

Form 990-EZ

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)

2016

Department of the Treasury
Internal Revenue Service

- 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.

Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

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 INCNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
POST OFFICE BOX 160004City or town, state or province, country, and ZIP or foreign postal code
MOBILE, AL 36616**D** Employer identification number
27-4522732**E** Telephone number
(251) 343-1200**F** Group 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 ► \$ 159,108

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

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	3 159,087
	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
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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 21
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 159,108
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 70,600
	11 Benefits paid to or for members	11 63,740
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 3,151
	16 Other expenses (describe in Schedule O)	16 14,051
	17 Total expenses. Add lines 10 through 16 ►	17 151,542
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,566
	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)	19 131,215
	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	21 138,781

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	165,802	22 173,156
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	4,113	24 2,625
25 Total assets	169,915	25 175,781
26 Total liabilities (describe in Schedule O)	38,700	26 37,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,215	27 138,781

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 . . . ► <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
30		30a
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	► 32	70,600

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 DIRECTOR	0 10	0	0	0
ROBERT CAMPBELL DIRECTOR	0 10	0	0	0
JOHN DELCHAMPS 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
GARY SMITH VICE PRESIDENT	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
JUDSON WELLS DIRECTOR	0 10	0	0	0

Part V Other 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 ► 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 38b	38b	
39 Section 501(c)(7) organizations Enter	39a	0
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	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 ►	40b	
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 ►	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40b	
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	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► G TIM GASTON CPA Telephone no ► (251) 343-1200 Located at ► 3800 AIRPORT BLVD STE 101 MOBILE, AL ZIP + 4 ► 36608	42b	No
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)?	42c	No
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)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 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	

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	46		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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49b		
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	***** Signature of officer	2017-09-07
	G TIM GASTON TREASURER Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name MARK R CHAPMAN	Preparer's signature	Date 2017-09-07	Check <input type="checkbox"/> if self-employed	PTIN P00426236
	Firm's name ► SMITH DUKES & BUCKALEW LLP				Firm's EIN ► 63-0191630
	Firm's address ► 3800 AIRPORT BLVD MOBILE, AL 366081667				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 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.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; 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 . . . ► <input type="checkbox"/>	28a 30,000

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

<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> <p>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.</p>	
<p>29 GIFTS TO THE UNIVERSITY OF ALABAMA ATHLETIC SCHOLARSHIP FUND (Grants \$ 37,600)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	<p>29a 37,600</p>

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

<p>Expenses 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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>30 GIFT TO NICK'S KIDS FUND FOR OPERATIONS (Grants \$ 3,000)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	<p>30a 3,000</p>

TY 2016 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

Name of the organization

THE RED ELEPHANT CLUB OF MOBILE INC

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.

2016**Open to Public
Inspection****Employer identification number**

27-4522732

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION TRUSTMARK BANK INTEREST INCOME AMOUNT 21

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ATHLETIC SCHOLARSHIPS GRANTEE NAME UNIVERSITY OF ALABAMA SCHOLARSHIP FUND GRANTEE ADDRESS P O BOX 870343 TUSCALOOSA, AL 35487 PROPERTY DESCRIPTION CASH AMOUNT GIVEN 37,600

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 AMOUNT GIVEN 30,00

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AMOUNT GIVEN 3,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 70,600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 4,078 DESCRIPTION PROGRAMMING COMPUTER AMOUNT 675 DESCRIPTION SPEAKERS AMOUNT 9,298 TOTAL TO FORM 990-EZ, LINE 16 14,051

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION MEMBERS DUES BEG OF YEAR AMOUNT 2,713 END OF YEAR AMOUNT 2,625 DESCRIPTION UNDEPOSITED FUNDS BEG OF YEAR AMOUNT 1,400 END OF YEAR AMOUNT 0

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 38,700 END OF YEAR AMOUNT 37,000