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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **05/01/10**, and ending **04/30/11****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**Alabama Junior Miss Scholarship Fou**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**P.O. Box 231180**

Room/suite

City or town, state or country, and ZIP + 4

**Montgomery****AL 36123****D** Employer identification number**63-0822497****E** Telephone number**334-244-9066****G** Gross receipts \$**364,005****F** Name and address of principal officer**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: **N/A****H(c)** Group exemption number**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation**M** State of legal domicile**Part I Summary**

|                                                          |                                                                                                                                                                       |                           |              |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance                                  | 1 Briefly describe the organization's mission or most significant activities<br><b>TO FUND COLLEGE SCHOLARSHIPS FOR PARTICIPANTS IN ALABAMA'S JUNIOR MISS PAGEANT</b> |                           |              |
|                                                          | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                              |                           |              |
|                                                          | 3                                                                                                                                                                     | 12                        |              |
|                                                          | 4                                                                                                                                                                     | 12                        |              |
|                                                          | 5                                                                                                                                                                     | 0                         |              |
|                                                          | 6                                                                                                                                                                     | 12                        |              |
|                                                          | 7a                                                                                                                                                                    |                           |              |
| 7b                                                       |                                                                                                                                                                       | 0                         |              |
| Revenue                                                  | 8 Contributions and grants (Part VIII, line 1h)                                                                                                                       | Prior Year                | Current Year |
|                                                          | 9 Program service revenue (Part VIII, line 2g)                                                                                                                        | 298,644                   | 309,611      |
|                                                          | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                      | 14,724                    | -6,028       |
|                                                          | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                           |                           |              |
|                                                          | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                 | 313,368                   | 303,583      |
| Expenses                                                 | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                   | 310,325                   | 309,394      |
|                                                          | 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                      |                           |              |
|                                                          | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                  |                           |              |
|                                                          | 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                     |                           |              |
|                                                          | b Total fundraising expenses (Part IX, column (D), line 25)                                                                                                           |                           |              |
|                                                          | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                       | 2,077                     | 2,681        |
|                                                          | 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                         | 312,402                   | 312,075      |
| 19 Revenue less expenses - Subtract line 18 from line 12 | 966                                                                                                                                                                   | -8,492                    |              |
| Net Assets or Fund Balances                              | 20 Total assets (Part X, line 16)                                                                                                                                     | Beginning of Current Year | End of Year  |
|                                                          | 21 Total liabilities (Part X, line 26)                                                                                                                                | 497,204                   | 521,917      |
|                                                          | 22 Net assets or fund balances - Subtract line 21 from line 20                                                                                                        | 0                         | 0            |

**Part II Signature Block**

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

Sign  
Here

Signature of officer

**Barry Leavell****President**

Date

**2/7/12**

Type or print name and title

Paid

Preparer  
Use Only

Print/Type preparer's name

**JAMES E. BLAKE, CPA**

Preparer's signature

**James E. Blake CPA**

Date

**2/3/12**Check ☐ if

self-employed

PTIN

**P00144882**Firm's name **ALDRIDGE, BORDEN & COMPANY, PC**Firm's EIN **63-0781330**Firm's address **74 COMMERCE STREET**Phone no **334-834-6640****MONTGOMERY, AL 36104**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

G17

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission**TO FUND COLLEGE SCHOLARSHIPS FOR PARTICIPANTS IN ALABAMA'S JUNIOR MISS PAGEANT****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 ☒ 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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

|           |         |              |                        |             |   |
|-----------|---------|--------------|------------------------|-------------|---|
| <b>4a</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ | ) |
|-----------|---------|--------------|------------------------|-------------|---|

|           |         |              |                        |             |   |
|-----------|---------|--------------|------------------------|-------------|---|
| <b>4b</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ | ) |
|-----------|---------|--------------|------------------------|-------------|---|

|           |         |              |                        |             |   |
|-----------|---------|--------------|------------------------|-------------|---|
| <b>4c</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ | ) |
|-----------|---------|--------------|------------------------|-------------|---|

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                              | Yes      | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                   | <b>X</b> |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)                                                                                                                                                   | <b>X</b> |          |
| <b>3</b> 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                                                                |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                 |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         |          | <b>X</b> |
| <b>6</b> 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  |          | <b>X</b> |
| <b>7</b> 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                                      |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                   |          | <b>X</b> |
| <b>9</b> 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 |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                       |          | <b>X</b> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                     |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                 |          | <b>X</b> |
| <b>b</b> 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                                               |          | <b>X</b> |
| <b>c</b> 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                                               |          | <b>X</b> |
| <b>d</b> 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                                                                |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                               |          | <b>X</b> |
| <b>f</b> 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 (ASC 740)? If "Yes," complete Schedule D, Part X      |          | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                           |          | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                       |          | <b>X</b> |
| <b>b</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, Parts I and IV                     |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                              |          | <b>X</b> |
| <b>16</b> 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, Parts III and IV                                  |          | <b>X</b> |
| <b>17</b> 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 (see instructions)                                      |          | <b>X</b> |
| <b>18</b> 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                                                                     |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                               |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                 |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                 |          |          |
| <b>20b</b>                                                                                                                                                                                                                                                   |          |          |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                          | Yes      | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>21</b> 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                                                               |          | <b>X</b> |
| <b>22</b> 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                                                                                | <b>X</b> |          |
| <b>23</b> 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                           |          | <b>X</b> |
| <b>24a</b> 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 |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                               |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                      |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                         |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                          |          | <b>X</b> |
| <b>b</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             |          | <b>X</b> |
| <b>26</b> 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                                         |          | <b>X</b> |
| <b>27</b> 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                 |          | <b>X</b> |
| <b>28</b> 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)                                                                                   |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                         |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                      |          | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                          |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                                                       |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                       |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                             |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                                                                           |          | <b>X</b> |
| <b>33</b> 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                                                                                           |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                                                                                              |          | <b>X</b> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                      |          | <b>X</b> |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                     |          |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                |          | <b>X</b> |
| <b>37</b> 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                                                  |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                             | <b>X</b> |          |

☐ Yes ☒ No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

|            |                                                                                                                                                                                                                                                                              | Yes       | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | <b>1a</b> | 0  |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | <b>1b</b> | 0  |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     |           | X  |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                               | <b>2a</b> | 0  |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          |           |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                |           | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            |           |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |           | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                           |           |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        |           | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |           | X  |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            |           |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  |           | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |           |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |           |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              |           | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |           |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |           | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           |           |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |           | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |           | X  |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             |           |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           |           |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |           |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |           |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |           |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |           |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |           |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    |           |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 |           |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |           |    |
| <b>11a</b> | Gross income from members or shareholders.                                                                                                                                                                                                                                   |           |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                 |           |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |           |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       |           |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |           |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             |           |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   |           |    |
| <b>13c</b> | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        |           |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |           | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   |           |    |

**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.

Check if Schedule O contains a response to any question in this Part VI

☒ **X**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              | Yes       | No       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>12</b> |          |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>12</b> |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>X</b>  |          |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |           | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |           | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |           | <b>X</b> |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                 |           | <b>X</b> |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        |           | <b>X</b> |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             |           | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |           |          |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>X</b>  |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>X</b>  |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |           | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                         | Yes | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                          |     | <b>X</b> |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                                                             |     |          |
| <b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                           |     | <b>X</b> |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                   |     |          |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                     |     | <b>X</b> |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              |     |          |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             |     |          |
| <b>13</b> Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    |     | <b>X</b> |
| <b>14</b> Does the organization have a written document retention and destruction policy?                                                                                                                                                                                                               |     | <b>X</b> |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                          |     |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         |     | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                            |     | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)                                                                                                                                                                                                                      |     |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | <b>X</b> |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |          |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 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 ► **Bruce Triftshauser**  
**4349 White Acres Rd**  
**Montgomery AL 36106**

**334-717-3888**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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.

- 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, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

| (A)<br>Name and Title                | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                      |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Katrina Belt<br>Board Member     | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Kimberly Cyr<br>Board Member     | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Lisa Jones<br>Board Member       | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Michael Jones<br>Board Member    | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Starla Jones<br>Board Member     | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Laura Leavell<br>Board Member    | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Kim Skoneki<br>Board Member      | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Sarah Strickland<br>Board Member | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Sandra Summerlin<br>Board Member | 0.00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Beth Kingry<br>Treasurer        | 0.00                                                                                   |                                        |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Barry Leavell<br>President      | 0.00                                                                                   |                                        |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Bruce Triftshauser<br>Secretary | 0.00                                                                                   |                                        |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13)                                 |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14)                                 |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (15)                                 |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16)                                 |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (17)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (26)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (27)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (28)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|          | Yes | No       |
|----------|-----|----------|
| <b>3</b> |     | <b>X</b> |
| <b>4</b> |     | <b>X</b> |
| <b>5</b> |     | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

|                                                                   |                                                                                                                         |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | 1a Federated campaigns                                                                                                  | 1a                        |                      |                                                    |                                         |                                                                           |
|                                                                   | b Membership dues                                                                                                       | 1b                        |                      |                                                    |                                         |                                                                           |
|                                                                   | c Fundraising events                                                                                                    | 1c                        |                      |                                                    |                                         |                                                                           |
|                                                                   | d Related organizations                                                                                                 | 1d                        |                      |                                                    |                                         |                                                                           |
|                                                                   | e Government grants (contributions)                                                                                     | 1e                        |                      |                                                    |                                         |                                                                           |
|                                                                   | f All other contributions, gifts, grants,<br>and similar amounts not included above                                     | 1f                        | 309,611              |                                                    |                                         |                                                                           |
|                                                                   | g Noncash contributions included in lines 1a-1f \$                                                                      |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>h Total. Add lines 1a-1f</b>                                                                                         |                           | <b>309,611</b>       |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    | 2a                                     | Busn. Code                |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                                                                                       |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                                                                                       |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                                                                                       |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | e                                                                                                                       |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | f All other program service revenue                                                                                     |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>g Total. Add lines 2a-2f</b>                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| <b>Other Revenue</b>                                              | 3 Investment income (including dividends, interest,<br>and other similar amounts)                                       |                           | 11,159               |                                                    |                                         | 11,159                                                                    |
|                                                                   | 4 Income from investment of tax-exempt bond proceeds                                                                    |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | 5 Royalties                                                                                                             |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | 6a Gross Rents                                                                                                          | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                           |
|                                                                   | b Less rental exps                                                                                                      |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | c Rental inc or (loss)                                                                                                  |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d Net rental income or (loss)</b>                                                                                    |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | 7a Gross amount from sales of assets other than inventory                                                               | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                           |
|                                                                   | b Less cost or other basis & sales exps                                                                                 |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | c Gain or (loss)                                                                                                        |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d Net gain or (loss)</b>                                                                                             |                           | -17,187              |                                                    |                                         | -17,187                                                                   |
|                                                                   | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)<br>See Part IV, line 18 | a                         |                      |                                                    |                                         |                                                                           |
|                                                                   | b Less direct expenses                                                                                                  | b                         |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c Net income or (loss) from fundraising events</b>                                                                   |                           |                      |                                                    |                                         |                                                                           |
|                                                                   | 9a Gross income from gaming activities<br>See Part IV, line 19                                                          | a                         |                      |                                                    |                                         |                                                                           |
|                                                                   | b Less direct expenses                                                                                                  | b                         |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c Net income or (loss) from gaming activities</b>                                                                    |                           |                      |                                                    |                                         |                                                                           |
| 10a Gross sales of inventory, less returns and allowances         | a                                                                                                                       |                           |                      |                                                    |                                         |                                                                           |
| b Less cost of goods sold                                         | b                                                                                                                       |                           |                      |                                                    |                                         |                                                                           |
| <b>c Net income or (loss) from sales of inventory</b>             |                                                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| Miscellaneous Revenue                                             |                                                                                                                         | Busn. Code                |                      |                                                    |                                         |                                                                           |
| 11a                                                               |                                                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| b                                                                 |                                                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| c                                                                 |                                                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| d All other revenue                                               |                                                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| <b>e Total. Add lines 11a-11d</b>                                 |                                                                                                                         |                           |                      |                                                    |                                         |                                                                           |
| <b>12 Total revenue. See instructions</b>                         |                                                                                                                         | <b>303,583</b>            | <b>0</b>             | <b>0</b>                                           | <b>-6,028</b>                           |                                                                           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                           | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                                           |                       |                                 |                                        |                             |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                                             | 309,394               | 309,394                         |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16                                                                                                                |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, 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)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| c Accounting                                                                                                                                                                                                                             | 680                   | 680                             |                                        |                             |
| d Lobbying                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e Professional fundraising services See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g Other                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 12 Advertising and promotion                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                                                       | 2,001                 | 2,001                           |                                        |                             |
| 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                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 23 Insurance                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| b                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| c                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| d                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| e                                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| f All other expenses                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 312,075               | 312,075                         | 0                                      | 0                           |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |         | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|--------------------|
| <b>Assets</b>                                                       | 1 Cash—non-interest bearing                                                                                                                                                                                                                                                     | 80,697                   | 1       | 48,810             |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                        | 288,449                  | 2       | 362,867            |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                            |                          | 3       |                    |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                      |                          | 4       |                    |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                           |                          | 5       |                    |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |                          | 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                      |         |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                                                                                                                                 | 10b                      | 10c     |                    |
|                                                                     | 11 Investments—publicly traded securities                                                                                                                                                                                                                                       | 128,058                  | 11      | 110,240            |
|                                                                     | 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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 497,204                                                                                                                                                                                                                                                                         | 16                       | 521,917 |                    |
| <b>Liabilities</b>                                                  | 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, highest compensated employees, and disqualified persons. Complete Part II 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 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                            | 0                        | 26      | 0                  |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                |                          |         |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                      | 497,204                  | 27      | 521,917            |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                            |                          | 28      |                    |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                            |                          | 29      |                    |
|                                                                     | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                         |                          |         |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                           |                          | 30      |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                             |                          | 31      |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                             |                          | 32      |                    |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                     | 497,204                  | 33      | 521,917            |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 497,204                                                                                                                                                                                                                                                                         | 34                       | 521,917 |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

|   |                                                                                                               |   |         |
|---|---------------------------------------------------------------------------------------------------------------|---|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 303,583 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 312,075 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -8,492  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 497,204 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | 33,205  |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 521,917 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
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 separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     |    |

Form **990** (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Alabama Junior Miss Scholarship Fou

Employer identification number

63-0822497

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                         |
| (A)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (B)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (C)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (D)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| (E)                                |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |
| <b>Total</b>                       |          |                                                                                             |                                                                        |    |                                                                 |    |                                                            |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 217,967  | 316,823  | 382,696  | 298,644  | 309,611  | 1,525,741 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| <b>4</b> <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 217,967  | 316,823  | 382,696  | 298,644  | 309,611  | 1,525,741 |
| <b>5</b> 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) |          |          |          |          |          | 351,443   |
| <b>6</b> <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 1,174,298 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                           | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4                                                                                                            | 217,967  | 316,823  | 382,696  | 298,644  | 309,611  | 1,525,741 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,933   | 11,208   | 14,642   | 14,724   | 11,159   | 64,666    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                |          |          |          |          |          |           |
| <b>11</b> <b>Total support.</b> Add lines 7 through 10                                                                                  |          |          |          |          |          | 1,590,407 |

**12** Gross receipts from related activities, etc. (see instructions) **12****13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                           | <b>14</b> | 73.84 % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                 | <b>15</b> | 73.01 % |
| <b>16a</b> <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>                                                                                                                                                                |           |         |
| <b>b</b> <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                        |           |         |
| <b>17a</b> <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |         |
| <b>b</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |         |
| <b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                               |           |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                     | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6</b> <b>Total.</b> Add lines 1 through 5                                                                                                                                      |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                                   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                                                       | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                                        |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                           |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                                    |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                                      |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                               |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                                                           |          |          |          |          |          |           |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                     |          |          |          |          |          |           |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests—2010.** 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 ► ☐

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

---

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Alabama Junior Miss Scholarship Fou

Employer identification number

63-0822497

OMB No 1545-0047

**2010****Open to Public  
Inspection****Part I General Information on Grants and Assistance**

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 criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to****Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II** ☐ **can be duplicated if additional space is needed** ☐

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (2) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9) |                                                    |         |                               |                          |                                   |                                                       |                                        |                                    |

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                                                                                                                                 | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 Scholarships                                                                                                                                                  | 288                      | 309,394                  |                                   |                                                       |                                        |
| 2                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| 3                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| 4                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| 5                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| 6                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| 7                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| <b>Part IV</b> <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information. |                          |                          |                                   |                                                       |                                        |

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Each scholarship recipient submits request for funds to be sent to the college of her choice.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Employer identification number

63-0822497

Alabama Junior Miss Scholarship Fou

**Form 990, Part VI, Line 2 - Related Party Information Among Officers**

Lisa Jones

Michael Jones

Board Member

Board Member

Married

Barry Leavell

Laura Leavell

President

Board Member

Married

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Form 990 will be reviewed by the foundation's treasurer.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Available upon request.

**Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation**

Unrealized gain on marketable securities.

Alabama Junior Miss Scholarship Foundation, Inc.

EIN 63-0822498

4/30/2011

Form 990 Schedule I Part III

Schedule of Scholarships Paid as of April 30, 2011

|                        |                     |       |
|------------------------|---------------------|-------|
| SAMFORD                | CARLSON GOOGLER     | 4,500 |
| WHITNEY DAVIDSON       | BOOKS-UNIV OF AL    | 282   |
| FAIRFIELD UNIV         | MALLORY MULLIS      | 3,250 |
| FAULKNER ST CC         | HILLIARY STREET     | 500   |
| FAULKNER ST CC         | HILLARY STREET      | 250   |
| LBW COLLEGE            | SHELLY SMITH        | 250   |
| AUBURN                 | REBEKAH WEAKER      | 1,600 |
| SO UNION STATE CC      | KATIE CRUMPTON      | 850   |
| AUM                    | NIKATTA MOORE       | 400   |
| INT'L CHRISTIAN UNIV   | YURIKA CHIBA        | 1,200 |
| AUBURN                 | KIMBERLY JONES      | 1,800 |
| UNIV OF WEST AL        | TAMARA STACEY       | 400   |
| SAMFORD                | LAUREN BUNCH        | 1,650 |
| UNIVERSITY OF AL       | KATIE DAVIS         | 2,850 |
| AMANDA TAPLEY          | TUITION-SAMFORD     | 250   |
| TROY UNIVERSITY        | BAILEY SMITH        | 2,350 |
| UNIVERSITY OF AL       | CANDICE HANSEN      | 250   |
| BIRMINGHAM SOUTHERN    | MARY COVINGTON      | 1,200 |
| WAKE FOREST UNIV       | GEORGIA CASSADY     | 1,150 |
| TONY SPIVEY            | BOOKS-UNIV OF AL    | 334   |
| AL SOUTHERN CC         | TAYLOR CHANDLER     | 2,383 |
| CLEMSON                | KELSEY MILLER       | 700   |
| UNIVERSITY OF AL       | OLIVIA BENSINGER    | 800   |
| AUBURN                 | TAYLOR DAVIS        | 1,150 |
| UNIV OF SOUTH CAROLINA | LINDSEY GEARHARD    | 4,500 |
| UNIVERSITY OF AL       | TALYOR HARRELSON    | 3,950 |
| UNIVERSITY OF AL       | LESLIE MATHIS       | 600   |
| BYU PROVO              | ALEXANDRA FREDERICK | 2,210 |
| AUBURN                 | LAUREN RODRIGUEZ    | 1,850 |
| AUBURN                 | KELLY CASH          | 2,700 |
| UNIV OF AL             | MARY ROBERTS        | 1,050 |
| AUBURN                 | LOREN PETERSON      | 400   |
| APRIL TINGLE           | TUITION - TROY      | 2,381 |
| UNIV OF AL             | TAYLOR FORD         | 450   |
| PEARL RIVER CC         | TARA WILLIAMS       | 1,000 |
| UNIV OF AL             | KRISTEN CAMPBELL    | 2,700 |
| UNIV OF AL             | NORMA BOYD          | 342   |
| UNIV OF AL             | CANDICE DUNN        | 850   |
| GLENN DRAPER           | FEES-UNIV OF AL     | 884   |

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|--------------------|-------------------------------|-------|
| TROY UNIVERSITY    | SYDNEY MEDFORD                | 550   |
| KARSON BROOKS      | BOOKS-UNIV OF AL              | 439   |
| AUBURN             | LAURA CROCKER                 | 3,950 |
| AUBURN             | CAROLINE SLUPE                | 450   |
| UNIV OF MONTEVALLO | KEELI BERMAN                  | 500   |
| AUBURN             | MADALYN VINES                 | 750   |
| UNIV OF AL         | REBECCA HOLDEN                | 1,200 |
| UNIV OF NO ALABAMA | RACHEL GANDY                  | 1,000 |
| MISSISSIPPI STATE  | ELIZABETH BAKER               | 200   |
| UNIV OF AL         | FALLON KEEN                   | 1,000 |
| SNEAD ST CC        | KERRI BAKER                   | 300   |
| MARY ENGLISH       | TUITION - G. C. WALLACE ST CC | 624   |
| AUBURN             | ANGELA KNOTTS                 | 200   |
| TROY UNIVERSITY    | TIFFANY EVANS                 | 550   |
| TROY UNIVERSITY    | MADISON WILSON                | 2,200 |
| AUBURN             | LAQUACIOUS GARRETT            | 250   |
| UNIV OF AL         | ISABELLA WESLEY               | 1,750 |
| GADSDEN ST CC      | HEATHER FREE                  | 1,100 |
| AUBURN             | KATE HUGHES                   | 1,900 |
| AUBURN             | AMBER THOMAS                  | 250   |
| SAMFORD            | VICTORIA UNDERWOOD            | 2,200 |
| WALLACE CC         | AMBER QADAN                   | 300   |
| AUBURN             | JORDIE KEELEY                 | 620   |
| AUM                | ASHLEY HOSTETTER              | 2,900 |
| UNIV OF AL         | SARAH CARTWRIGHT              | 350   |
| TROY UNIVERSITY    | JORDAN GULLEDGE               | 700   |
| AUBURN             | SHELLEY COX                   | 100   |
| TROY UNIVERSITY    | CAITLIN CROWE                 | 250   |
| AUM                | AMBER ANDERSON                | 1,750 |
| UNIV OF SO ALABAMA | VALERIA KING                  | 2,900 |
| SAMFORD            | MELISSA JEFFCOAT              | 3,150 |
| UNIV OF MONTEVALLO | MALLORY MITCHELL              | 4,150 |
| UNIV OF ALABAMA    | LINDSEY DREXLER               | 1,069 |
| JACKSONVILLE ST    | CASSIE SANDERS                | 450   |
| NE ALABAMA CC      | JESSICA CHAMBLISS             | 1,200 |
| AUBURN             | SARAH KUYKENDALL              | 100   |
| JESSICA COX        | TUITION-SHELDON ST CC         | 1,700 |
| UNIV OF MS         | JENSEN ANKERSON               | 1,350 |
| UNIV OF ALABAMA    | LAURIE MANDERSON              | 1,800 |
| UNIV OF ALABAMA    | SHELBY COCHRAN                | 4,278 |
| AUBURN             | EMILY JORDAN                  | 3,950 |
| WES ANDREWS        | TUITION-ENTERPRISE CC         | 1,144 |
| UNIV OF SO MS      | KRISTIN WEAVER                | 3,850 |
| UNIV OF ALABAMA    | RACHEL WEAVER                 | 1,499 |
| MARLIE WILKES      | BOOKS-AUBURN                  | 81    |
| AUBURN             | DALTA GARRETT                 | 2,250 |
| EMMA MCDOWELL      | BOOKS-UNIV OF AL              | 753   |

|                     |                          |       |
|---------------------|--------------------------|-------|
| TROY                | HANNAH MCDONALD          | 1,950 |
| AUBURN              | RACHEL SMITH             | 684   |
| AUBURN              | KELSEY REYNOLDS          | 2,200 |
| AUBURN              | SYDNEY THOMAS            | 4,350 |
| TROY                | COURTNEY BASS            | 250   |
| SAMFORD             | KINSLEY MCKEE            | 2,650 |
| TYLER DUNKLIN       | TUITION - AUBURN         | 415   |
| UNIV OF MISSISSIPPI | KATE ZACHOW              | 400   |
| JEFFERSON ST CC     | MEAGAN FREEMAN           | 363   |
| UAB                 | LAUREN ALLEN             | 1,618 |
| SAMFORD             | ABIGAIL ANSLEY           | 550   |
| SAMFORD             | MALLORY BOACKLE          | 350   |
| SO UNION ST CC      | TIFFANY WILLIAMS         | 2,235 |
| CYNTHIA SIMPSON     | BOOKS-UNIV OF AL         | 273   |
| UNIV OF ALABAMA     | KENDALL WARD             | 300   |
| AUBURN              | LAUREN BARKLEY           | 100   |
| AUBURN              | LAUREN SMITH             | 1,500 |
| AUBURN              | ASHLEIGH JONES           | 550   |
| VICTORIA HORNE      | BOOKS - AUBURN           | 250   |
| KAYLA COBB          | TUITION-UNIV OF AL HUNTS | 1,300 |
| HUNTINGDON          | HEATHER JONES            | 500   |
| NE ALABAMA CC       | LAUREN HENRY             | 1,355 |
| UNIV OF MONTEVALLO  | ALYSSA BOYD              | 600   |
| BSC                 | KAYLA HIGGINS            | 100   |
| UAB                 | JESSICA REYNOLDS         | 900   |
| DEBBIE GIST         | BOOKS-USA                | 496   |
| REBECCA WELLS       | BOOKS-TROY               | 562   |
| SALLY LAMBERTH      | BOOKS- UNIV OF AL        | 182   |
| OLIVIA GARRETT      | BOOKS-USA                | 587   |
| ANNE TODD           | BOOKS-UNIV OF AL         | 429   |
| HANNAH WELCH        | TUITION-COL OF SO. IDAHO | 400   |
| USA                 | KYLA RICHBURG            | 1,700 |
| UNIV OF ALABAMA     | DESTINY MORTON           | 500   |
| UNIV OF ALABAMA     | CLAIRE FORMAN            | 1,950 |
| UNIV OF ALABAMA     | SAVANNAH REACH           | 3,250 |
| SPRING HILL COLLEGE | MEGAN GOLDMAN            | 600   |
| MISSISSIPPI COLLEGE | JOY BOLDING              | 1,000 |
| JUDSON COLLEGE      | JANA DAVENPORT           | 1,800 |
| JEFFERSON ST CC     | KARA WEBER               | 850   |
| JACKSONVILLE ST     | CASSANDRA LINDSEY        | 220   |
| AUBURN              | CHELSEA LOPEZ            | 2,500 |
| TROY                | JILLIAN GREEN            | 550   |
| TROY                | HILLARY ANDERSON         | 1,100 |
| KATIE LAMBERTH      | BOOKS-UNIV OF AL         | 240   |
| AMANDA CURVIN       | BOOKS-AUBURN             | 339   |
| MEREDITH ALVAREZ    | BOOKS-AUBURN             | 557   |
| JORDIE KEELEY       | BOOKS-AUBURN             | 312   |

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|---------------------|----------------------|-------|
| ADDISON GARNER      | BOOKS-UNIV OF MOBILE | 505   |
| MARLIE WILKES       | BOOKS-AUBURN         | 315   |
| REBECCA ELLIOT      | BOOKS-UNIV OF AL     | 334   |
| HALEY HUNT          | BOOKS-SNEAD ST CC    | 189   |
| TONY SPIVEY         | BOOKS-WALLACE CC     | 380   |
| JESSICA NEWCOMBE    | BOOKS-???            | 203   |
| NORMA BOYD          | BOOKS-UNIV OF AL     | 695   |
| UNIV OF ALABAMA     | BROOKE SHOEMAKER     | 300   |
| UNIV OF ALABAMA     | ELIZABETH HAYES      | 1,134 |
| TROY                | SYDNII TODD          | 2,602 |
| AUBURN              | ABIGAIL FOX          | 100   |
| AUBURN              | HALEY HART           | 1,000 |
| ADELPHI UNIV        | KATIE ANDREWS        | 900   |
| SAMFORD             | ANDREA NALL          | 1,750 |
| UNIV OF MOBILE      | LAUREN KIRKLAND      | 500   |
| USA                 | BETHANY KENDRICK     | 900   |
| BROWN UNIV          | DOROTHY PERRY        | 1,400 |
| BIRMINGHAM SOUTHERN | JANE TORBERT         | 250   |
| ALEX SIMS           | BOOKS-UNIV OF AL     | 227   |
| OLIVIA GARRETT      | BOOKS-USA            | 132   |
| UAB                 | YEN VU               | 100   |
| DENVER HUNT         | BOOKS-UNIV OF AL     | 455   |
| JORDAN DAILEY       | BOOKS-UNIV OF AL     | 276   |
| MARGARET WELSH      | BOOKS-MS STATE UNIV  | 517   |
| CAITLIN PEARCE      | BOOKS-UNIV OF AL     | 378   |
| HALEIGH HOLLIFIELD  | BOOKS-UNIV OF AL     | 763   |
| JORDIE KEELEY       | BOOKS-AUBURN         | 171   |
| DONNIE WILLINGHAM   | TUITION-JACKSONVILLE | 2,994 |
| MARLIE WILKES       | BOOKS-AUBURN         | 316   |
| KATHERINE SHELTON   | BOOKS-BSC            | 403   |
| UAB                 | MICHALA MESLER       | 750   |
| PARIS PREYEAR       | BOOKS-UNIV OF AL     | 452   |
| UNIVERSITY OF AL    | PARIS PREYEAR        | 348   |
| ALEXANDRA FREDRICK  | BOOKS-BYU            | 476   |
| UNIV OF MOBILE      | RACHEL HINES         | 200   |
| LAUREN DAVIS        | BOOKS-UNIV OF AL     | 747   |
| GLENN DRAPER        | BOOKS-UNIV OF AL     | 368   |
| TAYLOR VEAZEY       | BOOKS-UNIV OF AL     | 494   |
| TROY                | SHARON PATTON        | 439   |
| REBECCA DURON       | BOOKS-AUBURN         | 253   |
| RICK HUMPHREY       | BOOKS-UNIV OF AL     | 325   |
| UNIV OF AL          | KRISTEN GROW         | 750   |
| SAMFORD             | ELIZABETH ZEGLER     | 2,250 |
| KAYLA GOLDMAN       | BOOKS - USA          | 350   |
| VANDERBILT          | KRISTEN MOSLEY       | 8,100 |
| SARAH BUCKLEY       | BOOKS-???            | 250   |
| SAVANNAH SPEARS     | BOOKS-NO EAST AL CC  | 387   |

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|----------------------|----------------------------|-------|
| HANNAH GREEN         | BOOKS-UNA                  | 50    |
| LACEY SCOTT          | BOOKS-FAULKNER ST CC       | 237   |
| UNIV OF ALABAMA      | LAURA LANTRIP              | 2,300 |
| HANNAH MILLS         | BOOKS-UNIV OF AL           | 250   |
| LBW                  | ANNA NELSON                | 100   |
| TROY                 | KAITLYN MURPHY-WHITE       | 1,000 |
| JEFF STATE CC        | HANNAH MARTIN              | 327   |
| HANNAH MARTIN        | BOOKS-JEFF ST CC           | 96    |
| TROY                 | RANITA HOLMES              | 500   |
| CORY RICE            | BOOKS-SHELTON ST CC        | 96    |
| PATTI STEAGALL       | BKS/TUITION-AUBURN/WALLACE | 2,363 |
| ELIZBETH BACK        | BOOKS-UNIV OF AL           | 247   |
| ANNA GRACE MASTERSON | BOOKS-UNA                  | 391   |
| KATIE MAULDIN        | BOOKS-UNA                  | 174   |
| ASHLEIGH WARD        | BOOKS-UNIV OF AL           | 562   |
| MARY MCNEAL          | BOOKS-UNIV OF MOBILE       | 200   |
| KATHERINA ENGLISH    | TUITION - FAULKNER ST CC   | 1,050 |
| AUBURN               | DONIMIQUE HOLDER           | 500   |
| BRITTANY HUCKABA     | BOOKS                      | 350   |
| FAULKNER UNIV        | ERIKA THORNE               | 1,000 |
| CHARLES ENGLAND      | BOOKS-AUBURN               | 1,171 |
| UNIV OF AL           | LAURA LANTRIP              | 3,964 |
| DEBBIE ROWELL        | BOOKS-TROY                 | 473   |
| AUBURN               | BRITTANY HUCKBALA          | 900   |
| MIT                  | LILY XU                    | 2,000 |
| AUBURN               | CORTNEY ELKINS             | 1,350 |
| AUBURN               | EMILY JORDAN               | 3,950 |
| EMILY JORDAN         | BOOKS-AUBURN               | 293   |
| MARLIE WILKES        | BOOKS - AUBURN             | 55    |
| UNIV OF AL           | ELLA SPARKS                | 400   |
| UNIV OF AL           | SAVANNAH REACH-B&T         | 2,200 |
| UNIVERSITY OF AL     | BRITTONI MURPHEE           | 650   |
| NORMA BOYD           | BOOKS-UNIV OF AL           | 320   |
| UNIVERSITY OF AL     | BRITTANY PEARSON           | 200   |
| LELAND GEORGE        | BOOKS-UNIV OF AL           | 471   |
| Unive of N. AL       | Traci Hite                 | 200   |
| MARY F MORRIS        | BOOKS                      | 451   |
| UNIV OF AL           | LESLEE GRIGGERS-TUITION    | 650   |
| LBW COMM. COLLEGE    | ANNA BAY MCCORD-B&T        | 327   |
| UNIV OF N.ALABAMA    | RACHEL GANDY-TUITION       | 2,293 |
| JEFF STATE CC        | RACHAL EZELL-TUITION       | 327   |
| CLEVELAND COLE, JR.  | REIMB-SARAH MICHELL        | 300   |
| UAB                  | SHANEQUIA HARRELL          | 500   |
| AUBURN UNIVERSITY    | MELISSA BORDEN-TUITION     | 1,600 |
| AUBURN UNIVERSITY    | HEATHER HENLEY-TUITION     | 250   |
| DEBRA BOYD           | TUITION REIMB-NORMA BOYD   | 368   |
| LBW COMM. COLLEGE    | TUITION-ANNA BAY MCCORD    | 722   |

|                        |                                   |       |
|------------------------|-----------------------------------|-------|
| LBW COMM. COLLEGE      | TUITION-JAMIE PARK                | 673   |
| UNIV. OF MISSISSIPPI   | TUITION-RACHEL SALIBA             | 6,300 |
| BHAM SOUTHERN COLLEGE  | TUITION - HOLLIE RUSSELL          | 1,500 |
| UNIV. OF ALABAMA       | TUITION-REBECCA ENGLAND           | 7,629 |
| JEFF STATE CC          | TUITION-MEAGAN FREEMAN            | 137   |
| UNIV. OF N.ALABAMA     | BOOKS-MORGAN ROSE                 | 502   |
| AUBURN UNIVERSITY      | TUITION-JORDIE KEELEY             | 2,420 |
| AUBURN UNIVERSITY      | TUITION-ANNA MULLINIX             | 2,100 |
| JACKSONVILLE STATE     | TUITION-MILEA HANNER              | 956   |
| OLIVIA GARRETT         | BOOKS-OLIVIA GARRETT              | 514   |
| PAGE TODD              | BOOKS - ANNE TODD                 | 546   |
| AMERICAN UNIVERSITY    | TUITION-ELLE DAVIS                | 1,100 |
| FRANCES MORRIS         | BOOKS-MARYFRANCES MORRIS          | 576   |
| AMANDA CURVIN          | BOOKS-AUBURN                      | 470   |
| REBECCA DURON          | BOOKS-AUBURN                      | 210   |
| MEREDITH ALVAREZ       | BOOKS-AUBURN                      | 229   |
| REBECCA WELLS          | BOOKS-TROY                        | 293   |
| AUBURN UNIVERSITY      | TUITION-ELLE PARKER               | 200   |
| TROY UNIVERSITY        | TUITION-HANNAH WELCH              | 200   |
| UNIVERSITY OF ALABAMA  | TUITION-MORGAN CRITTENDEN         | 4,300 |
| PAGE TODD              | REIMB-ANNE COLLINS TODD           | 40    |
| JEFF STATE CC          | TUITION-HANNAH MARTIN             | 327   |
| JEFF STATE CC          | TUITION-ELISE ADKINS              | 327   |
| JEFF STATE CC          | TUITION-RACHAL EZELL              | 327   |
| SALLY LAMBERTH         | REIMB-KATIE LAMBERTH              | 819   |
| TROY UNIVERSITY        | TUITION-SYDNII TODD               | 1,537 |
| VICTORIA ELLEN HORNE   | BOOKS-AUBURN                      | 250   |
| ASHLEIGH WARD          | BOOKS-ALABAMA                     | 343   |
| MARY CARTER ENGLISH    | BOOKS-AUBURN                      | 552   |
| RICK HUMPHREY          | BOOKS-ALABAMA                     | 321   |
| THE DONOHO SCHOOL      | TUITION-DIANA THOMSON             | 250   |
| LAUREN DAVIS           | BOOKS-ALABAMA                     | 396   |
| JESSICA NEWCOMBE       | BOOKS - FAULKNER UNIVERSITY       | 117   |
| UAB                    | LYNELL EDGER                      | 250   |
| ALEXANDRA FREDRICK     | BOOKS-BYU                         | 114   |
| TONY SPIVEY            | BOOKS-ZARA SPIVEY-WALLACE COLLEGE | 543   |
| KATHERINE SHELTON      | BOOKS-BHAM SOUTHERN               | 97    |
| CAITLIN PEARCE         | BOOKS-ALABAMA                     | 151   |
| HANNAH WILSON          | BOOKS-AUBURN                      | 331   |
| UNIV OF ALABAMA        | TUITION-SARAH LAURIDSEN           | 600   |
| ANNA GRACE MASTERSON   | BOOKS-UNIV OF N. ALABAMA          | 117   |
| UNIVERSITY OF MOBILE   | TUITION-JENNY CARNEY              | 1,000 |
| ALABAMA A&M UNIVERSITY | TUITION-RONI SMITH                | 1,512 |
| UNIVERSITY OF ALABAMA  | TUITION-LAUREN ROBERTSON          | 500   |
| EMMA MCDOWELL          | BOOKS-ALABAMA                     | 342   |
| BOOKS-NORMA BOYD       | DEBRA BOYD                        | 311   |
| TUITION - GINA GEILMAN | JEFF STATE CC                     | 150   |

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|-----------------------------|-------------------------|-----------------------|
| TUITION - LAURA HORNSBY     | UAB                     | 1,732                 |
| BOOKS-LAURA HORNSBY         | LAURA HORNSBY           | 580                   |
| TUITION-KRISTEN MOSLEY      | VANDERBILT              | 7,699                 |
| BOOKS-MARY FRANCES STEAGALL | MARY FRANCES STEAGALL   | 115                   |
| BOOKS-ELIZABETH WOOTTEN     | ROGER WOOTTEN           | 909                   |
| BOOKS-ALAINA ARNOLD         | ALAINA ARNOLD           | 479                   |
| TUITION-CASSIE HULL         | TROY UNIVERSITY         | 500                   |
| BOOKS-REIMB.                | SAVANNAH SPEARS         | 435                   |
| TUITION-KAYLEE BEARDEN      | JEFF STATE CC           | 726                   |
| TUITION-MARCIE HOLLADAY     | TROY UNIVERSITY         | 100                   |
| BOOKS-ALABAMA               | SARA LAVENDER           | 200                   |
| RACHEL GANDY                | SOUTHERN UNION CC       | 1,090                 |
| TUITION REIMB. - TEXAS      | GARRETT HARDEE          | 9,750                 |
| KATIE REEVES                | UNIVERSITY OF S.ALABAMA | 1,200                 |
|                             |                         | <hr/>                 |
|                             | Total                   | <u><u>309,394</u></u> |