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SCAMMED JUN 1 6 2015,

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)

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

A	For the	2012 calendar year, or tax year beginning APR 1, 2012 and	ending	MAR 31, 2013				
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
Γ	Addre	Tum Tum Tree Foundation						
	Name chang Initial	Doing Business As			256035			
H	return Termir	Number and street (or P.O. box if mail is not delivered to street address) P O Box 401	Room/suit	E Telephone number 205-243-9326				
	Amen		l	G Gross receipts \$ 356,310.				
	Applic	Helena, AL 35080		H(a) Is this a group return				
	pendir	F Name and address of principal officer:Mark ROSS1		for affiliates?	Yes X No			
		P.O. Box 401, Birmingham, AL 35080		H(b) Are all affiliates inc	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. (see instructions)			
		e: ▶ www.tumtumtreefoundation.org		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Yea	r of formation: 2000 N	A State of legal domicile: AL			
Pi	art I	Summary						
ė	1	Briefly describe the organization's mission or most significant activities: To p	rovia	e support to	children			
Activities & Governance		with chronic life-threatening or certain						
Ver.		Check this box if the organization discontinued its operations or dispo	sed of mo	- 1 1	ssets. 13			
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3	13			
•ඊ ග		Number of independent voting members of the governing body (Part VI, line 1b)		4 5	1			
ij		Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary)		6	29			
휹		Total unrelated business revenue from Part VIII Lol	• •	7a	0.			
ĕ	'a	Net unrelated business taxable income troll from 550-1, mip 5-		7b	0.			
	 -			Prior Year	Current Year			
a	8	Contributions and grants (Part VIII, ine 1)		308,217.	219,524.			
ğ		Program service revenue (Part VIII, line 2g)	~ F	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3 (1977)		361.	201.			
Œ	11	Other revenue (Part VIII, column (A) Tires 5, 86, 8c, 9c, 10c, and 11e)		79,125.	68,855.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		387,703.	288,580.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	355,500.	294,750.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ_	37,967.	28,295.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ຸ ⊢	0.	0.			
Ϋ́	Ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	000	1 (5)			
	17	Other expenses (Part IX, column (A)	-	802. 394,269.	1,656. 324,701.			
		Total expenses. Add lines 13-17 (must equal Part IX, coli	-	<6,566.				
or es	1	Revenue less expenses. Subtract line 18 from line 12 g 2015		Beginning of Current Year				
Net Assets of Fund Balance	20	Total assets (Part X, line 16)	<u> </u>	52,141.	End of Year 19,057.			
Ass	21	Total labilities (Part X, line 16) Total liabilities (Part X, line 26) Total liabilities (Part X, line 26)	-	316.	3,353.			
Set	22	Net assets or fund balances. Subtract line 21 from line 20	- -	51,825.	15,704.			
	art II	Signature Block						
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of my	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (ot <u>her th</u> an officer) is based on al <u>l info</u> rmation of wi	hich prepare	er has any knowledge.	1			
Sia.		Signature of officer		Date	-/13			
Sig Her		J. Timothy Downard, Treasurer						
	•	Type or print name and title	·	1/1517				
_		Print/Type preparer name Preparer's signature		Date Check	PTIN			
Pai	d			ıf self-employe	ed			
Pre	parer	Firm's name	JUN D	Firm's EIN				
Use	Only	Firm's address		7				
_			FAS		- 			
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions) \mathbb{QS} (OGDE	14,1311111	X Yes No			
-		1 HA For Panerwork Reduction Act Notice, see the separate instruction	ons		Form 990 (2012)			

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Form	990 (2012) Tum Tum Tree Foundation	63-1256035	Page 2
Pai	rt 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 provide support to Alabama children with chronic life	e-threatenin	α
	or certain life-altering conditions.	C CIII Caccilli	9
	or certain life-artering conditions.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990 EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	maggired by expenses	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, trie total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 294,750 · Including grants of \$ 294,750 ·) (Reven	ue \$	<u> </u>
	To provide support to Alabama children with chronic life	<u>e-threatenin</u>	g or
	certain life-altering conditions.		
			
			
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
			
4c	(Code) (Expenses \$		
			
			
			
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 294,750.		

Form	990 (2012) Tum Tum Tree Foundation 63-1256	035	Р	age 3
Pai	t IV Checklist of Required Schedules		, -	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ļ.	l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1	ł	l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	ĺ	[
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	j	}]
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	1	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	1	X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			${\Box}$
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c	ł	X
d	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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		Ī	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ł	Х
15	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	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<u> </u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>	T	† -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	-1			

Form **990** (2012)

18

19

20a 20b

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b_If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) Tum Tum Tree Foundation
Part IV Checklist of Required Schedules (continued)

- 4	Official of Frequency Contraction		<u> </u>	-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	_23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No", go to line 25	24a		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		i 1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	<u> </u>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2012

Series the number reported in Box 3 of Form 1096. Enter 4: If not applicable 1s		Check if Schedule O contains a response to any question in this Part V			
tale Enter the number reported in Back 3 of Form 1096, Enter-O-I find applicable Enter the number of Forms W 2G included in line 1 a. Enter-O-I find applicable Did the organization comply with biackop withholding rules for sportable payments to vendors and reportable gaming (gambling) winnings to prize witners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return I all the calendar year ending with or within the year covered by this return Note, I the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) I if at least one is reported on line 2a, did the organization file all required decral employment tax returns? Note, I the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) I if Yes, 1 has if ited a form 990°T for this year? If Wo, 1 provide an explanation in Schedule O 3b. If Yes, 1 has if ited a form 990°T for this year? If Wo, 2 provide an explanation in Schedule O 3c. At any time during the calendar year, did the organization have an interest nr, or a significant or other authority over, a financial account, in a foreign country; I will be a financial account, and the provided of the provided and a special provided and a special provided and a special part you file we financial accounts, securities and provided and a special part you file with a provided and year of the foreign country; I was not organization and party for provided and party for the file of the provided and year of the file organization file form 8886°T So Was the organization provided and year and provided and year and provided and year and ye				Vac	No
b Enter the number of Forms W-2G included in sine 1a. Enter -0 if not applicable De the organization comptly with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) withings to pizz workings? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Ited for the calendar year ending with or within the year covered by this return If the I least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 is greater than 250, you may be required to enthless of instructions) 3b Icid has organization have unrelated business gross income of \$1,000 or more during the year? 3a Icid the organization have unrelated business gross income of \$1,000 or more during the year? 3a Icid the organization have unrelated business gross income of \$1,000 or more during the year? 3a Icid the organization have unrelated business gross income of \$1,000 or more during the year? 3a Icid the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5b If "Yes," in the first organization from TD F 00/221, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction? 5b Icid any example party notify the organization that these or is a party to a prohibited tax shelter transaction? 5c Icid "Yes," to line 5a or 5b, did the organization file Form 8886-17 6c Did the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6c Did the organization receive any funds, directly or indirectly, to a personal benefit contribution of the year organization for the year organization for the year organization for the year organization	10	Enter the number reported in Box 3 of Form 1096. Enter .0. if not applicable		103	-110
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied to the calendar year ending with or within the year covered by this expansion of the second property of the secon			i		
digambingly winnings to prize winners? 2	-		1		
2a Enter the number of employees reported on Form W3_1 Transmitted of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX is file than 1 the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If "Yes, than it filed a Form 990.1 for this year? If "No, *provide an explanation in Schedule O 3b If "Yes, and during the calendary 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, social and interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, social and interest in, or a signature or other authority over, a financial account in a foreign country to provide an explanation in Schedule O 1 If "Yes, the interest in a man of the foreign country." See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization have manual gross received whether transaction at any time during the tax year? 5b If "Yes, to line 5a or 5b, did the organization file Form 8866.17 6c If "Yes, to line 5a or 5b, did the organization file Form 8866.17 6d If "Yes, to line 5a or 5b, did the organization file Form 8866.17 6d If "Yes, to line 5a or 5b, did the organization file Form 8866.17 6d If "Yes, to line 5a or 5b, did the organization file Form 8866.17 6d If "Yes, to line 5a or 5b, did the organization file Form 886.17 6d If "Yes, to line 5a or 5b, did the organization file form 10 file organization file form 10 file do organization file form 10 file do organization file form 10 file organization file form 10 file do organization file form 10 file organization file form 10 file or	·		1c		
tiled for the calendary year ending with or within the year covered by this return bit of a least one is reported on line 2a, dut the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross is common of \$1,000 or more during the year? bit 1'Yes, 1 set it filed a Form 990-17 or this year? if 'No, *provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account); and the second of the common of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ★2 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c 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? 6c Did 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? 7c Organizations that may receive deductible contributions under section 170(c). 8d Different \$252? 8d Differen	2a	1 1			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, *has it field a Form 990-T for this year? If Yes, *provide an explanation in Schedule O 4a At any time during the calendary 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 accountry? 4b If Yes, *to line face of thing requirements for Form TO F 90.22.1, Report of Foreign Bank and Financial accountry? 5c line Sa of 5b, did the organization that it was or is a party to a prohibited that shelter transaction? 6c If Yes, *to line Sa of 5b, did the organization that it was or is a party to a prohibited that were role to the organization and the form 8988-17 5c Did any taxable party notify the organization that it was or is a party to a prohibited that were role, the deductible as charitable contributions? 5c Did Yes, *to line Sa of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall may receive deductible contributions under section 170(c). 8c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization received a contribution of qualified intellectual property, of which it was required? 9c Did the organization or early a premium, directly or indirectly, on a personal benefit contract? 9c Did the organization make any taxable destributions under section 4986? 9c Did the organization make any taxable de					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b		Х
3a X					
b If "Yes," has it field a Form 990-T for this year? If "No." provide an explanation in Schedule O 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 accountry? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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 as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 If If the organization receive any funds, directly or indirectly, on a personal benefit contract? 77 If If the organization receive any funds, directly or indirectly, on a personal benefit contract? 77 If If the organization receive any funds, directly or indirectly, on a personal benefit contract? 78 Sponsoring organizations maintaining donor advised funds and section 90(e)(a) supporti	За		За		X
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions Initiation Initiation fees and capital contributions Initiation Information Information Initiation Initiation Initiation Information Information Information Initiation Initiation Information Information Information Initiation Initiation Initiation Information Infor			8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10	Section 501(c)(7) organizations. Enter:			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X I 14a X I 15b I "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11	Section 501(c)(12) organizations. Enter:			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross income from members or shareholders . 11a	1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	þ	, , , , , , , , , , , , , , , , , , , ,			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			Į		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·	}		l
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			10		
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	· •	138		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X 15c 15c 15c 15c 15c 15c 15c	h				
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	O				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b It	_		1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			142		x
			-		
	U	11 103, That it filed a Form 720 to report trieso payments 17 110, provide an explanation in confedence of		990	(2012)

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X							
	Check if Schedule O contains a response to any question in this Part VI										
Sec	tion A. Governing Body and Management		V	No							
	Enter the number of voting members of the governing body at the end of the tax year 13	·	Yes	NO							
та	Effect the hamber of voting members of the governing body at the end of the tax year.	1									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 15										
_	Zinor and manifest of voting months in the day and the manifest of the day and the manifest of the day and the manifest of the day and the	}									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х							
_	officer, director, trustee, or key employee?	<u> </u>									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		x							
	of officers, directors, or trustees, or key employees to a management company or other person?	4		$\frac{x}{x}$							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		$\frac{x}{x}$							
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6_		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		х							
•	more members of the governing body?	7a									
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		х							
_	persons other than the governing body?	7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х								
_	The governing body?	8a 8b	X								
ь	Each committee with authority to act on behalf of the governing body?	80									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х							
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V								
40-	Did the average that have been been broaden as affiliated	10a	Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	iua									
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b									
44	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х								
		l la									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120									
·	in Schedule O how this was done	12c		x							
13	Did the organization have a written whistleblower policy?	13	х								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	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?	ĺ									
а	The organization's CEO, Executive Director, or top management official	15a		Х							
	Other officers or key employees of the organization	15b		X							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1									
_	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶AL										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id finar	ncial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:									
_	Tim Downard - 205-254-3380										
	2121 2nd Avenue North, Ste 400, Birmingham, AL 35203										

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

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.

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

- 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.

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average hours per week	offi	not c	Pos heck ss pe id a d	more	than is bot or/trus	one h an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gene Price	2.00	1						0.	0.	•
Director	2.00	X	_		<u> </u>	-	┞		0.	0.
(2) Tim Downard Treasurer	2.00	X		x	ł			0.	0.	0.
(3) Stewart Lee	2.00	<u> </u>	-	^	├─	-			•	<u> </u>
Director	2.00	X			ļ	}		0.	0.	0.
(4) Denise Brown	2.00	-	\vdash	\vdash	┝	\vdash	├─	<u>`</u>		
Director		x		1	1			0.	0.	0.
(5) Stephen Hunt	2.00			\vdash		\vdash				
Director		X			İ			0.	0.	0.
(6) Brandon Smith	2.00				\vdash	T				
Director		x			ŀ			0.	0.	0.
(7) Ryan Lutz	2.00					Г				
Director		X		l		<u> </u>		0.	0.	0.
(8) Danny McKinney	2.00									
Director		X			L_	L		0.	0.	0.
(9) Mark Rosse	2.00				ŀ			_	_	
President		X		Х		L	L	0.	0.	0.
(10) Greg Neil	2.00		1						_	_
Director		X			_	L		0.	0.	0.
(11) Kelly Logan	2.00			1					•	
Director		X	_	_		_		0.	0.	0.
(12) Susan Curtain	2.00	٠,		İ	l				0.	•
Director (13) Doug Eckert	2.00	X		<u> </u>		_	_	0.	0.	0.
Director	2.00	x	Ì	ĺ	İ		İ	0.	0.	0.
Director	 	₽		-	_	 -		<u> </u>	0.	<u> </u>
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		_	_			\vdash				
							<u> </u>			
	 	\vdash		_	\vdash	\vdash	\vdash		-	

Par	τ VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees/	, and	<u>d Hi</u>	ighe	st C	compensated Employe	es (continuea)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable		i e	timate 10unt (
		week					is bot or/trus		compensation from	compensation from related	ı	ĺ	other)i
		(list any	ector						the	organizations	1		pensa	
		hours for related	trustee or director	8	}		sated	ļ	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om the anızatı	
		organizations	trustee	al trust		a yee	uadu		(***2/1099***********************************	ļ		_	d relate	
		below	Individual	Institutional trustee	늉	Кеу етріоуев	Highest compens employee	Ę		ļ		orga	anizatı	ons
		line)	ğ	Tast .	Officer	Key	星島	Ē						
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			_	L			<u> </u>	L						
	Sub-total						>		0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A	•						0.		0.			0.
2	Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) w	ho r		0,000 of reportable				
	compensation from the organization									<u></u>				(
_	51												Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	mplo	oyee	, or	highest compensated e	employee on		3		X
4	For any individual listed on line 1a, is the			amo	ensa	atior	n an	d ot	her compensation from	the organization		٦		
	and related organizations greater than \$1			•					•	J		4		X
5	Did any person listed on line 1a receive or							relat	ed organization or indiv	ridual for services				37
Sec	rendered to the organization? If "Yes," control B. Independent Contractors	mplete Schedu	le J i	for s	uch	pen	son	_	<u> </u>		_	5		<u> </u>
1	Complete this table for your five highest of	ompensated in	dep	ende	ent c	cont	racte	ors t	that received more than	\$100,000 of com	pens	ation	from	
	the organization. Report compensation fo	•											·	
	(A) Name and busines	o addross	3.74	~37 1	-			l	(B) Description of	202400	_) nsatio	_
	rvame and busines	s address	N	ON	<u> </u>			-		services		ompe		
														
			_					_						
	· · · · · · · · · · · · · · · · · · ·							_						
2	Total number of independent contractors	fincluding but a	not li	mita	d to	tho	الموا	sted	l ahove) who received r	nore than	_			
_	\$100,000 of compensation from the organ		.011	.,,,,,,			0	_						
			_									Form	gan /	2012

			Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1	а	Federated campaigns	1a					
اة ق	!	b	Membership dues	1b					
S,E		С	Fundraising events	1c	219,524.				
a ii			Related organizations	1d					
S.E			Government grants (contribut	· ——]		
Ë			All other contributions, gifts, gran						
			similar amounts not included abo	4 1					
Ē		g		L			}		ı
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			219,524.			
		·· <u> </u>	Total Floo moo Ta II		Business Code				
a	2	a							
ξ		b							-
Ser		c							
E a		d							
Program Service Revenue		e	-						
P		f	All other program service reve	POLIE					<u> </u>
1		a	Total. Add lines 2a-2f						
	3	<u> </u>	Investment income (including	dividends intere					·
	Ŭ		other similar amounts)	orridorido, intore	551, 4114	201.	201.		
[4		Income from investment of ta	v.avamnt hand r	rocoade				
	5		Royalties	v-evenibr poug b	noceeds			-	
J	J		noyalities	(i) Real	(ii) Personal				
	c	_	Gross rents	(I) Neal	(ii) Personai				
	6		• •						
		b	Less: rental expenses						
		C	Rental income or (loss)	L					
			Net rental income or (loss) Gross amount from sales of	(A Cooughton	(ii) Other				
	•	а		(i) Securities	(ii) Other				
			assets other than inventory						
		D	Less: cost or other basis		[
		_	and sales expenses		 				
			Gain or (loss)	L					
			Net gain or (loss)						
venue	8	а	Gross income from fundraisin including \$ 219,5	524. of					
è			contributions reported on line		406 505				
Other Re			Part IV, line 18	• •	136,585.				ł
됩			Less: direct expenses	b	67,730.				
-			Net income or (loss) from fund	-		68,855.			68,855.
	9	а	Gross income from gaming ad	ctivities. See	[
			Part IV, line 19	а					
			Less: direct expenses	. b					
ļ			Net income or (loss) from gan	-	<u> </u>				
	10	а	Gross sales of inventory, less	returns					
Į			and allowances .	_. a		ı			ļ
		b	Less: cost of goods sold	b					
ļ	_	С	Net income or (loss) from sale	s of inventory	<u> </u>				
ļ			Miscellaneous Revenu	ie	Business Code				
	11	а							ļ. <u></u>
ļ	-	b							
ł	,	С							
]		d	All other revenue						
		е	Total. Add lines 11a 11d	•	•				
	12		Total revenue. See instructions.		_ ▶	288,580.	201.	0	. 68,855.

Form 990 (2012) Tum Tum Tree Foundation
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		224 552		
	organizations in the United States. See Part IV, line 21	294,750.	294,750.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	Ì			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		, 1		
_	persons described in section 4958(c)(3)(B)	26,000.		26,000.	
7	Other salaries and wages Pension plan accruals and contributions (include	20,000.		20,000.	· · · · · · · · · · · · · · · · · ·
8	section 401(k) and 403(b) employer contributions)				
9	The state of the s				
9 10	Other employee benefits Payroll taxes	2,295.		2,295.	
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
d	[*]				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,656.		1,656.	
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	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in trovered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)				
а					
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	324,701.	294,750.	29,951.	0.
26	Joint costs. Complete this line only if the organization		_		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 52,141. 19,057. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10c 11 11 Investments - publicly traded securities 12 Investments - other securties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 . . 52,141. 19,057 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 316. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 316. 3,353. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 51,825. 15,704. 32 Retained earnings, endowment, accumulated income, or other funds 32 15,704. 51,825. 33 Total net assets or fund balances 52,141 19,057. Total liabilities and net assets/fund balances

Form 990 (2012)

Form	1990 (2012) Tum Tum Tree Foundation	63-125	<u> 5035</u>	Page 12
Pa	rt 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		,580.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,701.
3	Revenue less expenses. Subtract line 2 from line 1	3		,121.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51	,825.
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities	6		
7	Investment expenses .	7		
8	Prior period adjustments .			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	15	,704.
Pa	rt 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: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Yes No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 20	
	separate basis, consolidated basis, or both:	3 011 4	1 1	ł
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	ļ
ь			2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e hasis	20	 -
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	.o busis,		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	1 1	ł
	Act and OMB Circular A-133?	-	3a	_ X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2012)

12-10-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

2012

Open to Public Inspection

Name of the organization

Tum Tum Tree Foundation

Employer identification number 63-1256035

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2			'0(b)(1)(A)(ii). (Attach Sc									
3 🗔			tal service organization			170/b)/1)/	Δλίιι)					
	•	•	operated in conjunction					/hV4VAVii	i) Enter	the hospital's	e name	
4 📖			operated in conjunction	with a 1105	pital desci	inded in Se	CHOII 170	ייאראאיי אנט	ı). Lintei	tile flospital) Harric	٠,
	city, and stat		h (. dooo=b			
5 📖	-	•	benefit of a college or u	niversity o	wnea or op	perated by	a governi	mentai uni	t describ	bea in		
		(b)(1)(A)(iv). (Comple										
6		_	ent or governmental uni									
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public descr	ibed in	1
	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 X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	t from gross i	nvestr	nent
	income and u	inrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 30), 1 9 75	5.
		509(a)(2). (Complete	•		·		•					
10 🗀	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11	-	•	•		•			•	v out the	numoses of	l one o	r
	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											
			organization and compl				.,. 000 00 1		<u> </u>			
	a Type	· · · · · · · · · · · · · · · · · · ·			nctionally i		,		a III a Na	n-functionally	, integ	ratad
$^{\circ}\Box$			•	• •	•	Ū				-	_	
e L	-	•	at the organization is not		-				-			•
			han one or more publicly						9(a)(1) or	section 509(a)(2).	
f			tten determination from	the IHS tha	atitis a ly	ре і, туре	II, or Type) III				
		rganization, check th								•		Щ.
g	_		organization accepted ai			-				г		
	(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons o	lescribed	in (11) and (III) below	′,	Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(IiI) Type of organization	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amount	of mon	etarv
	anization	(,	(described on lines 1-9	in col. (i) la	sted in your		ion in col.	organizátic (i) organiz	on in col. ed in the	supp		·
- 0			above or IRC section	governing	document?	(i) of you	support?	(.?	1		
		'	(see instructions))	Yes	No	Yes	No	Yes	No	1		
				1				<u> </u>				
								[
									<u> </u>			
	_					l						
		<u> </u>										
			1							•		

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u></u>	
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)	}	}	ł			}
6	Public support. Subtract line 5 from line 4	<u> </u>		 	 		
	ction B. Total Support	<u> </u>	<u> </u>	L	<u> </u>	٠	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(4) 2000	(8) 2000	(0) 20 10	(4) 2311	(0) 2012	(1) 10.00
	Gross income from interest,				1		
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			ĺ			
9	Net income from unrelated business						
	activities, whether or not the	İ					
	business is regularly carried on						
10	Other income. Do not include gain]	
	or loss from the sale of capital	1 .					
	assets (Explain in Part IV.)	<u> </u>		<u> </u>	<u> </u>	<u>L.</u>	
11	Total support. Add lines 7 through 10	<u> </u>		<u>L</u>	<u> </u>		<u> </u>
12	Gross receipts from related activities	, etc. (see instructi	ions)		•	12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth 1	ax year as a section	on 501(c)(3)	
_	organization, check this box and stortion C. Computation of Publ	ic Support Pe		<u></u>			
	Public support percentage for 2012 (column (f))		14	
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the	•			14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies		-				▶∟
b	33 1/3% support test - 2011. If the	•		· ·	d line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qual	, .				•	▶∟_
17a	10% -facts-and-circumstances tes	-	•				•
	and if the organization meets the "fac		•	-	•	irt IV how the orgai	nization
	meets the "facts-and-circumstances"	•			•	47 451	4004
þ	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		•
1Ω	organization meets the "facts-and-circ Private foundation. If the organization		_	•			
-10	Tivate journation. If the organization	an did not check a	DOX OF RIE 13, 10	74, 100, 174, 01 17		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2012 Tum Tum Tree Foundation

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 \

Sec	etion A. Public Support	ciow, picase comp	noto i artini				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(8) 2000	(b) 2003_	(0) 2010		(0)	1.7.101
•	membership fees received. (Do not	ļ	' I		' I		
	-	406,346.	401,262.	307 117	308,217.	219,524.	1,642,466.
	include any "unusual grants.")	400,340.	401,202.	307,117.	300,217.	217,524.	1,042,400,
2	Gross receipts from admissions,	ĺ	1	·		·	
	merchandise sold or services per- formed, or facilities furnished in			i			
	any activity that is related to the	j					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	105,475.	90,373.	68,276.	147,287.	136.585.	547,996.
				33,2131			7.5
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	511,821.	491,635.	375,393.	455,504.	356,109.	2,190,462.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
h	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						0.
	Add lines 7a and 7b						0.
8	Public support (Subtractline 7c from line 6.)						2,190,462.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2008 511,821.	(b) 2009 491,635.	(c) 2010 375, 393.	(d) 2011 455, 504.	(e) 2012 356, 109.	2,190,462.
	Gross income from interest,						
	dividends, payments received on		*				
	securities loans, rents, royalties	2,018.	2,384.	1,390.	361.	201.	6,354.
	and income from similar sources	2,010.	2,304.	1,350.	201.	201.	0,334.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	2,018.	2,384.	1,390.	361.	201.	6,354.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
42	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	513,839.	494,019.	376,783.	455,865.	356,310.	2,196,816.
							
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here	 					
-	ction C. Computation of Publ						
15	Public support percentage for 2012 (I	ine 8, column (f) d	vided by line 13, o	olumn (f))		15	99.71 %
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	99.33 %
	ction D. Computation of Inves						
_	Investment income percentage for 20			e 13, column (f))		17	.29 %
	Investment income percentage from 2		• • • • • • • • • • • • • • • • • • • •			18	.67 %
	, •	•	•	on line 14 and line	15 is mara than ?		
ısa	33 1/3% support tests - 2012. If the	-					/ is not
	more than 33 1/3%, check this box a		-				•
b	33 1/3% support tests - 2011. If the	_					and
	line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	ınızation qualifies a	as a publicly suppo	orted organization	▶ᆜ
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check th	is box and see ins	structions	
							000-E7\2012

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2012

Open To Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990 or 990-EZ) 2012

Tum Tum	Tree Foundation	1			63-1256	035		
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) D fundrai have cus or contr contribut	stodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
	·							
			_					
Total	·							
List all states in which the organization or licensing.	on is registered or licensed to so	olicit contribu	utions	s or has been notified	d it is exempt from re	egistration		
			_		<u> </u>			
				<u> </u>				
			_					

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

		of fundraising event contributions and gr				pts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
Revenue			Charity Wine		None	(add col. (a) through		
			Auction			col. (c))		
	ļ		(event type)	(event type)	(total number)	- COI. (C))		
eve	1	Gross receipts	356,109.			356,109.		
Œ								
	,	Less: Contributions	219,524.			219,524.		
	-					 		
	3	Gross income (line 1 minus line 2)	136,585.			136,585.		
	<u> </u>	arood moonio (mio i rimido mio 2)						
	4	Cash prizes						
	'	0.00 p.1200				 		
	5	Noncash prizes	l					
Direct Expenses	١		<u></u>					
	6	Rent/facility costs	19,562.			19,562.		
	ľ	The facility costs			 -			
t	7	Food and beverages	14,080.			14,080.		
Dire	<i>'</i>	. ood and beverages		1				
	8	Entertainment	1,100.			1.100.		
	9 Other direct expenses		32,988.			1,100. 32,988.		
	10	(67,730,						
		Direct expense summary. Add lines 4 through	, ,			68,855.		
11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported mo						1		
\$15,000 on Form 990-EZ, line 6a.								
	Γ	φ10,000 011 0111 000 EE, 1110 0α.	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add		
ΣČ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue			· · · · · · · · · · · · · · · · · · ·			3		
] _	Gross revenue				ļ		
	1	Gross revenue				 -		
S	2	Cash prizes	i					
ses	_	Casil plizes .				 		
Je.	3	Noncash prizes						
Direct Expenses	"	Noncash prizes						
ect	4	Rent/facility costs						
ក្ដ	7	Tientracinity costs				 		
	_	Other direct expenses						
	3	Other direct expenses	Ves %	Yes %	Vas %	 		
	6	Volunteer labor	I⊨ '°°—— ″	No No	No Yes			
	ľ	Volunteer labor .	L No	<u> </u>	I NO	<u> </u>		
	7	Direct expense summary. Add lines 2 through	s 5 in column (d)			,		
	'	bliect expense summary. Add lines 2 timougi	ro in column (a)	•	. •	 		
		Not coming income cummany Combine line 1	Lastuma dandlina 7					
_	8	Net gaming income summary. Combine line 1	, column a, and line /			<u> </u>		
•	-	tor the etete(a) in which the ergonization energy	too maanna aativitiaa					
		ter the state(s) in which the organization opera		-1-10		Type Type		
		the organization licensed to operate gaming ac				L Yes L No		
Ľ,	, 11	No," explain:						
	_							
10-	14/-	are any of the organization's semina harman	woled oues and a cata	main ato di ultra di na 4		Ves I i		
		ere any of the organization's gaming licenses re	•	•	year f	└── Yes └── No		
E.	. 11	Yes," explain:						
	_			· 				

Schedule G (Form 990 or 990-EZ) 2012 Tum Tum Tree Foundation	63-1256035 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
	13b %
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	<u> </u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	Joids.
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ai	mount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
5 11 155, 5110 Name and address 51 510 1110 p.m.y,	
Name	
Address ►	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, c	
	, , , , , , , , , , , , , , , , , , , ,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	information (see instructions).
	
	

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

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Employer identification number 63-1256035

% ⊠ Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Tum Tum Tree Foundation General Information on Grants and Assistance criteria used to award the grants or assistance? Part

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. Part II can be duplicated if additional space is needed. Part

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government cash grant	(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
							To provide support to
Magic Moments, Inc.							children with chronic
1600 Seventh Avenue South							life-threatening or
Birmingham, AL 35233	63-0887875	Section 501(c)(3)	160,000.	0.			certain life-altering
Children's Hospital of Alabama							To provide support to
(Hemotology-Onocology) - 1600				100			children with chronic
Seventh Avenue South - Birmingham,							life-threatening or
AL 35233	63-0307306	section 501(c)(3	74,250.	0.		-	certain life-altering
							To provide support to
Kid One Transport System, Inc.							children with chronic
3535 7th Court South							life-threatening or
Birmingham, AL 35222	63-1165579	Section 501(c)(3)	20,000.	0			certain life-altering
							To provide support to
Mitchell's Place, Inc.							children with chronic
4778 Overton Road							life-threatening or
Birmingham, AL 35210	20-1056421	Section 501(c)(3	25,000.	0			certain life-altering
							To provide support to
Spirit of Hope Youth Ranch, Inc.							children with chronic
194 Kings Ranch Dr.							life-threatening or
Wilsonville, AL 35186	20-5690060		15,000.	0.			certain life-altering

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

See Part IV for Column (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232101 12-18-12

Schedule I (Form 990) (2012)

:

:

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 63-1256035 Part IV Supplemental Information. Complete this part to provide the information required in Part II, ine 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Grant or Assistance: To provide support to children with (h) Purpose of Grant or Assistance: To provide support to children with (d) Amount of non-cash assistance chronic life-threatening or certain life-altering conditions chronic life-threatening or certain life-altering conditions Inc. Children's Hospital of Alabama (Hemotology-Onocology) (c) Amount of cash grant Name of Organization or Government: Magic Moments, (b) Number of recipients Tum Tum Tree Foundation Name of Organization or Government: Column (h): (a) Type of grant or assistance Part II, line 1, Schedule I (Form 990) (2012) (h) Purpose of 232102 12-18-12 Part III

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization Tum Tum Tree Foundation	Employer identification number 63-1256035
Form 990, Part VI, Section B, line 11: Board members	review a draft of the
990 and submit their approval via email.	
Form 990, Part VI, Section C, Line 19: The organizat	ion makes its Form 990
available to the public through the website guidesta	r.com. The
organization's governing documents, etc. are availab	le upon request.
	
	
	
	
	
	
 	
	
	

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

THE THE THE	Valida da vida	tate appli						
	are filing for an Automatic 3-Month Extension, complet					X		
	are filing for an Additional (Not Automatic) 3-Month Ext							
Do not	complete Part II unless you have already been granted a	n automa	tic 3-month extension on a previous	ly filed For	m 8868.			
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months for a com	ooration		
required	I to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request an e	extension		
of time t	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Fransfers A	ssociated With Co	ertain		
Persona	al Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	n the elect	tronic filing of this	form,		
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits.	<u></u>						
Part	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).				
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and (complete				
Part I or	nly					▶ □		
	r corporations (including 1120-C filers), partnerships, REMi come tax returns.			t an extens	sion of time			
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification num	nber (EIN) or		
print	Tum Tum Tree Foundation				63-12560	35		
File by the								
due date to								
return See								
instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
Helena, AL 35080								
Enter the Return code for the return that this application is for (file a separate application for each return)								
Applica	tion	Return	Application			Return		
ls For		Code	ls For			Code		
						07		
Form 990-BL 02 Form 1041-A 08						08		
					09			
Form 99		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
	Tim Downard	·						
• The l	books are in the care of > 2121 2nd Avenue	e Nor	th, Ste 400 - Birm	ingha	m, AL 352	:03		
	phone No. ► 205-254-3380		FAX No. >					
	organization does not have an office or place of business	s in the Ur	nited States, check this box)	▶ □		
	s is for a Group Return, enter the organization's four digit					check this		
box 🕨	. If it is for part of the group, check this box							
1 11	request an automatic 3-month (6 months for a corporation							
	November 15, 2013, to file the exemp	•	·		The extension			
is	for the organization's return for:					- 1		
>	calendar year or				· 4 E	$\cap CA$		
	X tax year beginning APR 1, 2012	. an	dending MAR 31. 2013	Rei	ceiveu L	.00.		
•			d ending <u>MAR 31, 2013</u>	-110	20.			
2 lf	the tax year entered in line 1 is for less than 12 months, c		on: Initial return	Final return	MAY 2820	15		
[Change in accounting period				MINI	1-		
_	Onlings in accoming police				o odden	Utan		
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any	— R	3 Ogden			
	onrefundable credits. See instructions.			3a	\$	0.		
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		*			
	stimated tax payments made. Include any prior year overp	-		3ь	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ	<u>~</u>		
	y <u>using EFTPS (Electronic Federal Tax Payment System).</u>	•	• • •	3c	\$	0.		
	of you are going to make an electronic fund withdrawal v							

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.