## Department of the Treasury Internal Revenue Service A For the 2015 calendar year, or tax year beginning 11 1 v 1

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

▶ 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. 2015, and ending December 31

A I	For th	ne 201	5 cale	ndar year, o	r tax yea	ar begin	ningJuly	1	, 201	, and e	nding		ember 3		, <b>20</b> 15
_			C Name	e of organization	_			-				D	Employer id	entifica	tion number
В	Check if a	pplicable	A11:	lance for	r Jobs	and	the Eco	nomy,	Inc.						
	Addr			business as	AJE								32-	0469	249
	_	e change	Numl	per and street (	or P O box	of mail is n	ot delivered to	street addre	ess)	Room/su	ııte	E	Telephone n	umber	
x	Initia	Ireturn	P.O.	Box 130	903								205	-945	-6580
		return/ inated	City	or town, state o	province,	country, an	nd ZIP or foreig	n postal co	de			Ī			
-	Amer	nded	Bir	ningham,	AL 35	5213						G	Gross receip	ts\$	
	Appli	cation		and address of								Н	i(a) is this a gr		n for Yes X No
	pend	y	Davi	id L. Rol	persor	ı – Ad	dress a	.bove				н	Subordinate Are all subo		cluded? Yes No
ī	Tax-ex	cempt st	atus	501(c)(3)	C 5	501(c) ( 6	) <b>◀</b> (inse	ert no )	4947(a)(1)	or	527		If "No," att	ach a list	(see instructions)
<del></del>	Webs	ite: 🕨										Н	(c) Group exe	mption nu	umber <b>&gt;</b>
ĸ	Form	of organ	ization	X Corporation	n Tr	ust A	Association	Other	<b>&gt;</b>	LY	ear of f	ormation	2015 M	State	of legal domicile DE
_	art l		mmary							,					
	1			oe the organiz	ation's m	ussion or	most signific	ant activitie	es See a	ttach	ed S	State	ement 1		
Ð		J,				.,	-			<b></b>					
anc															
ern	2	Check	this bo	x ▶ if t	he organi	zation dis	continued it	s operation	ons or dispos	ed of mor	e than	25% of	futs net asse	ets	
Governance	3			ting members	•			•						3	2
	4			dependent vol										4	0
Activities &	5			of individuals										5	0
Ë	6			of volunteers										6	0
Aci	_	Total	unrelate	d business re	venue froi	m Part VII	L column (C)			• • • •				7a	
				business tax										7b	0.00
	<u> </u>	itel di	TCIALCA	Dasiness tax	abic iiiooi	110 1101111	01111 000 1, 11		· · · · · · · · ·	<u></u>	•		Prior Year	1.2	Current Year
	8	Contri	butions	and grants (P	art VIII lu	ne 1h)								N/A	105,100.00
Revenue	9	Progra	am serv	ce revenue (P	art VIII Jir	ne 2a)		~ . ~ ~						.,,	200,200,000
ě.	10	Invest	ment in	come (Part V	II column	· (Δ) lines	3 4 and 70	ジニリン	ناتاً ا					-+	
ž	11			e (Part VIII, c					,						
	12	Total	revenue	- add lines 8	through '	, iii los o, c 11 (must e	oual Palt M	iR calumin	2016_16	i · · · ·	• •  -			N/A	105,100.00
	13			milar amounts						<del>}  ` ` ` `</del>	<del>`</del>			***	103/100100
	14	Benef	its naid	to or for mem	hers (Parl	IX colum	n (A) Ine 4	<u> </u>		-1					<del></del>
10	4-		efits paid to or for members (Part IX, column (A), Ime 4)												<del></del>
Expenses	16a			undraising fee						⊸	• •	-			
per	b			ing expenses											<del></del>
ŭ	17			es (Part IX, co											105,000.00
	18			s Add lines 1								-		A/N	100,089.41
	19			expenses Su							• •  -			.1/ 22	5,010.59
e o		110101	40 1000	expended of	ibii dot iii ic	<u> </u>		<u> </u>	<u> </u>			Beginnin	ng of Current	Year	End of Year
Net Assets or Fund Balances	20	Total a	assets (F	Part X, line 16)									n	.00	5,010.59
Ass Ba	21		•	(Part X, line 2							· ·  -			-	
ž,	22			fund balance	· · · ·	 ct line 21 f	from line 20.				••⊢	-	0	.00	5,010.59
	rt II	-		Block						<u> </u>	• • •			. 0 0 1	07010105
Und	der per	nalties o	f perjury,	I declare that	l have exa	mined this	return, includ	ling accom	panying sched	ules and s	tateme	nts, and	to the best of	of my k	nowledge and belief, it is
true	e, corre	ct, and	complete	Declaration of	preparer (d	other than o	officer) is base	d on all info	rmation of wh	ich prepare	er has a	any knov	vledge		
			XVL	wide	, Ro	ben	10-						3,	125	116
Sig			Signatur	e of officer	_ r			$\overline{}$					Date		
Hei	re		DAV	id L.	Rob	erso	DN C	tres	sidew	<del> </del>					
		🕨 :	Type or	orint name and t	tle								_ <del></del> _		
	_	Print/	Type pre	parer's name		-	Preparer's sign	nature		Date			Check	ıf P	TIN
Paid										1			self-emplo	J	
•	parer	Firm's	name	<b>&gt;</b>						<del></del>		F.	rm's EIN		
Use	Only												<del></del>		
Mav	the II			s return with t	he prepar	er shown	above? (see	instruction	ıs)	<del></del> _		P	none no		Voe No
							instructions		<u>-/</u>	<del></del>	<u> </u>	· · · ·	<del></del>	<u></u>	Yes No

JSA 5E1010 1 000

•	Briefly describe the organization's mission			
	See Statement 1			
	See Statement 1	-		
		<del>-</del>		
	Did the organization undertake any signification Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sc			
	Did the organization cease conducting, services?			Yes X No
4	If "Yes," describe these changes on Schedu Describe the organization's program serv	vice accomplishments for each of its	s three largest program service	s. as measured by
	expenses Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	<ol><li>organizations are required to repo</li></ol>	ort the amount of grants and al	locations to others,
4a	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Statement 1			
			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
			<del>-</del>	
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4b		including grants of \$		)
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Part	Checklist of Required Schedules		,	
			Yes	No
ì	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	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	3		Х
4	Section 501(c)(3) organizations. 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	4_		Х
5	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	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		İ	
	"Yes," complete Schedule D, Part I	6	ļi	X
7	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	7		X.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	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></b> _		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	]		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	Ì		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4 41.		37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.,
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا مد ا		7.0
<i>.</i> -	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	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	18		X
19	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	19_		X

Part	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
21	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	21		X
22	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	,		<b>,</b>
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ľ
	\$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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	i I		
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b></b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		
00	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
27	disqualified persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<u></u>
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
~		28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	_	_	
_		28c	ĺ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		- 1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		ľ	
	or IV, and Part V, line 1	34		<u>_x</u>
35 a	, , , , , , , , , , , , , , , , , , , ,	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ĺ	
		35b	——}	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}	}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			٠,
0.0	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
`			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions),			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			.,
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
_	(FBAR)	F		×
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	х	}
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	Ü		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ů	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter	1	1	
а	Initiation fees and capital contributions included on Part VIII, line 12	ı	İ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	- 1	ļ	
D	Gross income from other sources (Do not net amounts due or paid to other sources			
12-	against amounts due or received from them )	120		Х
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
В 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   Section 501(c)(29) qualified nonprofit health insurance issuers.	l		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
a	Note. See the instructions for additional information the organization must report on Schedule O			
h	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	- 1	l	
c	Enter the amount of reserves on hand			
		14a		Х
		14b	$\neg \uparrow$	X

Far	Sovernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O										
	Check if Schedule O contains a response or note to any line in this Part VI										
Sect	ion A. Governing Body and Management	<u> </u>									
Jeci	ion A. Governing body and management		Yes	No							
_	Enter the number of voting members of the governing body at the end of the tay year										
1a	Effect the flumber of voting members of the governing body at the end of the tax year	1 .									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent										
b	Enter the number of voting members included in line 1a, above, who are independent	┨ .									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х							
_	any other officer, director, trustee, or key employee?	-									
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x							
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X							
5											
6	Did the organization have members or stockholders?	6	X	<u> </u>							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х								
_	one or more members of the governing body?	/ a		<del>  -</del> -							
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	х								
	stockholders, or persons other than the governing body?	"									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during										
	the year by the following	8a	Х								
a	The governing body?	8b	x								
ь	Each committee with authority to act on behalf of the governing body?	"									
9	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	9		x							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		<del>-</del> )								
	On Director (Time cookers Directors and the control of the control		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a		11a									
b											
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give										
	rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
·	describe in Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b		X							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1							
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
Secti	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ Alabama										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	:)(3)s	only)							
	available for public inspection. Indicate how you made these available. Check all that apply	,		• •							
	Own website										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	oolicy	, and							
	financial statements available to the public during the tax year	'	•								
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s <b>&gt;</b>									
	David Roberson, 1000 Urban Center Drive, Suite 300, Birmingham, AL 35242 205-945-6580			_							

Page	7

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Form	990	(201	51

01111 0 0 0 (Z	<del>• , •</del>	·,										гау
Part VII		Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	ar
		Independent C	ontr	ractore								

Observation Controlled Communication and analysis of the control of the Dec (1989)	ı
Check if Schedule O contains a response or note to any line in this Part VII	
officer if confedere of contains a response of field to any fine in this fait vit	

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor	any related	orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individu	unle: er and	Pos heck ss pe	erson	e than of truss Highest compensated employee	an	(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
(1) David L. Roberson Chairman & President	10			x				0.00	0.00	0.00
(2) Mike Thompson Secretary	10			х				0.00	0.00	0.00
_(3)										
_(4)			_			_				
			-							
_(9)										
(10)									_	
(11)										
(12)										<del></del>
(13)										
(14)			Ì	ĺ		_				

Part VII 'Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	yee	s, a	nd H	ligh	nest Compensate	d Employe	es (co	ntınued		Page C
(A) Name and title	(B)  Average hours per week (list any hours for related organizations	box,	unles er and	Position heck more than ss person is bot d a director/trus Officer Officer			an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation related organization (W-2/1099-M	n from	(F) Estimated amount of other compensation from the organization		ion
	below dotted line)	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee						related nization	
(15)		-			 						_		
(16)		_	-									_	
(17)												_	
(18)						<del></del> -					_		
(19)													
(20)												_	
(21)		_						-			_		
(22)		-									_		
	ļ —	ļ					_				_	_	
(23)		<u> </u>					 					_	
(24)										1			_
(25)		{											
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A.						<b>&gt; &gt; &gt;</b>	0.00		0.00			0.00
Total number of individuals (including but reportable compensation from the organizate)	ot limited to		e lis	ted			who						.00
Teportable compensation from the organization				0		_				<del></del>		Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, direct edule J for su	or, o uch und	r tr divia	uste lual	e, • • •	key	emı	ployee, or highes	t compens	ated •••	3		X
4 For any individual listed on line 1a, is the organization and related organizations of	reater than	n \$1	50,0	000	? <i>II</i>	"Ye	S, "	complete Schedu	ule J for s	such	4		х
5 Did any person listed on line 1a receive of	or accrue co	ompei	nsat	ıon	fror	n any	y ur	hrelated organizati	on or individ	dual			
for services rendered to the organization? If Section B. Independent Contractors	'Yes," compl	ete So	nea	ule	J fo	r suci	n pe	erson		·_ ·	5		Х
Complete this table for your five highest co- compensation from the organization Report year												_	
(A) Name and business ad	dress			_				(B) Description of ser	vices	Co	(C) ompensa	ition	
			_	_			-						
							-						
Total number of independent contractor received more than \$100,000 of compensations.						ed t	io 1	those listed abov	ve) who	, <del></del>			

r ai	, VIII	Check if Schedule O co		nse or note to ar	ny line in this Part VI	III		
			· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included	tions) . 16 grants, dabove . 1f	105,000.00				
	g h	Noncash contributions included  Total. Add lines 1a-1f		<u>, ▶</u>	105,000.00			
Program Service Revenue	2a b c d e f	All other program service rev	venue	Business Code				
<u>_</u>	<u>g</u> 3	Total. Add lines 2a-2f Investment income (inc	<u> </u>	<u>. , ▶</u>				1
	4 5	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	0.00	0.00		
	6a b c	Gross rents						
	7a	Gross amount from sales of assets other than inventory	(ı) Secunties	(II) Other				
	b	Less cost or other basis and sales expenses Gain or (loss)						
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	lising 					
ŏ	b	Less, direct expenses Net income or (loss) from fu				ľ		_
	9a	Gross income from gaming See Part IV, line 19	activities					7
	b	Less direct expenses Net income or (loss) from g						
	10a	Gross sales of inventoreturns and allowances	ory, less				,	Service Control
		Less cost of goods sold Net income or (loss) from sal						
		Miscellaneous Revenu		Business Code				
	11a							ļ
	b							<del> </del>
	C	All other revenue			<del></del>	··· <del>·</del>		<del>                                     </del>
	d e	All other revenue Total. Add lines 11a-11d .						
	12	Total revenue See instruction			105,000,00			1

## Part IX Statement of Functional Expenses

Section`501(c)(3) and 501(c)(4) organizations	must complete all columns	All other organizations mus	t complete column (A)
Check if Schedule O contains a	response or note to any line	in this Part IX	

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
	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			<del></del>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<del></del> -			
	Payroll taxes				
	Fees for services (non-employees)  Management	154.78			
b	Legal	104,845.22		<u> </u>	
	Accounting			-	
	Lobbying		<del>-</del>		
	Professional fundraising services See Part IV, line 17.		<del></del>		
	Investment management fees	<del></del>	<del></del>	-	<del></del>
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	<del></del>	· 		
	Travel	-			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	<del></del>	·		
19	Conferences, conventions, and meetings			ļ <u>-</u>	
20	Interest				
21	Payments to affiliates	<del></del>		<del> </del>	
22 22	Depreciation, depletion, and amortization			-	
	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)				I
а					
b					
C				<del> </del>	
d				<del> </del>	
	All other expenses	105 000 00	<del></del>		
26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   If	105,000.00			
	following SOP 98-2 (ASC 958-720)		·		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.00	1	5,010.59
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or	<del></del>		
	ł	other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.00		5,010.59
	17	Accounts payable and accrued expenses	<del></del>	17	<del></del>
	18	Grants payable		18	
	19	Deferred revenue	<del></del>	19	
	20	Tax-exempt bond liabilities	<del></del>	20	<del></del>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and		22	
Ē		disqualified persons Complete Part II of Schedule L	<del></del>	22	
	23	Secured mortgages and notes payable to unrelated third parties		24	<del></del>
	24 25	Other liabilities (including federal income tax, payables to related third		24	<del></del> -
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
	ĺ	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	0.00		0.00
		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets	-	28	
밑	29	Permanently restricted net assets		29	
its or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
itΑ	32	Retained earnings, endowment, accumulated income, or other funds	0.00	32	5,010.59
ž	33	Total net assets or fund balances	0.00	$\overline{}$	5,010.59
	34	Total liabilities and net assets/fund balances	0.00	34	5,010.59

Form **990** (2015)

Form 9	90 (2015)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses	7	_			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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					
	Separate basis Consolidated basis Both consolidated and separate basis			2b		
b	Were the organization's financial statements audited by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	c 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, e	explair	חז ו	ļ		
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se		מוו			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	. '		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	990	<u> </u>