

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE RED ELEPHANT CLUB OF MOBILE INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite
POST OFFICE BOX 160004

City or town, state or province, country, and ZIP or foreign postal code
MOBILE, AL 36616

D Employer identification number
27-4522732
ETelephone number
(251) 343-1200
FGroup Exemption Number ▶

G Accounting Method ☒Cash ☐Accrual Other (specify) ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶N/A

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(7) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒Corporation ☐Trust ☐Association ☐Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 128,481

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3 124,263
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	b	Less cost or other basis and sales expenses	5b
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 4,203
Expenses	c	Less direct expenses from gaming and fundraising events	6c 3,299
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 904
	7a	Gross sales of inventory, less returns and allowances	7a
	b	Less cost of goods sold	7b
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8 15
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9 125,182
	10	Grants and similar amounts paid (list in Schedule O)	10 69,900
	11	Benefits paid to or for members	11 66,642
	12	Salaries, other compensation, and employee benefits	12
Net Assets	13	Professional fees and other payments to independent contractors	13 1,500
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15 3,840
	16	Other expenses (describe in Schedule O)	16 11,985
	17	Total expenses. Add lines 10 through 16 ▶	17 153,867
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -28,685
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 159,900
	20	Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 131,215

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ(2015)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	158,000	22	165,802
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,900	24	4,113
25 Total assets	159,900	25	169,915
26 Total liabilities (describe in Schedule O)	0	26	38,700
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,900	27	131,215

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

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

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

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here ☐

28a

29

(Grants \$)

If this amount includes foreign grants, check here ☐

29a

30

(Grants \$)

If this amount includes foreign grants, check here ☐

30a

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

69,900

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. ☒

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VICTOR LOCKETT PRESIDENT	2 00	0	0	0
ROBERT CAMPBELL VICE PRESIDENT	0 10	0	0	0
JOHN DELCHAMPS VICE PRESIDENT	0 10	0	0	0
TIM GASTON TREASURER	4 00	0	0	0
AUSTIN HYNSON SECRETARY	0 10	0	0	0
ANDREW BURCH DIRECTOR	0 10	0	0	0
DON MELTON DIRECTOR	0 10	0	0	0
GARY SMITH DIRECTOR	0 10	0	0	0
GERRY PHILLIPS DIRECTOR	0 10	0	0	0
JAMES BAILEY DIRECTOR	0 10	0	0	0
JEFF STCLAIR DIRECTOR	0 10	0	0	0
JIMBO SALEM DIRECTOR	0 10	0	0	0

Part VOther Information (Note the Schedule A and personal benefit contract 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		
35a	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 Form 990-T 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 ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0			
37a	0					
b	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or 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 . <table><tr><td>38b</td><td></td></tr></table>	38b				
38b						
39	Section 501(c)(7) organizations Enter . <table><tr><td></td><td></td></tr></table>					
a	Initiation fees and capital contributions included on line 9	39a	0			
b	Gross receipts, included on line 9, for public use of club facilities	39b	0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____					
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 ▶ _____					
42a	The organization's books are in care of ▶ <u>G TIM GASTON CPA</u> Telephone no ▶ <u>(251) 343-1200</u> Located at ▶ <u>3800 AIRPORT BLVD STE 101 MOBILE, AL</u> ZIP + 4 ▶ <u>36608</u>					
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	Yes	No		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43				
43						
44a	Did the organization maintain any donor advised funds during the year? 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		No

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
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 as 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 **▶** _____

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. **▶** _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A **▶** ☐ Yes ☐ No

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	*****		2016-11-16	
	Signature of officer		Date	
Paid Preparer Use Only	G TIM GASTON, TREASURER			
	Type or print name and title			
	Print/Type preparer's name MARK R. CHAPMAN		Preparer's signature	Date 2016-11-16
	Firm's name ▶ SMITH DUKES & BUCKALEW LLP		Check <input type="checkbox"/> if self-employed	PTIN P00426236
Firm's address ▶ 3800 AIRPORT BLVD MOBILE, AL 366081667		Firm's EIN ▶ 63-0191630		
		Phone no. (251) 343-1200		

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

Additional Data

Software ID:

Software Version:

EIN: 27-4522732

Name: THE RED ELEPHANT CLUB OF MOBILE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and
501(c)(4) organizations and
4947(a)(1) trusts; optional
for others.)

28

GIFTS TO THE CRIMSON TIDE FOUNDATION TO PUT ON FOOTBALL CAMP AND HAVE SPEAKERS
(Grants \$ 30,000)

If this amount includes foreign grants, check here . . . ☐

28a

30,000

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
29 GIFTS TO THE UNIVERSITY OF ALABAMA ATHLETIC SCHOLARSHIP FUND (Grants \$ 36,900) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	36,900

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>30 GIFT TO NICK'S KIDS FUND FOR OPERATIONS</div> <div>(Grants \$ 3,000)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	3,000

TY 2015 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.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
THE RED ELEPHANT CLUB OF MOBILE INC**Employer identification number**

27-4522732

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION IBERIA BANK INTEREST INCOME AMOUNT 15
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ATHLETIC SCHOLARSHIPS GRANTEE NAME UNIVERSITY OF ALABAMA SCHOLA RSHIP FUND GRANTEE ADDRESS P O BOX 870343 TUSCALOOSA, AL 35487 PROPERTY DESCRIPTION C ASH DATE OF GIFT 12/31/15 AMOUNT GIVEN 36,900

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION FOOTBALL CAMP GRANTEE NAME CRIMSON TIDE FOUNDATION GRANTEE ADDRESS P O BOX 870343 TUSCALOOSA, AL 35487 PROPERTY DESCRIPTION CASH DATE OF GIFT 05/31/16 AMOUNT GIVEN 30,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GENERAL FUND GRANTEE NAME NICK'S KIDS FUND GRANTEE ADDRESS PO BOX 870323 TUSCALOOSA, AL 35487 PROPERTY DESCRIPTION CASH DATE OF GIFT 02/01/16 AMOUNT GIVEN 3,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 69,900

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 2,987 DESCRIPTION PROGRAMMING COMPUTER AMOUNT 675 DESCRIPTION SPEAKERS AMOUNT 8,323 TOTAL TO FORM 990-EZ, LINE 16 11,985
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION MEMBERS DUES BEG OF YEAR AMOUNT 1,900 END OF YEAR AMOUNT 2,713 DESCRIPT ION UNDEPOSITED FUNDS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DUE TO ALABAMA FOUNDATION BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 38,700