

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11D Employer identification number C Name of organization Check if applicable Address change Alabama June Jam Inc. 63-0828253 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return Room/suite P. O. Box 681127 256-845-6004 Terminated F Group Exemption Amended return City or town, state or country, and ZIP + 4 AL 35967 Fort Payne Number Application pending Cash | Accrual Other (specify) Check ▶ if the organization is not Accounting Method Website: required to attach Schedule B X 501(c)(3) Tax-exempt status (check only one) -501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 15.241 4 Investment income 84,319 Gross amount from sale of assets other than inventory 5a 77.790 5h Less, cost or other basis and sales expenses 6,529 Gain or (loss) from sale of assets other than inventory (Subtract line 5th C 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater fran of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach ScheduleG filter) 6b sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe in Schedule O) 33,984 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 94,020 10 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 159 15 15 Printing, publications, postage, and shipping 8,306 16 Other expenses (describe in Schedule O) 16 102,485 17 17 Total expenses. Add lines 10 through 16 -68,501 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 407,807 end-of-year figure reported on prior year's return) 19 -117,323 Other changes in net assets or fund balances (explain in Schedule O) 20 20 290,484

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2010)

21

SCANNED



	Jam Inc.		3-0828253			Page 2
Part II Balance Sheets. (see the ins	tructions for Part II)					
Check if the organization used to	Schedule O to respond	to any question in this	Part II			
		Ī		ar	(B)	End of year
22 Cash, savings, and investments		ľ		$\overline{}$		
23 Land and buildings		F				
24 Other assets (describe in Schedule O)		<u> </u>				
		}				
25 Total assets		}	413,3			230,464
26 Total liabilities (describe in Schedule O)		-	470 0			200 404
				148		
				$\neg$ $\bot$		•
		to any question in this	Part III	Щ		
What is the organization's primary exempt purpose	?				501(c)(3)	and 501(c)(4)
to provide financial support to tax	exempt agencies				organizatı	ons and section
Describe what was achieved in carrying out the org	ance Sheets. (see the instructions for Part II)  ck if the organization used Schedule O to respond to any question in this Part II  (A) Beginning of year  (B) End of year  (C) Eagmang of year  (C) Eagmang of year  (D) End of year  (D) End of year  (E) End of year  (D) End of year  (D) End of year  (E) End of year  (D) End of year  (D) End of year  (E) End of year  (Required for section  (O) (C)(3) and 501 (c)(4)  organization and section  (E) Expenses  (Required for section  (S) (C)(3) and 501 (c)(4)  organizations and section  (E) Expenses  (Required for section  (S) (C)(3) and 501 (c)(4)  organizations and section  (E) (Expense)  (Required for section  (S) (C)(3) and 501 (c)(4)  organizations and section  (Expenses  (Required for section  (S) (C)(3) and 501 (c)(4)  organizations and section  (Expenses  (Required for section  (S) (C)(3) and 501 (c)(4)  organizations and section  (Expenses  (Required for section  (S) (C)(3) and 501 (c)(4)  organizations and section  (S) (C)(3) and 501 (c)(4)  organizations and section  (S) (C)(3) and 501 (c)(4)  organizations and section  (S) (C) (C) (C) (C) (C) (C) (C) (C) (C)					
the services provided, the number of persons bene	fited, or other relevant info	rmation for each progra	m title.		for others.	.)
28 concerts or events staffed by vol	unteers staged to r	aise funds for cha	rity	T		
	•		T	- 1		
				1	1	
(Grants \$ 94,020) If this ar	nount includes foreign gra	ints, check here	•	$\cap$ $\Box$	28a	
29	House the day			<del> </del>		<del></del>
				ł		
				ļ		
(One-sta 0		ata abaabbaa	_	$\neg$	20-	
	nount includes foreign gra	ints, check here		4-4	29a	<del></del>
30						
				ł		
				_ [	-	
(Grants \$ ) If this ar	nount includes foreign gra	ints, check here	<u> </u>	Ш	30a	
31 Other program services (describe in Schedule	O)			}		
(Grants \$ ) If this ar	nount includes foreign gra	nts, check here	<b>_</b>	$\Gamma \Box$	31a	
32 Total program service expenses (add lines 28	Ba through 31a)			<b>•</b>	32	
Part IV List of Officers, Directors, Truste	es, and Key Employees.	List each one even if	not compensated.	(see	the instructi	ons for Part IV.)
				•		
	<u> </u>		(c) Compensation			
(a) Name and address	3	hours per week				
Randy Owen Director	Fort Parmo	1	Citer o .,	GCICII	o compensation	odici dilowanices
F	•	1				
P.O. Box 681127		<del></del>	+	<del> </del>	<del></del> -	<del></del>
Teddy Gentry Director	•	1 nour				
P.O. Box 681127			<del> </del>	<del>├</del> ─		<u> </u>
Jeffery Cook, Director	Fort Payne	1 hour				
P.O. Box 681127	Al 35968			<b>├</b>		<del>_</del>
W. H. Borders CPA, Director	Fort Payne	1 hour	ļ	]		
P.O. Box 681127	Al 35968			<u> </u>		
				L		
•						
<del></del>				1 -		<del> </del>
				İ		
	<del> </del>		<del> </del>			<del> </del>
				ĺ		
			<del></del>			<del></del>
				ļ		
<del></del> -				⊢		ļ
				ļ		
			<del></del>	<u> </u>		
						L
DAA					F-	orm <b>990-EZ</b> (2010)

Check if the organization used Schedule O to respond to any question in this Part V    The organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed scription of each activity in Schedule O to respond to any question in this Part V    The organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed scription of each activity in Schedule O to responding on any each report of the single of activity in Schedule O the organization of the single on Schedule O (see instructions) or a display the organization of the previous activity in the organization of the organization of the organization of the organization of the organization studies gross morner of 5,000 or more or was in a section 501(c)(4), (c)(5), or 501(c)(6) organization subject to section 6003(e) notice, reporting, and proxy fax requirements? (**, **) has if filed a tax exturn on Form 990-Tro this year of 5,000 or more or was in a section 501(c)(4), (c)(5), or 501(c)(6) organization subject to section 6003(e) notice, reporting, and proxy fax requirements? (**, **) has if filed a tax exturn on Form 990-Tro this year of 5,000 or more or was in a section 501(c)(4), (c)(5), or 501(c)(6) organization subject to section 6003(e) notice, reporting, and proxy fax requirements? (**, **) has if filed a tax exturn on Form 990-Tro this year of the congruntation form of the form 1120-Pol. for this year? (**) the organization disponantion on undergo a liquidation, dissolution, termination, or segnificant disponantion of the segnitive organization of the form 1120-Pol. for this year? (**) the organization of policy (**) organizations and policy organizations is any organization of the form 1120-Pol. for this year organization of the form 1120-Pol. for this year organization of the form 1120-Pol. for this year organization and policy (**) organizations. Briter amount of tax miposed on the organization during the year under sections 4912, 55, and 4565 (**) organizations becks are incared of	Form	990-EZ (2010) Alabama June Jam Inc. 63-0828253		F	age
the organization engage in any activity not previously reported to the IRSP If "Yes," provide a detailed scription of each factivity in Schedule O are any significant changes made to the organization or governing documents? If "Yes," attached a conformed by of the amended documents of the visited a change to the organization and among the profit of the amended documents of the visited a change to the organization and common from business activities, such as those reported on less 2, 5a, and 7a (among others), but not reported form \$90.1, outplan in Schedule O why the organization durind report the nome on Form \$90.1 for the year of \$1,000 or more or was it a section \$01(c)(4), (c)(5), or 501(c)(6) organization subject to section 603(s) notice, reporting, and proxy tax requirements? "Yes," has if filed a fax return on Form \$90.1 for this year (see instructions)" as the average of \$1,000 or more or was it a section \$01(c)(4), (c)(5), or \$91(c)(6) organization subject to section 603(s) notice, reporting, and proxy tax requirements? "Yes," has a filed a lax return on Form \$90.1 for this year?" (see instructions)" as \$35.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$	Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed succipion of each Servicity in Schedule O in the Common of the C		Check if the organization used Schedule O to respond to any question in this Part V			
curption of each floativity in Schedule O   reany significant changes made to the organizing or governing documents? If "Yes," attached a conformed by of the amended documents if they reflect a change to the organization's name Otherwise, explain the urige on Schedule O (see instructions)   34   34   34   34   34   34   34   3				Yes	No
re any significant changes made to the organizing or govering documents? If "Yes," attached a conformed by of the amended documents of the yerified a change to the organization's name. Otherwise, explain the inge on Schedule O (see instructions) or you fine amended documents of the yerified a change to the organization's name. Otherwise, explain the inge on Schedule O (see instructions) or you fine magnetic organization and account of the organization and some from 980-1. The organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4). ((s)(5), or501(c)(6)) organization subject to section 603(6) entoice, reporting, and proxy tax requirements?  158a	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
yor of the amended documents if they reflect a change to the organization's name Otherwise, explain the inge on Schedule O Gee instructions) is organization and nome from business activities, such as those reported on lines 2, 63, and 26 (mong others), but not reported from 590-7, deptain in Schedule O Why the organization of not report the nome on Form 990-1.  (Ic)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  ***Sin 8.1 fill 64 at x return on Form 990-1 for this year (see instructions)?  156		description of each activity in Schedule O	33		X
age on Schedule O (see instructions)  age ognazation had more from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported from 990-7, coplain in Schedule O with the organization and out report the income on Form 990-7.  It the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), ((c)(5), or 501(c)(6)) organization subject to section 6033(c) notice, reporting, and proxy tax requirements?  7es, "has it filed a tax return on Form 990-7 for this year (see instructions)?  7es, "has it filed a tax return on Form 1990-7 for this year (see instructions)?  7es, "has it filed a tax return on Form 1990-7 for this year; ele instructions?  7es, "has it filed a tax return on Form 1990-7 for this year; ele instructions?  7es, "has it filed a tax return on Form 1990-7 for this year; ele instructions?  7es, "has it filed a tax return on Form 1990-7 for this year; ele instructions?  8es amount of political expenditures, direct or indirect, as described in the instructions  8es amount of political expenditures, direct or indirect, as described in the instructions  9es amount of political expenditures.  9es amount of political expenditures, direct or indirect, as described in the instructions  9es amount of political expenditures.  9es amount of politi	34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
e organization had mome from business activities, such as those reported to lines 2, 6s, and 7s (emong others), but not reported From 990-T, explain in Schedule O why the organization of not report the income on Form 990-T; the organization have unrelated business gross income of 31,000 or more or was it a section 501(c)(4), (c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements?  7sc. "has it file at tax return on Form 990-T for this year; (see instructions)?  1the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets in group the year? If year, complete applicable parts of Schedule N is a property of the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  1the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  1the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  1the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were such class made in a prior year and still outstanding at the end of the tax year overed by this return?  1the organization is broken the any year and still outstanding at the end of the tax year overed by this return?  1the organization is broken the property of property is a probability of the organization of the organization engage in any section 4955 because the first has not been ordered on any of its prior Froms 990 or 990-E27 if "Yes," complete Schedule L, Part it close 501(c)(3) and 501(c)(4) organizations. Did the organization in a prior year, that has not been organ		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
Form 990 T, explain in Schedule Q why the againzation and not report the income on Form 990-T. If the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4). (c)(5), or 501(c)(6) or 501(c)(7) or		change on Schedule O (see instructions)	34		X
the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), a 16(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  7es,* has it filed a tax return on Form 990-T for this year (see instructions)?  13the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets in the organization in the post of this year (see instructions)?  13the arganization undergo a liquidation, dissolution, termination, or significant disposition of net assets in the organization in Form 1120-PLO for this year?  13the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year. The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year. The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year. The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year. The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year. The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were year. The organization borrow from, or make any loans to the tax year overed by this return?  18a	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
((c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?    **Yes**, has it filled a tax return on Form 990-T for this year (see instructions)?   **The organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ing the year? If "Yes," complete applicable parts of Schedule N   **The organization brown from, or make any loans to, any officer, director, trustee, or key employee or were resuch loans made in a prior year and still outstanding at the end of the tax year covered by this return?   **Yes,** complete Schedule L, Part II and enter the total amount involved ction 601(c)(7) organizations. Enter amount of the surplement of the tax year covered by this return?   **Yes,** complete Schedule L, Part II and enter the total amount involved ction 601(c)(7) organizations. Enter amount of the end of the tax year covered by this return?   **Yes,** complete Schedule L, Part II and enter the total amount involved ction 601(c)(7) organizations. Enter amount of the organization during the year under, took 911(c)(3) organizations. Enter amount of the organization during the year under, took 911(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit inside the organization should be organization and should be organization and should be organization and should be organization and should be organization. Should be organization and should be organization and should be organization and should be organization and should be organization. Should be organization and should be organization and should be organization and should be organization. Should be organization should be organization. Should be organization should be organization. Should be organization		on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
Yes, "has af filed a tax return on Form 990-T for this year (see instructions)?   35b   1 the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ing the year? If "Yes," complete applicable parts of Schedule N   37a   37b	а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ing the year? If "Yes," complete applicable parts of Schedule N  are amount of political expenditures, direct or indirect, as described in the instructions  by the organization before make any loans to, any officer, director, trustee, or key employee or were youch loans made in a prior year and still outstanding at the end of the tax year covered by this return?  as a before and capital contributions included on line 9  as receips, included on line 9, for public use of club facilities  clion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4988 excess benefit insaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been ordered on any of its prior Forms 990 er 990-EZ? If "ves," complete Schedule L, Part I clion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on anization managers or disqualitied persons during the year under sections 4912, 55, and 4958  cition 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on anization managers or disqualitied persons during the year under sections 4912, 55, and 4958  cition 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c  miburised by the organization.  are all the states with which a copy of this return is filled by a organization shooks are in care of ▶ W. H. Borders CPA.  Telephone no ▶ 256-845-600  are a financial account in a foreign country. ▶ Expendition of the country of the programization and the programization maintain an office outside of the U.S.?  Yes, enter the name of the foreign country. ▶ Expendition of the country of the organization maintain any office outside of the U.S.?  Yes, enter the amount of tax-exempt interest received or accrued during the tax year?  If the organization operate one or more hospital		501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		K
ing the year? If "Yes," complete applicable parts of Schedule N ter amount of political expenditures, direct or indirect, as described in the instructions    it the organization file Form 1120-POL for this year?  It the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were youth loans made in a prior year and still outstanding at the end of the tax year covered by this return?  7es, "complete Schedule L, Part II and enter the total amount involved cition 501(c)(7) organizations. Enter iston fees and capital contributions micluded on line 9 as recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts, included on line 9, for public use of club facilities sos recepts and socients of club facilities socients of club facilities and socients of club facilities and socients	b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
the organization file Form 1120-POL for this year?  Ithe organization file Form 1120-POL for this year?  Ithe organization file Form 1120-POL for this year?  Ithe organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were you've loans made in a prior year and still outstanding at the end of the tax year covered by this return?  It exists on the sand capital contributions included on line 9  Sos receips, included on line 9, for public use of club facilities  Item 4911	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
the organization file Form 1120-POL for this year?  the organization for form (Form 1120-POL for this year)  the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were you have greatly any officer, director, trustee, or key employee or were you have greatly any officer, director, furstee, or key employee or were you have greatly and the end of the tax year covered by this return?  188    388		during the year? If "Yes," complete applicable parts of Schedule N	36		X
the organization file Form 1120-POL for this year?  the organization for form (Form 1120-POL for this year)  the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were you have greatly any officer, director, trustee, or key employee or were you have greatly any officer, director, furstee, or key employee or were you have greatly and the end of the tax year covered by this return?  188    388	37a				
the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were y ask of house made in a prior year and still outstanding at the end of the tax year covered by this return?  Yes, complete Schedule L, Part II and enter the total amount involved ction 501(c)(7) organizations. Enter anount of tax imposed on the organization during the year under. Socion 4911 ≥ section 4912 ≥ section 4915 ≥ section 4915 ≥ section 4915 ≥ section 4912 ≥ section 4915 ≥ section 4912 ≥ section 4913 ≥ section 4912 ≥ section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on animazation managers or disqualified persons during the year under sections 4912. section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on animazation managers or disqualified persons during the year under sections 4912. section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on animazation managers or disqualified persons during the year under sections 4912. section 501(c)(3) and 501(c)(4) organizations because the organization of tax an interest in or a signature or other authority are dinanced are not of the organization organization and party to a prohibited tax shelter section 501(c)(3) and 501(c)(4) organization section 4917(a) the organization section 4917(a) the organization section 4917(a) the organization section organization received any section 4917(a) the organization section organization section			37b		X
y such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    38a	38a				
Yes," complete Schedule L, Part II and enter the total amount involved totion 501(c)(7) organizations. Enter attoin 691 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under. In the foreign country. Section 4912 ▶ section 4955 ▶ section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. In the organization engage in any section 4956 excess benefit insaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been orted on any of its prior Forms 990 or 990-EZ if "Yes," complete Schedule L, Part 1  40b			38a	[ ]	X
totion 501(c)(7) organizations. Enter alton fees and capital contributions included on line 9  39a 39b	b				
lation fees and capital contributions included on line 9  ses receipts, included on line 9, for public use of club facilities  tion 4911 ▶	39	· · · · · · · · · · · · · · · · · · ·			
ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.  tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶  ction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit insaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been orded on any of its prior Forms 990 or 990-E2? If "Yea," complete Schedule L, Part I  doi:	а				
ction 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	b	· · · · · · · · · · · · · · · · · · ·			
tion 4911 ▶	40a				
ction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit insaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been orted on any of this prior Forms 990 or 990-EZ or Organizations Enter amount of tax imposed on anization managers or disqualified persons during the year under sections 4912, 55, and 4958  tion 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on anization managers or disqualified persons during the year under sections 4912, 55, and 4958  tion 501(c)(4) organizations Enter amount of tax on line 40c mbursed by the organization at tax year, was the organization a party to a prohibited tax shelter insaction of 1°C, 8°C, complete Form 8886-T  t the states with which a copy of this return is filed be organization's books are in care of be W. H. Borders CPA  Telephone no be 256-845-600 any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country. be the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank do Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S.?  Yes, enter the name of the foreign country. be the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank do Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S.?  Yes, enter the name of the foreign country. be the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank do Financial Accounts.  It the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be mpleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be mpleted instead of Form 990-EZ  If the organization operate one	704				
Insaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been orted on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I clusted 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on anization managers or disqualified persons during the year under sections 4912, 55, and 4958.  Store that 4958.  Store of School (3) and 501(c)(4) organizations. Enter amount of tax on line 40c mbursed by the organization organization. At any time during the tax year, was the organization a party to a prohibited tax shelter insaction? If "Yes," complete Form 8866-T is the states with which a copy of this return is filed.  Be organization's books are in care of W. H. Borders CPA. Telephone no 256-845-600 cated at P.O. Box 681127    Fort Payne, Al.	b		-		
orted on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  ction 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on anization managers or disqualified persons during the year under sections 4912, 55, and 4958  ction 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c mbursed by the organization organizations At any time during the tax year, was the organization a party to a prohibited tax shelter insaction? If "Yes," complete Form 8886-T  tithe states with which a copy of this return is filed ▶ e organization's books are in care of ▶ W. H. Borders CPA  Telephone no ▶ 256-845-600  cated at ▶ P.O. Box 681127 Fort Payne, Al.  ZIP + 4 ▶ 359 68  any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country. ▶ e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d d Financial Accounts. any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes, "enter the name of the foreign country. ▶ e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d d Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes, "enter the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et either the name of the foreign country. ▶ et				1	
ction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on anization managers or disqualified persons during the year under sections 4912, 55, and 4958.  ton 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c imbursed by the organization organization. At any time during the tax year, was the organization a party to a prohibited tax shelter in the states with which a copy of this return is filed.  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country (such as a bank account, securities account, or other financial occurrence of the foreign country.  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country.  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country.  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization maintain an office outside of the U.S.?  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization maintain an office outside of the U.S.?  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization maintain an office outside of the U.S.?  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization maintain any office outside of the U.S.?  Telephone no 256-845-600 cated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calenda	-		40h		X
anization managers or disqualified persons during the year under sections 4912, 55, and 4958  total 4	_		700		
55, and 4958  ction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c mbursed by the organization are organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter insaction? If "Yes," complete Form 8886-T  It the states with which a copy of this return is filed engranization's books are in care of w. H. Borders CPA  Telephone no 256-845-600 cated at P.O. Box 681127  Fort Payne, Al.  ZIP+4 35968  any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country (such as a bank account, securities account, or other financial country). The the name of the foreign country. The ethe instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank definancial Accounts.  At the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank definancial Accounts.  At the instructions for exceptions and filing Form 990-EZ in lieu of Form 1041 — Check here define the name of the foreign country country country forms any time during the calendar year, did the organization maintain any donor advised funds during the tax year  At the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	С				
ction 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c mbursed by the organization organizations At any time during the tax year, was the organization a party to a prohibited tax shelter massaction? If "Yes," complete Form 8886-T to the states with which a copy of this return is filed be organization's books are in care of W. H. Borders CPA Telephone no 256-845-600 coated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 coated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 coated at P.O. Box 661127 Fort Payne,					
mbursed by the organization organization At any time during the tax year, was the organization a party to a prohibited tax shelter in struction? If "Yes," complete Form 8886-T it the states with which a copy of this return is filed be organization's books are in care of w. H. Borders CPA Telephone no 256-845-600 coated at P.O. Box 681127 Fort Payne, Al. ZIP+4 35968 any time during the calendar year, did the organization have an interest in or a signature or other authority er a financial account in a foreign country (such as a bank account, securities account, or other financial country. Pe the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank do Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S? Yes," enter the name of the foreign country country time during the calendar year, did the organization maintain an office outside of the U.S? Yes," enter the name of the foreign country country counting the torganization maintain any donor advised funds during the year? If "Yes," Form 990 must be defended instead of Form 990-EZ  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be mpleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		· · · · · · · · · · · · · · · · · · ·	— I I		
organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter insaction? If "Yes," complete Form 8886-T  If the states with which a copy of this return is filed earny complete. The state is shall be earny time during the calendar year, did the organization have an interest in or a signature or other authority error and stand filling requirements for Form TD F 90-22.1, Report of Foreign Bank definancial Accounts.  Any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country.  At the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be in the organization operate one more hospital facilities during the year? If "Yes," Form 990 must be inpleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	a				
the states with which a copy of this return is filed ▶ e organization's books are in care of ▶ W. H. Boxders CPA  Telephone no ▶ 256-845-600 cated at ▶ F.O. Box 681127 Fort Payne, Al. ZIP+4 ▶ 35968  any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country (such as a bank account, securities account, or other financial country?  Yes," enter the name of the foreign country. ▶ e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank definancial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country ▶ ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here define the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	_		—		
the states with which a copy of this return is filed e organization's books are in care of W. H. Borders CPA  Telephone no 256-845-600  Telephone no	е		400		v
Telephone no    256-845-600  cated at    P.O. Box 681127			40e	L	
cated at P.O. Box 681127 Fort Payne, A1.  2IP + 4 35968  any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country (such as a bank account, securities account, or other financial country).  Yes, "enter the name of the foreign country.  e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank definancial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country.  ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here defined that amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	41	List the states with which a copy of this return is filed	DEC DA	F (	^^
any time during the calendar year, did the organization have an interest in or a signature or other authority er a financial account in a foreign country (such as a bank account, securities account, or other financial country?  Yes," enter the name of the foreign country.  e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S.?  Yes," enter the name of the foreign country.  ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here denter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	42a	The organization's books are in care of W. H. Borders CPA Telephone no	230-64	3-b	UU
any time during the calendar year, did the organization have an interest in or a signature or other authority er a financial account in a foreign country (such as a bank account, securities account, or other financial country?  Yes," enter the name of the foreign country.  e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S.?  Yes," enter the name of the foreign country.  ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here denter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		710 . 4 . 6	25060		
er a financial account in a foreign country (such as a bank account, securities account, or other financial count)?  Yes," enter the name of the foreign country.  e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country  cition 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here d enter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be mpleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be mpleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			33900		
Yes," enter the name of the foreign country.  e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country  cition 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here d enter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be mipleted instead of Form 990-EZ If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be mipleted instead of Form 990-EZ If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	b		1	<u> ا</u>	
Yes," enter the name of the foreign country.  e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  d Financial Accounts.  any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country  ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  d enter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  mpleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be  mpleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			405	Tes	No
e the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank d Financial Accounts. any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country  ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here d enter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be in the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be in the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be in the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		account)?	420		_
d Financial Accounts. any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country ▶			— I		
any time during the calendar year, did the organization maintain an office outside of the U.S?  Yes," enter the name of the foreign country ▶  ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  did enter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  mipleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be  mipleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
Yes," enter the name of the foreign country ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here denter the amount of tax-exempt interest received or accrued during the tax year  Yes In the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ at the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ at the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		and Financial Accounts.			
ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  d enter the amount of tax-exempt interest received or accrued during the tax year  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ  If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	С		42c	L	X
denter the amount of tax-exempt interest received or accrued during the tax year  Yes N  If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ at the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ at the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					_
Yes Notes the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be applied instead of Form 990-EZ to the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be applied instead of Form 990-EZ to the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			►
If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Impleted instead of Form 990-EZ If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be Impleted instead of Form 990-EZ If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		and enter the amount of tax-exempt interest received or accrued during the tax year			
If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be Impleted instead of Form 990-EZ If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be Impleted instead of Form 990-EZ If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
mpleted instead of Form 990-EZ If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u></u>	Yes	No
mpleted instead of Form 990-EZ If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be impleted instead of Form 990-EZ If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be mpleted instead of Form 990-EZ at the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		completed instead of Form 990-EZ	44a		X
mpleted instead of Form 990-EZ If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	b	•			
If the organization receive any payments for indoor tanning services during the year?  Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		completed instead of Form 990-EZ	44b		X
Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	С	·	44c		X
	d				
planation in Schedule O			44d		
planation in Schedule O 44d 5cm 990-F2	_	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

<u>Form</u>	990-EZ	(2010)	Alal	oama	June	<u>: Jam</u>	In	<u>c.</u>			63	<u>3-082825</u>	<u>3</u>					F	Page 4
																_		Yes	No
45	Is any	related org	ganızatıo	n a contr	olled enti	ity of the	organı	zation w	vithin the me	eanıng	of section 5	12(b)(13)?				ļ.,	45		X
а		_			-			-				tity within the				Į			
		-			"Yes," Fo	orm 990 a	and Sc	hedule	R may need	d to be	completed in	nstead of							٠
		90-ĘZ (se		-												-  -4	45a		X
46		-	_	_	•	-	•		-	ies on	behalf of or i	n opposition							
- 100		lidates for								1/41		4 - 1 4 - 1- 1	4				46		X
rai	rt VI											t charitable				i sec	noıx		
									•	narita	ble trusts m	ust answer qu	iesi	ions 4	7-49b				
				-	the tabl						.41 1 41-1- 1	54 <i>)</i> (1							
		Check	ir the o	rganizat	ion used	a Schea	ule O	to resp	ond to any	ques	stion in this I	<sup>2</sup> ап V <u>I</u>					—	· · ·	T
47	D:4 tha			طملس معت		4	£ 4\/	"	asa Cabadad	- ^ r	7a-4 II					_	47	Yes	No X
47					_				ete Schedul			_					$\rightarrow$		X
48											lete Schedule	E				- 1	48		X
49a									ble related o	organi	zation?			•			49a		
b		Yes," was the related organization a section 527 organization? mplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key														Ľ	49b		L
50				_		_									-				
	employ								uon from the		inization, if th Tide and average	ere is none, en			ontributions (	οТ	(e)	Expen	Se.
		(a) !	Name and		of each em \$100,000	iployee pai	id more			) h	ours per week	(0, 00,		employe	e benefit plar	ns &	acc	ount a	nd
						<del></del>				- de	evoted to position	<del> </del>		dererrex	d compensat	ion i	other a	aliowa	nces
										1						-			
										+						_			
																- 1			
		<del>-</del>								<del>                                     </del>		<b>-</b>	_	<b>-</b>		_			
										1		ĺ				[			
		<del>-</del>	·					<del></del>		+-						+			
												İ		ļ		ľ			
										<del>                                     </del>	<del></del> -		_			_			
												l		l		- {			
	Total n	umber of	other em	plovees	paid over	r \$100.00	00				<u> </u>	<del></del> -		L					
51					•	-		pensate	d independ	ent co	ntractors who	each received	l me	- ore thai	n				
						_			enter "None										
		Name and									(b)	Type of service			(c	) Con	npens	ation	
		-		-															
															<u> </u>				
	_											<del></del> -							
														_	<u> </u>				
									-										
			_				_												
									<u> </u>			-							
				_															
d	Total n	umber of	other ind	ependen	t contrac	tors each	recei	ving ove	r \$100,000		<b>•</b>								
52	Did the	organizat	tion com	plete Sch	nedule A?	Note. A	II secti	on 501(	c)(3) organi	zation	s and 4947(a	)(1)							
	nonexe	mpt chari	table_trus	sts must	attach a	<u>complete</u>	d Sch	edule A							<b>•</b>	$\Gamma$	Yes	$\prod$	No
												ts, and to the best	of r	ny know	ledge and	belief	i, it is	-	
true, c	юrrect, а	nd complete	Declarat	on of prep	parer (othe	r than offic	cer) is b	ased on a	all information	of whi	ch preparer has	s any knowledge							
						$\supset$													
Sign	1	: -	ture of off		do	$\prec$ (	2,0	1	m			Date							
Here	,			Ower		<u> </u>	1	90			Pres	ident							
				me and ti	de							<del></del>				<del></del>			
		Print/Type p	oreparer's	name				Preparer's	s signature	_0	1 - 00	,   D	ate		Check	K ıf	PTIN		
Paid	ا إ	W.H.Bord	lers CP	A_				$\mathcal{L}$	HIDO	20	74	<u>H</u> 0	<u>8/</u> 0	1/11	self-empl	oyed	PO14	7969	5
Prep	[	Firm's nam		Alak	ama						<u></u>			Fırm's E	IN Þ				
Use	Only	Firm's addr	ess	101	Glen	n B	lvd	SW					$\top$						
				Fort	. Pay	ne,	<u>AL</u>	359	67					Phone n					46
May	the IRS	discuss ti	nis returr	with the	prepare	r shown a	above?	See in:	structions							<b>►</b> X	ζ Ye	s	No
DAA																Fom	n <b>99</b>	0-E2	(2010

**SCHEDULE A** (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

63-0828253 Alabama June Jam Inc. 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 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). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes X 11g(i) (iii) below, the governing body of the supported organization? X 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) is the (iv) is the organization (v) Did you notify (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization in col (i) listed in your the organization in organization in col support (described on lines 1-9 organization col (i) of your (i) organized in the governing document? above or IRC section US? support? (see instructions)) Yes Yes Nο Yes Nο No Fort Payne City Board of education X X 24,000 X 63-6000810 School Big Oak Ranch 15,800 23-7413017 501 (c) 3 X X X Dekalb County childrens Advocacy Center 9,720 X X 63-1055398 501(c) 3 X United Methodist Church of Fort Payne Al 63-0391961 X 9,000 X X All Others less than \$2,600 35,500 X X X 94,020

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

Schedule A (Form 990 or 990-EZ) 2010