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**Nonprofit Explorer**

Research Tax-Exempt Organizations

**HUNTSVILLE LIBRARY FOUNDATION**

PO BOX 443, HUNTSVILLE, AL 35804-0443 | TAX-EXEMPT SINCE AUG. 1986

**Full text of "Form 990" for fiscal year ending Sept. 2017**

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.


**Source:** Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.

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Form 990

▼



Form **990**  
  
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 private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
  
**2016**  
  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017**

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

**C** Name of organization  
HUNTSVILLE LIBRARY FOUNDATION  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 443  
  
City or town, state or province, country, and ZIP or foreign postal code  
HUNTSVILLE, AL 35804

**D** Employer identification number  
63-0927523  
  
**E** Telephone number  
(256) 532-5950  
  
**G** Gross receipts \$ **2,196,832**

**F** Name and address of principal officer:  
SUSAN MARKHAM  
POST OFFICE BOX 443  
HUNTSVILLE, AL 35804

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☒ No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.HUNTSVILLELIBRARYFOUNDATION.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1985

**M** State of legal domicile: AL

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE HUNTSVILLE LIBRARY FOUNDATION (HLF) WAS ESTABLISHED IN 1980 TO ASSIST IN FUNDRAISING FOR A NEW MAIN LIBRARY TO SERVE HUNTSVILLE AND MADISON COUNTY. SINCE THAT TIME, THE FOUNDATION HAS GROWN IN BOTH SCOPE AND BOARD MEMBER SIZE. THE FOUNDATION'S PRIMARY ROLE TODAY IS TO RAISE AWARENESS AND FUNDING FOR THE HUNTSVILLE MADISON COUNTY PUBLIC LIBRARY, CURRENTLY CONSISTING OF 13 LOCATIONS; 7 WITHIN THE CITY OF HUNTSVILLE, AND 6 OTHERS ACROSS MADISON COUNTY: TRIANA PUBLIC LIBRARY, MADISON PUBLIC LIBRARY, MONROVIA PUBLIC LIBRARY, HAZEL GREEN PUBLIC LIBRARY, GURLEY PUBLIC LIBRARY AND NEW HOPE PUBLIC LIBRARY. THE LIBRARY SYSTEM'S MISSION STATEMENT IS: THIS IS THE PUBLIC'S LIBRARY. WE EMPOWER INDIVIDUALS TO CREATE THEIR OWN FUTURES, EXPLORE THE UNIVERSE OF IDEAS, AND CONNECT WITH OUR COMMUNITY AND WORLD. ALL FOUNDATION ACTIVITIES AND EFFORTS ARE IN SUPPORT OF THE LIBRARY MISSION. THEREFORE, THE FOUNDATION HAS DUAL MISSIONS: 1) TO ADVOCATE FOR THE HUNTSVILLE MADISON COUNTY PUBLIC LIBRARY, AND 2)		
	<b>2</b> Check this box <input type="checkbox"/>		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,252,972	1,958,490
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	3,078	26,317
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,737	111,671
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,318,787	2,096,478
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	104,322	125,083
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,635		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,194	22,188
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	125,516	147,271
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,193,271	1,949,207
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	1,627,030	3,576,178
	<b>21</b> Total liabilities (Part X, line 26)	59	0
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,626,971	3,576,178

**Part II Signature Block**

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

2018-07-10  
Date

SUSAN MARKHAM EXECUTIVE DIRECTOR



Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
RANDY BLACKWELL

Preparer's signature  
RANDY BLACKWELL

Date  
2018-07-10

Check ☐ if self-employed

PTIN  
P00075826

Firm's name  
▶ BRAND BLACKWELL & COMPANY PC

Firm's EIN ▶ 63-0861852

Firm's address ▶ 3309 BOB WALLACE AVE  
HUNTSVILLE, AL 35805

Phone no. (256) 536-3513

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2016)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☒

1

Briefly describe the organization's mission:

THE HUNTSVILLE LIBRARY FOUNDATION (HLF) WAS ESTABLISHED IN 1980 TO ASSIST IN FUNDRAISING FOR A NEW MAIN LIBRARY TO SERVE HUNTSVILLE AND MADISON COUNTY. SINCE THAT TIME, THE FOUNDATION HAS GROWN IN BOTH SCOPE AND BOARD MEMBER SIZE. THE FOUNDATION'S PRIMARY ROLE TODAY IS TO RAISE AWARENESS AND FUNDING FOR THE HUNTSVILLE MADISON COUNTY PUBLIC LIBRARY, CURRENTLY CONSISTING OF 13 LOCATIONS; 7 WITHIN THE CITY OF HUNTSVILLE, AND 6 OTHERS ACROSS MADISON COUNTY: TRIANA PUBLIC LIBRARY, MADISON PUBLIC LIBRARY, MONROVIA PUBLIC LIBRARY, HAZEL GREEN PUBLIC LIBRARY, GURLEY PUBLIC LIBRARY AND NEW HOPE PUBLIC LIBRARY. THE LIBRARY SYSTEM'S MISSION STATEMENT IS: THIS IS THE PUBLIC'S LIBRARY. WE EMPOWER INDIVIDUALS TO CREATE THEIR OWN FUTURES, EXPLORE THE UNIVERSE OF IDEAS, AND CONNECT WITH OUR COMMUNITY AND WORLD. ALL FOUNDATION ACTIVITIES AND EFFORTS ARE IN SUPPORT OF THE LIBRARY MISSION. THEREFORE, THE FOUNDATION HAS DUAL MISSIONS: 1) TO ADVOCATE FOR THE HUNTSVILLE MADISON COUNTY PUBLIC LIBRARY, AND 2)

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 ☒ 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 ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code: ) (Expenses \$ 125,083 including grants of \$ 125,083 ) (Revenue \$ )

SUPPORT THE HUNTSVILLE MADISON COUNTY PUBLIC LIBRARY AND RAISE COMMUNITY AWARENESS. ENHANCE THE PUBLIC LIBRARY PROGRAMS: THROUGH FINANCIAL SUPPORT THE FOUNDATION FUNDS THE PURCHASE OF BOOKS, MEDIA, AND EQUIPMENT FOR THE ENTIRE MADISON COUNTY PUBLIC LIBRARY SYSTEM. WORKING AS ADVOCATES FOR THE LIBRARY, WE RAISE AWARENESS & INSPIRE.

4b

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 125,083

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Part IV

Checklist of Required Schedules

1

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

1

Yes

2

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

2

Yes

https://projects.propublica.org/nonprofits/organizations/630927523/201811919349301251/IRS990

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to the organization required to complete Schedule E, Schedule of Supplemental Information (see instructions).				
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>		No
<b>6</b>	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 . . . . .	<b>6</b>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>		No
<b>10</b>	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 . . . . .	<b>10</b>	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>		No
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>		No
<b>c</b>	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 . . . . .	<b>11c</b>		No
<b>d</b>	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 . . . . .	<b>11d</b>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>		No
<b>f</b>	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 . . . . .	<b>11f</b>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>		No
<b>b</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 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>		No

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	Yes
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	No
<b>23</b>	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 Schedule J . . . . .	<b>23</b>	No
<b>24a</b>	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 Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		



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Check if Schedule O contains a response or note to any line in this Part V ☐

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		<b>5c</b>		
<b>6a</b>	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? . . . . .	<b>6a</b>		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	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 O. . . . .		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No



<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b>		No
<b>b</b>		
<b>10b</b>		
<b>11a</b>	Yes	
<b>b</b>		
<b>12a</b>	Yes	
<b>b</b>	Yes	
<b>12c</b>	Yes	
<b>13</b>	Yes	
<b>14</b>		No
<b>15</b>		
<b>a</b>		No
<b>b</b>		No
<b>16a</b>		No
<b>b</b>		
<b>16b</b>		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed: <b>AL</b>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: SUSAN MARKHAM POBOX 443 HUNTSVILLE, AL 358010443 (256) 532-5954

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. 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.List all of the organization's **former** officers, key employees, or 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			



		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINA TABEREAUX BOARD MEMBER	.....	X						0	0	0
(2) BETSY ESTOPINAL CHAIRPERSON	.....	X		X				0	0	0
(3) GREG WHITEHEAD TREASURER	.....	X		X				0	0	0
(4) RUCHI SINGHAL BOARD MEMBER	.....	X						0	0	0
(5) ROZANDA L BAILEY BOARD MEMBER	.....	X						0	0	0
(6) JAYNE CLARY BOARD MEMBER	.....	X						0	0	0
(7) DR EMILY PAULI SECRETARY	.....	X		X				0	0	0
(8) LINDSAY RICE BOARD MEMBER	.....	X						0	0	0
(9) BOB RIEDER BOARD MEMBER	.....	X						0	0	0
(10) LADY SMITH BOARD MEMBER	.....	X						0	0	0
(11) VINCENT BOLES BOARD MEMBER	.....	X						0	0	0
(12) KRISTI KELLY BOARD MEMBER	.....	X						0	0	0
(13) JOHN KVACH BOARD MEMBER	.....	X						0	0	0
(14) MEG WEAVER BOARD MEMBER	.....	X						0	0	0
(15) JENNIFER SWOBODA BOARD MEMBER	.....	X						0	0	0
(16) WENDY STEPHENS BOARD MEMBER	.....	X						0	0	0
(17) BRANDY BRANNON SMITH BOARD MEMBER	.....	X						0	0	0

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DELYNN R GOWER BOARD MEMBER	.....	X						0	0	0
(19) KRISTEN IVES BOARD MEMBER	.....	X						0	0	0
(20) CAREY MILLER BOARD MEMBER	.....	X						0	0	0
(21) DELORIS H SMITH	.....									



Section B. Independent Contractors		
<p><b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</p>		
(A) Name and business address	(B) Description of services	(C) Compensation
<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</p>		

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Check if Schedule O contains a response or note to any line in this Part VIII ☐

<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .					



<b>Part C</b>		<b>g Total.</b> Add lines 2a–2f . . . . . ▶			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		26,317	26,317	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶				
	<b>5</b> Royalties . . . . . ▶				
			(i) Real	(ii) Personal	
	<b>6a</b> Gross rents . . . . .				
	<b>b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . . ▶				
			(i) Securities	(ii) Other	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .				
	<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . . ▶				
	<b>8a</b> Gross income from fundraising events (not including \$ <u>15,615</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	212,025		
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	100,354		
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		111,671		111,671	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue		Business Code			
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a–11d . . . . . ▶					
<b>12 Total revenue.</b> See Instructions. . . . . ▶		2,096,478	26,317	111,671	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		125,083	125,083		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22					
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.					
<b>4</b> Benefits paid to or for members					
<b>5</b> Compensation of current officers, directors, trustees, and key					



1	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	6,000		6,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,362		2,362	
13	Office expenses	13,101		6,466	6,635
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	725		725	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 O.)				
a					
b					
c					
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	147,271	125,083	15,553	6,635
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	1	
2	Savings and temporary cash investments	1,622,298	3,575,476
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	702
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
6	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 instructions) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	4,732	9



<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
<b>b</b>	Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
<b>11</b>	Investments—publicly traded securities		<b>11</b>	
<b>12</b>	Investments—other securities. See Part IV, line 11		<b>12</b>	
<b>13</b>	Investments—program-related. See Part IV, line 11		<b>13</b>	
<b>14</b>	Intangible assets		<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,627,030	<b>16</b>	3,576,178
<b>17</b>	Accounts payable and accrued expenses	59	<b>17</b>	
<b>18</b>	Grants payable		<b>18</b>	
<b>19</b>	Deferred revenue		<b>19</b>	
<b>20</b>	Tax-exempt bond liabilities		<b>20</b>	
<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
<b>22</b>	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		<b>22</b>	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
<b>24</b>	Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
<b>25</b>	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		<b>25</b>	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25	59	<b>26</b>	0
<b>27</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	120,511	<b>27</b>	162,571
<b>28</b>	Temporarily restricted net assets	1,379,226	<b>28</b>	3,316,343
<b>29</b>	Permanently restricted net assets	127,234	<b>29</b>	97,264
<b>30</b>	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds		<b>30</b>	
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b>	1,626,971	<b>33</b>	3,576,178
<b>34</b>	<b>Total liabilities and net assets/fund balances</b>	1,627,030	<b>34</b>	3,576,178

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,096,478
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	147,271
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,949,207
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,626,971
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,576,178

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	<b>2b</b>	Yes	



☐ Separate basis☒ Consolidated basis☐ Both consolidated and separate basis

<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>3b</b>		

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