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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation ALPHA FOUNDATION		A Employer identification number 63-1188643	
Number and street (or P O box number if mail is not delivered to street address) 303 WILLIAMS AVENUE STE 129		Room/suite	B Telephone number (see instructions) (256) 837-4989
City or town, state or province, country, and ZIP or foreign postal code HUNTSVILLE, AL 35801		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 45,557,766		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	366,361	366,361	366,361	
	4 Dividends and interest from securities . . . . .	469,662	469,662	469,662	
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	1,173,258			
	b Gross sales price for all assets on line 6a _____ 24,169,781				
	7 Capital gain net income (from Part IV, line 2) . . . . .		10,977		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	 28,938	28,938	28,938	
	12 Total. Add lines 1 through 11 . . . . .	2,038,219	875,938	864,961	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	 17,355	17,355	17,355	
	b Accounting fees (attach schedule) . . . . .	 21,585	21,585	21,585	
	c Other professional fees (attach schedule) . . . . .	 401,336	401,336	401,336	
	17 Interest . . . . .	10,335	10,335	10,335	
	18 Taxes (attach schedule) (see instructions) . . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	 106,128	106,128	106,128	
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	556,739	556,739	556,739	0
	25 Contributions, gifts, grants paid . . . . .	2,500,000			2,500,000
	26 Total expenses and disbursements. Add lines 24 and 25	3,056,739	556,739	556,739	2,500,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-1,018,520			
	b Net investment income (if negative, enter -0-)		319,199		
c Adjusted net income (if negative, enter -0-)				308,222	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .					
	2	Savings and temporary cash investments . . . . .	1,175,783	1,371,400		1,371,400	
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) . . . . .	39,801,004	38,726,867		44,186,366	
	c	Investments—corporate bonds (attach schedule) . . . . .					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans . . . . .					
	13	Investments—other (attach schedule) . . . . .					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	40,976,787	40,098,267		45,557,766		
Liabilities	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .		140,000			
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)					
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		140,000			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .					
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .	3,336,945	3,336,945			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds	37,639,842	36,621,322			
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	40,976,787	39,958,267				
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	40,976,787	40,098,267				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	40,976,787
2	Enter amount from Part I, line 27a . . . . .	2	-1,018,520
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	39,958,267
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	39,958,267

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	10,977
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 <span style="float: right;">{ }</span>	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	2,244,913	47,557,142	0 047205
2014	2,338,421	44,872,119	0 052113
2013	2,204,419	45,209,381	0 048760
2012	2,477,544	42,974,497	0 057651
2011	1,640,000	44,021,123	0 037255
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 242984
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 048597
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 45,271,801
<b>5</b> Multiply line 4 by line 3			<b>5</b> 2,200,074
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 3,192
<b>7</b> Add lines 5 and 6			<b>7</b> 2,203,266
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 2,500,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	3,192
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	3,192
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,192
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	18,085
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	18,085
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	14,893
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ 14,893 <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AL _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.ALPHAFOUNDATIONHSV.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>MIKE SEGARS CPA</u> Telephone no ► <u>(256) 533-7040</u>			

Located at ► 303 WILLIAMS AVE SUITE 129 303 WILLIAMS AVENUE SUITE 129 HUNTSVILLE AL ZIP+4 ► 35801

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<b>16</b>	<b>Yes</b>	<b>No</b>
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .	<b>1b</b>		
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? . . . . .	<b>1c</b>		
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Organizations relying on a current notice regarding disaster assistance check here. <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>5b</b>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <i>If "Yes" to 6b, file Form 8870</i>	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	44,341,132
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,620,087
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	45,961,219
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	45,961,219
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	689,418
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	45,271,801
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,263,590

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	2,263,590
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	3,192
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	3,192
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	2,260,398
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	2,260,398
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	2,260,398

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,500,000
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,500,000
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	3,192
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,496,808

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				2,260,398
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			56,037	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 2,500,000				
<b>a</b> Applied to 2015, but not more than line 2a			56,037	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				2,260,398
<b>e</b> Remaining amount distributed out of corpus	183,565			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	183,565			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	183,565			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .				
<b>e</b> Excess from 2016. . . . .	183,565			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2016	<b>(b)</b> 2015	<b>(c)</b> 2014	<b>(d)</b> 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1 Information Regarding Foundation Managers:</b>
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed JOHN WYNN 2101 CLINTON AVENUE HUNTSVILLE, AL 35805 (256) 535-1100
<b>b</b> The form in which applications should be submitted and information and materials they should include WRITTEN FORM WITH PURPOSE AND EXEMPT STATUS OF REQUESTING ORGANIZATION
<b>c</b> Any submission deadlines NONE
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	2,500,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	366,361	
<b>4</b> Dividends and interest from securities. . . . .			14	469,662	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			14	28,938	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	1,173,258	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .				2,038,219	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		2,038,219

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- |       | Yes | No |
|-------|-----|----|
| 1a(1) |     | No |
| 1a(2) |     | No |
| 1b(1) |     | No |
| 1b(2) |     | No |
| 1b(3) |     | No |
| 1b(4) |     | No |
| 1b(5) |     | No |
| 1b(6) |     | No |
| 1c    |     | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below  
(see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  MICHAEL K SEGARS CPA	Preparer's Signature	Date  2017-08-10	Check if self-employed <input type="checkbox"/>	PTIN  P00575981
Firm's name ▶ MELVIN BIBB SEGARS & ASSOCIATES PC				Firm's EIN ▶ 63-1033572
Firm's address ▶ 303 WILLIAMS AVENUE SUITE 129  HUNTSVILLE, AL 35801				Phone no (256) 533-7040

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOHN WYNN	SECRETARY 1 00 2101 CLINTON AVENUE HUNTSVILLE, AL 35805	0	0	0
2101 CLINTON AVENUE HUNTSVILLE, AL 35805				
LONNIE M MCMILLIAN	PRESIDENT 1 00 PO BOX 3688 FORT PIERCE, FL 34948	0	0	0
PO BOX 3688 FORT PIERCE, FL 34948				
HELLEN W MCMILLIAN	DIRECTOR 1 00 PO BOX 3688 FORT PIERCE, FL 34948	0	0	0
PO BOX 3688 FORT PIERCE, FL 34948				
BARBARA M FISK	DIRECTOR 1 00 109 STONEWAY CIRCLE MADISON, AL 35758	0	0	0
109 STONEWAY CIRCLE MADISON, AL 35758				
EMILY M ROBERTSON	DIRECTOR 1 00 PO BOX 3688 FORT PIERCE, FL 34948	0	0	0
PO BOX 3688 FORT PIERCE, FL 34948				
SUSAN WHITEHEAD	DIRECTOR 1 00 166 STONEWAY TRAIL MADISON, AL 35758	0	0	0
166 STONEWAY TRAIL MADISON, AL 35758				
ROBERT KEY	VICE PRESIDE 1 00 PO BOX 3688 FORT PIERCE, FL 34948	0	0	0
PO BOX 3688 FORT PIERCE, FL 34948				
LONNIE KEY	DIRECTOR 1 00 PO BOX 3688 FORT PIERCE, FL 34948	0	0	0
PO BOX 3688 FORT PIERCE, FL 34948				
GLYNDA CAVALCANTI	TREASURER 1 00 PO BOX 3688 FORT PIERCE, FL 34948	0	0	0
PO BOX 3688 FORT PIERCE, FL 34948				
KELLY FISK	DIRECTOR 1 00 109 STONEWAY CIRCLE MADISON, AL 35758	0	0	0
109 STONEWAY CIRCLE MADISON, AL 35758				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
305 8TH STREET 305 8TH STREET 305 8TH STREET 305 8TH STREET HUNTSVILLE, AL 35805	NONE		CHARITABLE	20,000
AGAPE PRISON MINISTRIES AGAPE PRISON MINISTRIES PO BOX 332 PO BOX 332 HUNTSVILLE, AL 35804	NONE		CHARITABLE	20,000
AIDS ACTION COALITION OF HSV AIDS ACTION COALITION OF HSV 600 ST CLAIRE AVE 600 ST CLAIRE AVE HUNTSVILLE, AL 35801	NONE		CHARITABLE	50,000
ALS ASSOCIATION AL CHAPTER ALS ASSOCIATION AL CHAPTER 3313 MEMORIAL PKWY 3313 MEMORIAL PKWY HUNTSVILLE, AL 35801	NONE		CHARITABLE	10,000
BIG BROTHERS BIG SISTERS BIG BROTHERS BIG SISTERS 701 ANDREW JACKSON WAY 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
Total . . . . . ► 3a				2,500,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF N AL BOYS & GIRLS CLUB OF N AL 203 EASTSIDE SQ 203 EASTSIDE SQUARE HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
BREAST CANCER RESEARCH FOUNDATION BREAST CANCER RESEARCH FOUNDATION 1802 6TH AVENUE 1802 6TH AVENUE BIRMINGHAM, AL 35294	NONE		CHARITABLE	20,000
CASA OF MADISON CO CASA OF MADISON CO 701 ANDREW JACKSON WAY 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	NONE		CHARITABLE	20,000
CHADASHA FOUNDATION CHADASHA FOUNDATION PO BOX 10672 PO BOX 10672 KNOXVILLE, TN 37939	NONE		CHARITABLE	100,000
COMMUNITY FOUNDATION OF HSV COMMUNITY FOUNDATION OF HSV 225 CHURCH ST 225 CHURCH ST HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
<b>Total . . . . .</b> <b>3a</b>				2,500,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY FREE DENTAL CLINIC COMMUNITY FREE DENTAL CLINIC 410 SIVLEY RD 410 SIVLEY RD HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
GIRLS INC GIRLS INC 4600 BLUE SPRING RD 4600 BLUE SPRING RD HUNTSVILLE, AL 35810	NONE		CHARITABLE	10,000
HABITAT FOR HUMANITY HABITAT FOR HUMANITY 400 PRATT AVE 400 PRATT AVE HUNTSVILLE, AL 35801	NONE		CHARITABLE	100,000
HARRIS HOME FOR CHILDREN HARRIS HOME FOR CHILDREN 1210 CHURCH ST 1210 CHURCH ST HUNTSVILLE, AL 35801	NONE		CHARITABLE	50,000
HEALS INC HEALS INC 1100 MERIDIAN ST 1100 MERIDIAN STREET HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,500,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEROBOX INC HEROBOX INC 237 SENOIA RD 237 SENOIA RD PEACHTREE CITY, GA 30269	NONE		CHARITABLE	20,000
HUDSON-ALPHA FOUNDATION HUDSON-ALPHA FOUNDATION 601 GENOME WAY 601 GENOME WAY HUNTSVILLE, AL 35801	NONE		CHARITABLE	500,000
HUNTSVILLE ASSISTANCE PROGRAM HUNTSVILLE ASSISTANCE PROGRAM 406 GOVERNORS DR 406 GOVERNORS DRIVE HUNTSVILLE, AL 35801	NONE		CHARITABLE	10,000
HUNTSVILLE HOSPITAL FOUNDATION HUNTSVILLE HOSPITAL FOUNDATION 101 SIVLEY RD 101 SIVLEY RD HUNTSVILLE, AL 35801	NONE		CHARITABLE	50,000
HUNTSVILLE MUSEUM OF ART HUNTSVILLE MUSEUM OF ART 300 CHURCH ST 300 CHURCH ST HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
<b>Total</b> . . . . . <b>3a</b>				2,500,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HUNTSVILLE RESCUE MISSION HUNTSVILLE RESCUE MISSION 1407 MEMORIAL PARKWAY 1407 MEMORIAL PARKWAY HUNTSVILLE, AL 35816	NONE		CHARITABLE	200,000
HUNTSVILLE SEARCH DOG UNIT HUNTSVILLE SEARCH DOG UNIT PO BOX 7108 PO BOX 7108 HUNTSVILLE, AL 35807	NONE		CHARITABLE	25,000
IMPACT ALABAMA IMPACT ALABAMA 1901 6TH AVE 1901 6TH AVE BIRMINGHAM, AL 35203	NONE		CHARITABLE	15,000
KIDS TO LOVE FOUNDATION KIDS TO LOVE FOUNDATION PO BOX 4871 PO BOX 4871 HUNTSVILLE, AL 35815	NONE		CHARITABLE	100,000
LINCOLN VILLIAGE PRESERVATION CORP LINCOLN VILLAGE PRESERVATION CORP 1110 N MERIDIAN ST 1110 N MERIDIAN ST HUNTSVILLE, AL 35801	NONE		CHARITABLE	100,000
Total . . . . . ► 3a				2,500,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
N AL SPAY & NEUTER ASSOC N AL SPAY & NEUTER ASSOC 3303 MEMORIAL PARKWAY 3303 MEMORIAL PARKWAY HUNTSVILLE, AL 35810	NONE		CHARITABLE	10,000
NATIONAL CHILDRENS ADVOCACY CENTER NATIONAL CHILDRENS ADVOCACY CENTER 210 PRATT AVE 210 PRATT AVE HUNTSVILLE, AL 35801	NONE		CHARITABLE	100,000
NEW HOPE CHILDRENS CLINIC NEW HOPE CHILDRENS CLINIC 5300 MAIN DRIVE 5300 MAIN DRIVE NEW HOPE, AL 35760	NONE		CHARITABLE	15,000
OPERATION GREEN TEAM FOUNDATION OPERATION GREEN TEAM FOUNDATION 3222 LEEMAN FERRY RD 3222 LEEMAN FERRY RD HUNTSVILLE, AL 35801	NONE		CHARITABLE	25,000
RUSSELL HILL CANCER FOUND RUSSELL HILL CANCER FOUNDATION ONE HOSPITAL DRIVE 400 ONE HOSPITAL DRIVE 400 HUNTSVILLE, AL 35801	NONE		CHARITABLE	200,000
<b>Total . . . . .</b> ▶ <b>3a</b>				2,500,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY SALVATION ARMY 2114 OAKWOOD AVE 2114 OAKWOOD AVE HUNTSVILLE, AL 35816	NONE		CHARITABLE	155,000
STILL SERVING VETERANS STILL SERVING VETERANS 626 CLINTON SVE STE 200 626 CLINTON AVE STE 200 HUNTSVILLE, AL 35801	NONE		CHARITABLE	195,000
THE ARC OF MADISON CO THE ARC OF MADISON CO 1100 WASHINGTON ST 1100 WASHINGTON ST HUNTSVILLE, AL 35801	NONE		CHARITABLE	20,000
THE ARK INC THE ARK INC 139 BO COLE RD 139 BO COLE RD HUNTSVILLE, AL 35806	NONE		CHARITABLE	50,000
THE SCHOOLS FOUNDATION THE SCHOOLS FOUNDATION PO BOX 763 PO BOX 763 HUNTSVILLE, AL 35804	NONE		CHARITABLE	10,000
<b>Total . . . . .</b> <b>3a</b>				2,500,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THERAPY PARTNERS THERAPY PARTNERS 3054 LEEMAN FERRY 3054 LEEMAN FERRY HUNTSVILLE, AL 35801	NONE		CHARITABLE	10,000
HUNTSVILLE BOTANICAL GARDENS HUNTSVILLE BOTANICAL GARDENS 4747 BOB WALLACE AVE 4747 BOB WALLACE AVE HUNTSVILLE, AL 35805	NONE		CHARITABLE	110,000
VILLIAGE OF PROMISE VILLIAGE OF PROMISE PO BOX 18637 PO BOX 18637 HUNTSVILLE, AL 35804	NONE		CHARITABLE	30,000
<b>Total . . . . . ▶</b> <b>3a</b>				2,500,000

**TY 2016 Accounting Fees Schedule****Name:** ALPHA FOUNDATION**EIN:** 63-1188643

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MELVIN BIBB PINSON & SEGARS	21,585	21,585	21,585	



**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2016 Gain/Loss from Sale of Other Assets Schedule**

**Name:** ALPHA FOUNDATION

**EIN:** 63-1188643

<b>Name</b>	<b>Date Acquired</b>	<b>How Acquired</b>	<b>Date Sold</b>	<b>Purchaser Name</b>	<b>Gross Sales Price</b>	<b>Basis</b>	<b>Basis Method</b>	<b>Sales Expenses</b>	<b>Total (net)</b>	<b>Accumulated Depreciation</b>
TREASURY PARTNERS	2016-01	PURCHASE	2016-12		8,562,804	8,598,844			-36,040	
TREASURY PARTNERS	2015-01	PURCHASE	2016-12		13,870,452	12,871,117			999,335	
MERRILL LYNCH	2015-01	PURCHASE	2006-12		73,000	73,000				
KEEL POINT	2016-01	PURCHASE	2016-12		733,832	746,832			-13,000	
KEEL POINT	2015-01	PURCHASE	2016-12		918,716	706,730			211,986	

## TY 2016 Investments Corporate Stock Schedule

**Name:** ALPHA FOUNDATION

**EIN:** 63-1188643

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COPORATE STOCKS	38,726,867	44,186,366

**TY 2016 Legal Fees Schedule****Name:** ALPHA FOUNDATION**EIN:** 63-1188643

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LANIER FORD	17,355	17,355	17,355	

**TY 2016 Other Expenses Schedule****Name:** ALPHA FOUNDATION**EIN:** 63-1188643**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
FOREIGN TAXES	6,057	6,057	6,057	
MISCELLANEOUS	410	410	410	
INVESTMENT EXPENSES	99,661	99,661	99,661	

## TY 2016 Other Income Schedule

**Name:** ALPHA FOUNDATION

**EIN:** 63-1188643

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT INCOME	28,938	28,938	28,938

**TY 2016 Other Professional Fees Schedule****Name:** ALPHA FOUNDATION**EIN:** 63-1188643

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
SECURITIES MANAGEMENT FEES	401,336	401,336	401,336	