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

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	108,278	22	91,770
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	0	24	1,630
25	Total assets . . . . .	108,278	25	93,400
26	Total liabilities (describe in Schedule O) . . . . .	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	108,278	27	93,400

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose? TO PROMOTE ON A NONSECTARIAN, NONDISCRIMINATORY AND NONPROFIT BASIS THE ATHLETIC PROGRAMS AND ACTIVITIES OF THE UNIVERSITY OF ALABAMA THROUGHOUT MOBILE COUNTY, ALABAMA		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	GIFTS TO THE CRIMSON TIDE FOUNDATION TO PUT ON FOOTBALL CAMP AND HAVE SPEAKERS (Grants \$ 35,000) If this amount includes foreign grants, check here . . . . .	28a	35,000
29	GIFTS TO THE UNIVERSITY OF ALABAMA ATHLETIC SCHOLARSHIP FUND (Grants \$ 34,200) If this amount includes foreign grants, check here . . . . .	29a	34,200
30	GIFT TO THE ALABAMA A CLUB FOUNDATION FOR OPERATIONS (Grants \$ 1,000) If this amount includes foreign grants, check here . . . . .	30a	1,000
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . .	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	70,200

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> 136,700		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> . . . . .		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> . . . . .		
42a	The organization's books are in care of <input type="checkbox"/> G TIM GASTON CPA Telephone no <input type="checkbox"/> (251) 343-1200 3800 AIRPORT BLVD STE 101 Located at <input type="checkbox"/> MOBILE, AL ZIP + 4 <input type="checkbox"/> 36608		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . . See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> . . . . .	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>43</b>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f	Total number of other employees paid over \$100,000	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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		2012-11-14 Date		
	G TIM GASTON TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MARK R CHAPMAN	Date 2012-12-18	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00426236
	Firm's name (or yours if self-employed), address, and ZIP + 4	SMITH DUKES & BUCKALEW LLP 3800 AIRPORT BLVD MOBILE, AL 366081667			EIN <input type="checkbox"/> 63-0191630
					Phone no <input type="checkbox"/> (251) 343-1200

May the IRS discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
THE RED ELEPHANT CLUB OF MOBILE INC**Employer identification number**

27-4522732

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION BANKTRUST INTEREST INCOME AMOUNT 136
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ALABAMA A CLUB FOUNDATION GRANTEE NAME ALABAMA A CLUB FOUNDATION GRANTEE ADDRESS P O BOX 1961 TUSCALOOSA, AL 35403 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ATHLETIC SCHOLARSHIPS GRANTEE NAME UNIVERSITY OF ALABAMA SCHOLARSHIP FUND GRANTEE ADDRESS P O BOX 870343 TUSCALOOSA, AL 35487 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 34,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION FOOTBALL CAMP GRANTEE NAME CRIMSON TIDE FOUNDATION GRANTEE ADDRESS P O BOX 870343 TUSCALOOSA, AL 35487 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 35,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 70,200
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION AWARDS & GIFTS AMOUNT 1,075 DESCRIPTION INSURANCE AMOUNT 1,878 DESCRIPTION PROGRAMMING COMPUTER AMOUNT 675 DESCRIPTION USER FEE AMOUNT 850 TOTAL TO FORM 990-EZ, LINE 16 4,478
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -806
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION APPAREL BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,630

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** THE RED ELEPHANT CLUB OF MOBILE INC

**EIN:** 27-4522732

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:  
Software Version:  
EIN: 27-4522732  
Name: THE RED ELEPHANT CLUB OF MOBILE INC

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES C SALEM P O BOX 160004 MOBILE,AL 36616	PRESIDENT 2 00	0	0	0
VICK L LOCKETT P O BOX 160004 MOBILE,AL 36616	VICE PRESIDENT 0 00	0	0	0
JUDSON W WELLS P O BOX 160004 MOBILE,AL 36616	SECRETARY 0 00	0	0	0
G TIM GASTON P O BOX 160004 MOBILE,AL 36616	TREASURER 4 00	0	0	0
DR ANDREW BURCH P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
DON MELTON P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
GARY SMITH P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
DR GERRY PHILIPS P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
DR JAMES BAILEY P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
JEFF ST CLAIR P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
JOHN DELCHAMPS P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0
JOHN LEWIS P O BOX 160004 MOBILE,AL 36616	DIRECTOR 0 00	0	0	0