercentage				
	Public support percentage for 2009 (			column (f))		15	%
	Public support percentage from 2008			·		16	%
	ction D. Computation of Inve			)			
17	Investment income percentage for 20	<b>009</b> (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	

9a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
13. 1/39/C support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33.1/3%, and

133 1/3% support tests - 2006. If the organization did not check a box on line 14 of line 13a, and line 10 is more than 35 1/3%, and	ilu
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
Private foundation If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

# Schedule D

Department of the Treasury Internal Revenue Service

(Form 990) 49

**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.

Open to Public

OMB No 1545-0047

Name of the organization

SHELBY COUNTY COMMUNITY HEALTH FOUNDATION

Employer identification number 63-1182558

Par	tʾl🌡 Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
	3 1/4	(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 adv	ised funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	tili 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	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn	n 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
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		ne 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		f
	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 durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	and the second s		
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 p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	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 services	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical tre		ıal gaın, provide
	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>\$</b>
b	Assets included in Form 990, Part X		▶ \$

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	dule D (Form 990) 2009 FOUNDAT							<u>63-11</u>			<u> 2</u>
Par	t,III. Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, o	r Other	Simil	ar Asse	ts (cont	inued)	_
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ls, check	any of the	following that	are a sıgı	nıfıcant	use of its	collectio	n items	
а	Public exhibition	d	🗀 Lo	oan or excl	hange prograr	ns					
b	Scholarly research	е	. 🔲 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatioi	n's exem <sub>l</sub>	ot purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical treas	sures, or other	r sımılar a	ssets				
	to be sold to raise funds rather than to be m	aintained as part of t	the organi	zation's co	llection?				Yes		No
Par	t IV: Escrow and Custodial Arran	gements. Comple	ete if orga	nızatıon ar	nswered "Yes"	to Form	990, Pa	art IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermed	diary for co	ontribution	s or other ass	ets not in	cluded		Yes		νo
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	ıble.							
									Amoun	<u>t</u>	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year .						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F		21?						<b>」Yes</b>	N	No
_	If "Yes," explain the arrangement in Part XIV							_			
Par	t V, Endowment Funds. Complete	f the organization ar	swered "	Yes" to Fo							
	- State of the state of the	(a) Current year	( <b>b</b> ) Pri	or year	(c) Two years	back (d	) Three y	ears back	(e) Four	years ba	<u>ck</u>
1a	Beginning of year balance					<u> </u>			ļ.—		
b	Contributions								<del> </del>		
C	Net investment earnings, gains, and losses							<del></del>	<del> </del>		
d	Grants or scholarships								ļ		
е	Other expenditures for facilities				, ,				<u> </u>		
_	and programs				1	<del></del>	····		<del> </del>		
f	Administrative expenses					- , -			<del> </del>		_
9	End of year balance				L				<u> </u>		
2	Provide the estimated percentage of the year	ir end balance neld a	as:								
a	Board designated or quasi-endowment	0/	_%								
D	Permanent endowment ▶  Term endowment ▶	% %									
2-			ation that	ara bald a	nd administra	ad for tha	0.000	-otion			
Sa	Are there endowment funds not in the posse	sssion of the organiz	ation that	ale lielu a	nu aummister	ed for the	organi	ZaliUII		Yes N	
	by:								20(i)	tes N	10
	(ii) unrelated organizations (ii) related organizations				•				3a(i) 3a(ii)		
	If "Yes" to 3a(ii), are the related organization	e lieted as required o	n Schodi	D2 جار	٠				3b		
4	Describe in Part XIV the intended uses of the	-							_30		
Pai	t VI Investments - Land, Building				Part X, line 1	0					
	Description of investment	(a) Cost or o			or other	(c) Acc	umulate	ed	(d) Boo	k value	
	Boson priori or invocatione	basis (investi	I .		(other)		eciation		(4, 200		
1a	Land						•	·			_
ь	Buildings										
c	Leasehold improvements		1				<u> </u>				_
d	Equipment										_
e	Other	•									_
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, columi	n (B), line 1	10(c))			<b>•</b>		- (	0.
	E Little And Control of Anna Control	<u> , </u>		1-71				Schedule	D (Forn		
									. ,	,	

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4 xi4. 4 4 4 SHELBY COUNTY COMMUNITY HEALTH - - - - . Ey, " FOUNDATION Schedule D (Form 990) 2009 63-1182558 Page 3 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Other 1988 12 24 1 24 Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX: Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value - ; Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X 6 Other Liabilities. See Form 990, Part X, line 25. 2 1 1 1 1 1 1 W (a) Description of liability (b) Amount Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	dule D (Form 990) 2009 FOUNDATION		<del></del>		<u> 182558</u>	Page 4
Pai	tXI Reconciliation of Change in Net Assets from Form 990 to	Audited Fi	nancial Stat	ements	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,832	<u>,385.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		. 2		2,283	412.
3	Excess or (deficit) for the year Subtract line 2 from line 1	•••	3		548	<u>,973.</u>
4	Net unrealized gains (losses) on investments		4		2,380	<u>,931.</u>
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		2,380	.931.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10		2,929	
Par	t XIII Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	2,832	.385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		•	1		,
a	Net unrealized gains on investments	2a				
_	Donated services and use of facilities	2b		ן 'ו		
b		2c	-	- ,': l		
C	Recoveries of prior year grants			⊣ તુન		
d	Other (Describe in Part XIV)	2d				Λ
е	Add lines 2a through 2d			2e	2,832	305
3	Subtract line 2e from line 1	•		3	4,634	, 303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- MINES		
b	Other (Describe in Part XIV.)	_4b				^
С	Add lines 4a and 4b			4c	2 022	<del> </del>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	\A/iab I		5	2,832	,385.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents with i	expenses pe	1 1	<u>n</u>	411
1	Total expenses and losses per audited financial statements		•	1 1	2,283	<u>,411.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	Donated services and use of facilities	2a		-l `` [l		
b	Prior year adjustments .	2b				
С	Other losses	. 2c				
d	Other (Describe in Part XIV.)	2d				_
е	Add lines 2a through 2d . ,	•		2e		0.
3	Subtract line 2e from line 1			3	2,283	<u>,411.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_ا ، ا		
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,283	<u>,411.</u>
Pa	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con					4; Part
	1-					
		- <u></u> -				
					_	
	16°					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SHELBY COUNTY COMMUNITY HEALTH

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public

Inspection

**Employer identification number** 

► Attach to Form 990.

**2** PEOPLE AND COMMUNITIES IN OF PROGRAMS THAT IMPROVE HEALTH AND WELL BEING OF 63-1182558 DEVELOPMENT AND SUPPORT (h) Purpose of grant or assistance X 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 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 1 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) ď (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of 2,131,064 cash grant (c) IRC section if applicable General Information on Grants and Assistance 63-6001694 (p) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government SHELBY COUNTY, ALABAMA Part Parti

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Page 2

63-1182558

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FOUNDATION

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. Schedule I (Form 990) 2009
-Part III Grants and Other

1 {	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	if additional spa				ANC 10 100 100 100 100 100 100 100 100 100		
1000年	(a) Type of grant or assistance		(b) Number of recipients	cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description o	(f) Description of non-cash assistance
	5.4	,		,	مغ .	j.		y d
				!				
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	his part to provid	le the informatio	n required in Part I,	line 2, and any other	additional information.		
SCHEDULE	I, PART I, LINE	2: THE CO	COMPANY MONITORS	NITORS THE	THE USE OF GR	GRANT FUNDS		
THROUGH	ANNUAL UPDATES	AND REQUEST	AUDITED		FINANCIAL STATEMENTS	S FOR THOSE		
UTILIZING	ING GRANTS.							
PART I	PART II, LINE 1, COLUMN (H):	):						
NAME O	NAME OF ORGANIZATION OR GOVERNMENT:	VERNMENT	1	SHELBY COUNTY, ALABAMA	LABAMA			
UH) PU	(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPMENT AND SUPPORT OF PROGRAMS	SISTANCE	DEVELO	PMENT AND	SUPPORT OF	PROGRAMS		
THAT	THAT IMPROVE HEALTH AND WELL BEING	LL BEING	OF	LE AND COM	PEOPLE AND COMMUNITIES IN	N SHELBY		

## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public
Inspection

Name of the organization

SHELBY COUNTY COMMUNITY HEALTH FOUNDATION

Employer identification number 63-1182558

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND COMMUNITIES IN SHELBY COUNTY, TO ENCOURAGE INCREASED EFFICIENCY AND
QUALITY OF HEALTH SERVICES AND PROVIDE FUNDING FOR CITIZEN HEALTH CARE
NEEDS PREVIOUSLY SUPPORTED BY THE COUNTY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COUNTY.
THE COUNTY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ASSISTED THE SHELBY COUNTY COMMUNITY BY SUPPLYING FUNDING TO VARIOUS
OTHER ORGANIZATIONS IN THE AREA.
EXPENSES \$ 229759. INCLUDING GRANTS OF \$ 229759. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS CHAD SCROGGINS AND
REGINALD HOLLOWAY BOTH WORK FOR SHELBY COUNTY.
FORM 990, PART VI, SECTION B, LINE 11: CERTAIN DIRECTORS REVIEW FORM 990
EACH YEAR FOR ACCURACY OF INFORMATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.