A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

Return of Organization Exempt From Income Tax

Department of the Treasury

Internal Revenue Service

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 By law, the IRS

generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

DLN: 93493318033184

2013

Open to Public Inspection

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Application prending Page Page		minated PO BOX 2131	– Tern				
F. Name and address of principal officer CURTIS A HEALEY IR 117 LAKE REGION LANE WETUMPKA, AL 36092 [Tax-exempt status Solic(x) F. Solic(x) 4 4 4 4 4 4 Total transport of programs and solic programs and solic programs are received from the programs and solic programs and solic programs are received from the programs and solic programs and solic programs are received from the programs and solic programs and soli	(334)226-2003		– Ame				
F Name and address of principal officer CURTIS A HENNEY N 117 LAKE REGION LANE WETUMPKA, AL 36092 Website: ► N/A Krom of organization F Corporation Trust Association Other ► Lyear of formation 2003 M State of legal do Part I Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE SOCIAL AND CIVIC WELFARE WITH PROGRAMS DESIGNED TO ADVANCE ECONOMIC DEVELOPMENT, EDUCATIONAL, AND PUBLIC FINANCTAL ACCOUNTABILITY, MONITOR ISSUES, AND ENGAGE AND SPONSOR RESEARCH IN ALABAMA 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, line 2a) 9 Program service revenue (Part VIII, column (A), lines 13 10 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Total revenue—did lines 8 through 11 (must equal Part VIII, column (A), line 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 25) 17 Other revenuese (Part IX, column (A), lines 1-3) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total lassets (Part X, line 16) 10 Total assets (Part X, line 26) 10 Total lassets (Part X, line 26) 10 Total lassets (Part X, line 26) 10 Total lassets (Part X, line 26) 11 Total labelities (Part X, line 26) 12 Total labelities (Part X, line 26) 13 Total labelities (Part X, line 26) 14 Total labelities (Part X, line 26) 15 Total labelities (Part X, line 26) 16 Total labelities (Part X, line 26) 17 Total labelities (Part X,	G Gross receipts \$ 1,290,000		– Appl				
CURTIS A HENLEY R 117 LAKE REGION LANE WETUMPKA, AL 36092 H(b) Are all subordinates Yes Included If No," attach a list (see instruction If No," attach If No, attach I		F Name and address of principal officer					
WETUMPKA, AL 36092		CURTIS A HENLEY JR					
Tax-exempt status Solico (4)		WETHMAKA AL 36092					
Website: ► N/A		, , , , , , , , , , , , , , , , , , ,					
Part I Summary Liver of formation 2003 M State of legal do	If "No," attach a list (see instructions)	c-exempt status	Tax				
Part Summary L Vear of formation 2003 M State of legal do	H(c) Group exemption number ▶	ebsite: ► N/A	We				
Part I Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE SOCIAL AND CIVIC WELFARE WITH PROGRAMS DESIGNED TO ADVANCE ECONOMIC DEVELOPMENT, EDUCATIONAL, AND PUBLIC FINANCIAL ACCOUNTABILITY, MONITOR ISSUES, AND ENGAGE AND SPONSOR RESEARCH IN ALABAMA 2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of independent voting members of the governing body (Part VI, line 1a)			/ Carm				
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2 Check this box	R ISSUES, AND ENGAGE AND SPONSOR						
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Number of voting members of the governing body (Part VI, line 1a)	sed of more than 25% of its net assets	2 Check this box ► if the organization discontinued its operations or disposed of	3				
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Total number of volunteers (estimate in necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12 Total unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	- 1		<u></u>				
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11 Other revenue (Part VIII, Column (A), lines 3, 64, 62, 94, 100, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	. 0 0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9.4e				
12	0 0	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)), line						
14 Benefits paid to or for members (Part IX, column (A), line 4)							
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)							
S							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			\$8				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0 0	16a Professional fundraising fees (Part IX, column (A), line 11e)	₹				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	ਲੈ∣				
19 Revenue less expenses Subtract line 18 from line 12 -15,235 22	34,235 134,603	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
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21 Total liabilities (Part X, line 26)		20 Total assets (Part X, line 16)	18 18 18 18 18 18 18 18 18 18 18 18 18 1				
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# 22 Net assets or fund balances Subtract line 21 from line 20 40,713 3	· ·		5 E				
Part II Signature Block							

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

	**	****						
Sign	Sig	nature of officer						
Here	L cu	IRTIS A HENLEY JR DIRECTOR						
	Ту	pe or print name and title						
Doid		Print/Type preparer's name ROBERT J MILLER III CPA	Preparer's signature					
Paid Prepare	r	Firm's name ► CARR RIGGS & INGRAM	ЩС					
Use Onl								

May the IRS discuss this return with the preparer shown above? (see instruction

MONTGOMERY, AL 36117

4e Total program service expenses ► 993,635

(Expenses \$

including grants of \$

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		
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		No
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 "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
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		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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		No
С	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		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	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	15		No
16	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	16		No
17	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)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
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 disqualified persons? If so, complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V		Yes	N ₁
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
)	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
0	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
)	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
a	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)?	4a		N
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Was the against to a negligible of the shallow the property of any time during the tay year?	F-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		IN
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Ν
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
]		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	The which the organization is incensed to issue qualified health plans	1		
C	Did the organization receive any payments for indoor tanning services during the tax year?		 	
1		14a		N

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	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	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 any other officer, director, trustee, or key employee?	2		Νo
3	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?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		No
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		No
b	O ther officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	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			

- Own website Another's website V Upon request Other (explain in Schedule O)
- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CURTIS A HENLEY 117 LAKE REGION LANE WETUMPKA,AL 36092 (334)226-2003

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot recto	not box h ar or/tr	offic	ess er	(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) CURTIS A HENLEY JR	1 00	Х						0	0	0
DIRECTOR (2) CHRIS PITTS DIRECTOR	1 00	х						0	0	0
				_						
				\vdash						
			<u> </u>		<u> </u>					Form 990 (2013)

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

	(A) Name and Title	Name and Title Average Position (do not check Reportable Reportab		Reportable compensation	- 1	(F) Estima mount of	ted fother							
		any hours	and a director/trustee) organization (W- organizations (W-								<i>!-</i>	from t	he	
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												4		
												\perp		
												\perp		
				_								_		
												\perp		
												+		
												_		
												+		
												+		
												+		
1b	Sub-Total		<u> </u>	<u> </u>		<u> </u>		<u> </u>						
c	Total from continuation sheet	s to Part VII, S	ection A	۹.			•	•						
d	Total (add lines 1b and 1c) .							►		C		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	d more th	nan	•		
													Yes	No
3	On line 1a? If "Yes," complete S								or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual													
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for							4		No_				
services rendered to the organization? If "Yes," complete Schedule I for such person							5		No					
	ection B. Independent Co						-							
1	Complete this table for your five compensation from the organization from the organization from the organization from the compensation from the compensation from the complete for the complete from the complete	zation Report co									thin the organizat			
	N	(A) lame and business	address							Des	(B) scription of services		(C) Compen	
												-		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	• •	Statement of Revenue Check if Schedule O contains a response or note to an	v line in this Bort VIII			
		Check it Schedule O Contains a response of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated campaigns 1a				
ons, Gints, Grants Similar Amounts	ь	Membership dues 1b	_			
P 10		Fundraising events 1c	_			
, <u>4</u>	С		_			
티 - Iar	d	Related organizations 1d	_			
<u>, E</u>	е	Government grants (contributions) 1e	_			
I S	f	All other contributions, gifts, grants, and 1f 1,290,00	00			
Other		similar amounts not included above Noncash contributions included in lines	_			Ì
들으	g	1a-1f \$	_			
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	1,290,000			
		Business Cod	e			
Program Serwce Revenue	2a					
ewe	ь					
ў. Н	С					
35	d					
§	e					
E	f	All other program service revenue				
<u>ا</u> ره ا	•					
<u>-</u>	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income				
	d	or (loss) Net rental income or (loss)	_			
	_	(i) Securities (ii) Other				
	7a	Gross amount				
		from sales of assets other				
	b	than inventory Less cost or				
	U	other basis and				
	С	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
Other Revenue		events (not including \$ of contributions reported on line 1c)				
r re		See Part IV, line 18 a				
Ĕ	b	Less direct expenses b	_			
ן נ	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b	<u> </u>			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b	⊣			
		Net income or (loss) from sales of inventory	⊣			
}		Miscellaneous Revenue Business Code				
}	11a		⊣			
	b					
	c					
	d	All other revenue	+			
	e	Total. Add lines 11a-11d	-			
	12	Total revenue. See Instructions	1,290,000	0	0	

	750 (2013)				Page 10
	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		 (B)		 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	859,875	859,875		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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)				
а	Management				
b	Legal	50,000	50,000		
C	Accounting	700		700	
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)	83,700	83,700		
12	Advertising and promotion	,	,		
13	Office expenses	143		143	
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				_
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)				
а	BANK CHARGES	60	60		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	994,478	993,635	843	0
26	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 following SOP 98-2 (ASC 958-720)	23.,0	235,633	3.3	

art X	Balance Sheet
	Charles Cabadula O

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	40,713	1	336,235
	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 Complete Part II of Schedule L	,	5	
ts	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			
Assets	_	Nahan and Isana gasawahia nah		6 7	
S S	7	Notes and loans receivable, net			
	8	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		9	
	ь	Less accumulated depreciation	┥	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities		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)	40.713	16	336,235
	17	Accounts payable and accrued expenses	40,713	17	330,233
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
Liabilit		persons Complete Part II of Schedule L		22	
ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
A ds		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete			
₫		lines 27 through 29, and lines 33 and 34.	40.742		220 225
<u>ನ</u> ನ	27	Unrestricted net assets	40,713	27	336,235
<u> </u>	28	Temporarily restricted net assets		28	
Assets of Fund Balances	29	Permanently restricted net assets		29	
0	30	Capital stock or trust principal, or current funds		30	
Į.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z Z	33	Total net assets or fund balances	40,713	33	336,235
ž	34	Total liabilities and net assets/fund balances	40,713	34	336,235
			70,710	⊸ -r	

Form	990	(2013)	

Page	1	2
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Par	rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Check if Schedule O contains a response of note to any line in this Part XI	· ·	• •		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1 1	290,000
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>			230,000
2	Total expenses (must equal Fact 17, column (A), mile 23)	2		9	994,478
3	Revenue less expenses Subtract line 2 from line 1				
		3			295,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	_			40.740
_		4			40,713
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
Ü	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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
10	column (B))	10		3	336,235
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
	Accounting mostled wood to grow the Forms 2000.				
1	Accounting method used to prepare the Form 990 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev	ewed o	n		
	a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	parate			
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi- audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of th	1e 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	:he	3a		No
ь	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	9	3b		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization VOTE ALABAMA

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493318033184

2013

Open to Public Inspection

Employer identification number

20-0142428

	er Assistance to	Governments and recipient that receive	Organizations in	the United State:			d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
1) PARTNERSHIP FOR AFFORDABLE CLEAN ENERGY 107 SOUTH MCDONOUGH BTE 3 MONTGOMERY, AL 36104	26-4374127	501(C)(4)	229,000				TO SUPPORT THE PURSUIT OF METHODS OF AFFORDABLE CLE, ENERGY PRODUCTION IN ALABAMA
2) JOBKEEPER ALLIANCE 141 HIGH STREET STE 108 10NTGOMERY,AL 36104	45-4731110	501(C)(4)	281,875				TO SUPPORT THE CREATION AND PROTECTION OF QUALITY JOBS
3)60 PLUS ASSOCIATION 515 KING STREET STE 315 ALEXANDRIA,VA 22314	54-1564919	501(C)(4)	349,000				TO SUPPORT THE PROTECTION OF THE RIGHTS OF SENIOR CITIZENS THROUGH EDUCATION AND INFORMATION

Enter total number of other organizations listed in the line 1 table . . .

Part III can be duplicated	I if additional space is				
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistar
Part IV Supplemental Inform	mation. Provide the in	formation required in	Part I, line 2, Part III, co	olumn (b), and any other a	additional information.
Poturn Poforonco	Evolunation				

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DLN: 93493318033184

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization VOTE ALABAMA	Employer identification number
VOIE NO BOILIN	20-0142428

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WILL BE PROVIDED TO DIRECTORS FOR REVIEW BEFORE FILING
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC