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Research Tax-Exempt Organizations

HUNTSVILLE REHABILITATION FDN

HUNTSVILLE, AL 35805-5844 | TAX-EXEMPT SINCE MARCH 1987

Full text of "Full Filing" for fiscal year ending Sept. 2020

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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Jump to Schedule: Form 990

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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

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

C Name of organization: HUNTSVILLE REHABILITATION FOUNDATION INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 2939 JOHNSON ROAD. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: HUNTSVILLE, AL 358055844

D Emp: 23. E Tele: (25. G Gro:

F Name and address of principal officer: DAVID PEREZ, 2939 JOHNSON ROAD, HUNTSVILLE, AL 358055844

H(a) Is this a group of subordinates? H(b) Are all subordinates included? If "No," attach a list. H(c) Group exemption status

I Tax-exempt status: 501(c)(3) selected, 501(c) () (insert no.), 4947(a)(1) or 527

J Website: HTTP://WWW.PHOENIXHSV.ORG

K Form of organization: Corporation selected, Trust, Association, Other

L Year of formation: 1973

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement (TO ASSIST INDIVIDUALS WITH DISABILITIES TO IMPROVE THEIR LIVES); 2. Check this box; 3-6. Governing body and employee statistics; 7a-b. Revenue and taxable income; 8-12. Revenue breakdown (Total revenue: 43); 13-15. Expenses (Total salaries/benefits: 29).

Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) 0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	41
	19 Revenue less expenses. Subtract line 18 from line 12	1
		Beginning of Current Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	41
	21 Total liabilities (Part X, line 26)	4
	22 Net assets or fund balances. Subtract line 21 from line 20	37

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: DAVID PEREZ CEO Date: 2021-08-16

Type or print name and title: DAVID PEREZ CEO

Board and Advisors	Print/Type preparer's name	Preparer's signature	Date 2021-08-16	Check <input type="checkbox"/> if self-employed
	Firm's name ELLIOTT DAVIS LLC PLLC	Firm's EIN 27-1034400		Phone no. (423) 233-1111
	Firm's address 629 MARKET STREET SUITE 100 CHATTANOOGA, TN 37402			

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 1128

Form 990 (2019)
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:
TO ASSIST INDIVIDUALS PRIMARILY THOSE WITH DISABILITIES TO IMPROVE THE QUALITY OF THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue service reported.

4a	(Code:) (Expenses \$ 5,492,045 including grants of \$ 166,267) (Revenue \$)
PERFORM CONTRACTS FOR THE U.S. GOVERNMENT UNDER THE JAVIT' WAGNER O'DAY PROGRAM ("JWOD"). THIS GOVERNMENT PROGRAM PROVIDES HIGH-QUALITY JOB OPPORTUNITIES TO TI BARRIERS TO EMPLOYMENT. THIS PROGRAM FOSTERS INCREASED INDEPENDENCE.	
4b	(Code:) (Expenses \$ 31,375,162 including grants of \$) (Revenue \$)

HUNTSVILLE REHABILITATION FOUNDATION CAN VOCATION REHABILITATION SERVICES FOR TEENS AND ADULTS WITH DISABILITIES. PLACEMENT SERVICES AND SPECIALIZED TRAINING TO ASSIST IN EMPLOYMENT.

PROPUBLICA

(Expenses \$ 450,151 including grants of \$) (Revenue \$

FACILITATE TESTING AND EVALUATION SERVICES FOR THE NORTH ALABAMA REGIONS BY PROVIDING OFFICE SPACES TO RELATED THE NEEDS OF THE SEVERELY PHYSICALLY AND MENTALLY DISABLED.

(Code:) (Expenses \$ 1,056,251 including grants of \$) (Revenue \$

PROPUBLICA FACILITATE TESTING AND EVALUATION SERVICES FOR DISABLED. RUN A WORKSHOP FOR SEVERELY PHYSICALLY AND MENTALLY DI: INSPECTION, AND ASSEMBLY SERVICES.

Table with 4 rows: 4d Other program services (Describe in Schedule O.) (Expenses \$ 1,056,251 including grants of \$) (Revenue \$ 1); 4e Total program service expenses 38,373,609

Form 990 (2019)

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
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for pub
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effec
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or s
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to prov
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amou
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent
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
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete
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
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
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

- e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the org's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, in 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*
- 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*
- 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 individuals? *If "Yes," complete Schedule F, Parts III and IV*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column and 11e? *If "Yes," complete Schedule G, Part I(see instructions)*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c "Yes," *complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete G, Part III*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government? *Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II*

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

- 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A) "Yes," *complete Schedule I, Parts I and III*
- 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? *If "Yes," complete Schedule J*
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to*
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **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*
- b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*

- 26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these pe
If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creat
founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (includ
employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III
.
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions f
applicable filing thresholds, conditions, and exceptions):
 - a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Sc
Part IV
 - b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV
 - c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Sche
Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contribut
If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, P
.
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77C
301.7701-3? If "Yes," complete Schedule R, Part I
- 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,
.
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within th
of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treat
partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Fo
filers are required to complete Schedule O.

Part 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

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1a	
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- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b	
-----------	--
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamblin
winnings to prize winners?

Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

- 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	
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- b 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 file (see instructions)

- c Enter the amount of reserves on hand

13c	
------------	--
- 14a Did the organization receive any payments for indoor tanning services during the tax year?
- b If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O*
- 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
If "Yes," see instructions and file Form 4720, Schedule N.
- 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

Form 990 (2019)

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response 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

- 1a Enter the number of voting members of the governing body at the end of the tax year

1a	
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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

1b	
-----------	--
- 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?
- 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?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 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?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons on the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 - a The governing body?
 - b 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 principal address? *If "Yes," provide the names and addresses in Schedule O*

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

- 10a Did the organization have local chapters, branches, or affiliates?
- 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?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- 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*
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

- c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O what was done*
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 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?
 - a The organization's CEO, Executive Director, or top management official
 - b Other officers or key employees of the organization
 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 year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ AL
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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
 - 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 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 records:
 ▶ COURTNEY SWEATMAN 2939 JOHNSON ROAD HUNTSVILLE, AL 35805 (256) 704-0959

Form 990 (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee, and Key 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. 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.

See instructions for the order in which to list the persons above.

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)	cor org 2
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		

		state	Trustee		e	compensated		
(1) DAVID PEREZ PRESIDENT	40.00			X				185,155
(2) WES TYLER VICE PRESIDENT	40.00					X		131,256
(3) AMY PATTERSON VICE PRESIDENT	40.00					X		108,593
(4) COURTNEY SWEATMAN CHIEF FINANCIAL OFFICER	40.00			X				113,637
(5) BRYAN DINGO VICE PRESIDENT PROMOTED APRIL 2020	40.00					X		122,358
(6) JOHN B BUCKLEY KEY EMPLOYEE	40.00					X		100,065
(7) ALAN BIBB DIRECTOR	1.00	X						0
(8) ROBERT GIN DIRECTOR	1.00	X						0
(9) MELANIE BAKER DIRECTOR	1.00	X						0
(10) GARY TUCKER DIRECTOR	1.00	X						0
(11) DENNIS MADSEN DIRECTOR	1.00	X						0
(12) WELDON PLANT DIRECTOR	1.00	X						0
(13) LAUREL LONG DIRECTOR	1.00	X						0
(14) REBA TRAMMELL DIRECTOR	1.00	X		X				0
(15) MARY TURNER CHAIRMAN	1.00	X		X				0
(16) GREG GADDY VICE CHAIRMAN	1.00	X		X				0
(17) KENNY ANDERSON SECRETARY	1.00	X		X				0

120 INTERNATIONAL PARKWAY STE 220
LAKE MARY, FL 32746

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of co the organization **1**

Form 990 (2019)

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	U t
Contributions, Gifts, Grants and Other Similar Amounts	erated campaigns			
	<u>3,348</u>			
	embership dues			
	raising events			
	ated organizations			
	ernment grants (contributions)			
	ther contributions, gifts, grants, and imilar amounts not included above			
<u>170</u>				
g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f		3,518		

		Business Code		
Program Service Revenue	2a SERVICE CONTRACTS	624310	36,615,512	36,615,512
	CONTRACT REVENUE MANUFACTURING	624310	5,334,926	5,334,926
	TESTING AND EVALUATION SERVICES F	624310	1,251,174	1,251,174
	FACILITY RENTAL INCOME	624310	546,022	546,022
	f All other program service revenue.			
g Total. Add lines 2a-2f.			43,747,634	

3 Investment income (including dividends, interest, and other similar amounts)			72,082		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
		(i) Real	(ii) Personal		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Rental income or (loss)	6c			
d Net rental income or (loss)					
		(i) Securities	(ii) Other		
7a	Gross amount from sales of assets other than inventory	7a		12,396	
b	Less: cost or other basis and sales expenses	7b		0	
c	Gain or (loss)	7c		12,396	
d Net gain or (loss)				12,396	
8	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
		8b			
		c Net income or (loss) from fundraising events			
9	Gross income from gaming activities. See Part IV, line 19	9a			
		9b			
		c Net income or (loss) from gaming activities			
10	Gross sales of inventory, less returns and allowances	10a			
		10b			
		c Net income or (loss) from sales of inventory			
Miscellaneous Revenue		Business Code			
11a	SPECIAL EVENT MISCELLANEOUS REVEN		624310	494	494
b					
c					
d All other revenue					
e Total. Add lines 11a–11d				494	
12 Total revenue. See instructions					

Other Revenue

12. Total revenue. See instructions	43,836,124	43,748,128
-----------------------------------------------	------------	------------

Form 990 (2019)

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 (B).

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	Man gener
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	166,267	166,267	
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	314,152	299,733	
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	25,519,869	24,348,528	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,777	23,538	
9 Other employee benefits	2,809,497	2,579,338	
10 Payroll taxes	2,171,733	2,076,412	
11 Fees for services (non-employees):			
a Management			
b Legal			
c Accounting			
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)	856,387	108,490	
12 Advertising and promotion			
13 Office expenses	167,248	64,600	
14 Information technology			
15 Royalties			
16 Occupancy	149,021	48,057	
17 Travel	61,863	32,445	
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	1,115,311	934,077	

Depreciation, depletion, and amortization			
23	Insurance	464,391	
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	MATERIALS	3,505,509	3,501,620
b	SUBCONTRACTORS	1,821,384	1,821,384
c	SOURCE AMERICA COMMISSI	1,389,232	1,389,232
d	REPAIR & MAINTENANCE	282,456	250,628
e	All other expenses	866,301	729,260
25	Total functional expenses. Add lines 1 through 24e	41,685,398	38,373,609
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).		

Form 990 (2019)

Part X **Balance Sheet**

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

		(A) Beginning of year	
Assets	1	Cash—non-interest-bearing	2,062
	2	Savings and temporary cash investments	14,877,649
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	7,626,734
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
	7	Notes and loans receivable, net	
	8	Inventories for sale or use	2,481,706
	9	Prepaid expenses and deferred charges	123,782
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,522,898
	b	Less: accumulated depreciation	11,885,683
	11	Investments—publicly traded securities	2,768,723
	12	Investments—other securities. See Part IV, line 11	6,455,831
	13	Investments—program-related. See Part IV, line 11	
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	41,403
16	Total assets. Add lines 1 through 15 (must equal line 33)	41,632,328	
17	Accounts payable and accrued expenses	4,075,227	

Liabilities	18	Grants payable	
	19	Deferred revenue	
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
	23	Secured mortgages and notes payable to unrelated third parties	
	24	Unsecured notes and loans payable to unrelated third parties	
	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	2,865
	26	Total liabilities. Add lines 17 through 25	4,078,092
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	
27		Net assets without donor restrictions	37,554,236
28		Net assets with donor restrictions	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
29		Capital stock or trust principal, or current funds	
30		Paid-in or capital surplus, or land, building or equipment fund	
31		Retained earnings, endowment, accumulated income, or other funds	
32		Total net assets or fund balances	37,554,236
33		Total liabilities and net assets/fund balances	41,632,328

Form 990 (2019)

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)
- 2 Total expenses (must equal Part IX, column (A), line 25)
- 3 Revenue less expenses. Subtract line 2 from line 1
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
- 5 Net unrealized gains (losses) on investments
- 6 Donated services and use of facilities
- 7 Investment expenses
- 8 Prior period adjustments
- 9 Other changes in net assets or fund balances (explain in Schedule O)
- 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

Part XII **Financial Statements and Reporting**

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

- 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

Schedule O.

2a 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 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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated 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 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.

3a 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 or Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Additional Data

Software ID:
Software Version:

Form 990, Special Condition Description:

Special Condition Description

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**SCHEDULE A
(Form 990 or
990EZ)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
HUNTSVILLE REHABILITATION
FOUNDATION INC

Employer
23-745094

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public (vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and other exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of, one or more other supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Section A, D, and E.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having all or substantially all of its governing board or trustees composed of one or more individuals who are also directors or trustees of the supported organization(s). **You must complete Part IV, Section A, D, and E.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s). The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A, D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Are there any monetary instruments?
			Yes	No	
Total					

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Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .					
4 Total. Add lines 1 through 3					
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).					
6 Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)
7 Amounts from line 4.					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
9 Net income from unrelated business activities, whether or not the business is regularly carried on.					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization stop here <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage for 2018 Schedule A, Part II, line 14
- 16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,394,184	10,351	11,864	8,142	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	35,088,969	38,462,127	41,062,753	43,089,806	
3 Gross receipts from activities that are not an unrelated trade or business under section 513					
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
5 The value of services or facilities furnished by a governmental unit to the organization without charge					
6 Total. Add lines 1 through 5	37,483,153	38,472,478	41,074,617	43,097,948	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.				
c Add lines 7a and 7b.				
8 Public support. (Subtract line 7c from line 6.)				

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)
9 Amounts from line 6.	37,483,153	38,472,478	41,074,617	43,097,948	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	38,163	38,411	79,036	161,457	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c Add lines 10a and 10b.	38,163	38,411	79,036	161,457	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,059	55,684	792	180,935	
13 Total support. (Add lines 9, 10c, 11, and 12.)	37,538,375	38,566,573	41,154,445	43,440,340	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) orgar check this box and stop here.					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	
16 Public support percentage from 2018 Schedule A, Part III, line 15	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>	
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% at check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

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Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Section F. If you checked 12e of Part I, complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," describe in **Part VI** what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked "Yes" in Part I, answer (b) and (c) below.*
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *Describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with other supported organizations.*
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action and how the action was accomplished (such as by amendment to the organizing document).*
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than the supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 170(e)(1)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Schedule L (Form 990 or 990-EZ).*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Schedule L (Form 990 or 990-EZ).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI**.*
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization has an interest? *If "Yes," provide detail in **Part VI**.*
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

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Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing supported organization?

- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supporting organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations, what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization is exercised by the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recent as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) a member of the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuing relationship with the supported organization(s).*
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. **Answer (a) and (b) below.**
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how the organization directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the supported organizations would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI**.*
 - b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.20, 1970 (explain in Part VI). **5** non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year
1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3	4
5	Depreciation and depletion	5
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7	Other expenses (see instructions)	7
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8
Section B - Minimum Asset Amount		(A) Prior Year
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1
a	Average monthly value of securities	1a
b	Average monthly cash balances	1b
c	Fair market value of other non-exempt-use assets	1c
d	Total (add lines 1a, 1b, and 1c)	1d
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt use assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	Multiply line 5 by .035	6
7	Recoveries of prior-year distributions	7
8	Minimum Asset Amount (add line 7 to line 6)	8
Section C - Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization	

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continues)

Section D - Distributions

- 1 Amounts paid to supported organizations to accomplish exempt purposes

- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations

- 4 Amounts paid to acquire exempt-use assets

- 5 Qualified set-aside amounts (prior IRS approval required)

- 6 Other distributions (describe in **Part VI**). See instructions

- 7 **Total annual distributions.** Add lines 1 through 6.

- 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions

- 9 Distributable amount for 2019 from Section C, line 6

- 10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019
1 Distributable amount for 2019 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2019:		
a From 2014.		
b From 2015.		
c From 2016.		
d From 2017.		
e From 2018.		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
a Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015.		
b Excess from 2016.		

d Excess from 2010.		
c Excess from 2017.		
d Excess from 2018.		
e Excess from 2019.		

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Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 1 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization HUNTSVILLE REHABILITATION FOUNDATION INC	Employer iden 23-7450941
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) FL
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control?		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purp not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990 Part IV line 7

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of an historically importa
 - Preservation of a certified historic stru
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the tax year.

	He
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the tax year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts:
 - (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
 - a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

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Cat. No. 52283D

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collections (check all that apply):
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 9

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years
1a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a Land		858,418	
b Buildings		10,056,618	7,210,553
c Leasehold improvements			
d Equipment		7,607,862	4,675,130
e Other			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

Part VII Investments Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) EXCHANGE TRADED FUNDS	293,966	
(B) CORPORATE FIXED INCOME	1,111,389	
(C) GOVERNMENT SECURITIES	1,075,460	
(D) MUTUAL FUNDS	4,191,726	
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	6,672,541	

Part VIII Investments Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

(10)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line

Table with 2 columns: (a) Description of liability, and a blank column for amounts. Rows 1-9.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [checked]

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table for Part XI reconciliation with sub-tables for lines 2a-2d and 4a-4b. Includes values like 339,755.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table for Part XII reconciliation with sub-tables for lines 2a-2d.

4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2 Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 170(e) OF THE INTERNAL REVENUE CODE AND RELEVANT STATE REGULATIONS. THE EXPENSE IS LIMITED TO ACTIVITIES THAT ARE DEEMED BY THE IRS TO BE UNRELATED TO THE FOUNDATION'S EXEMPT PURPOSE.

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Schedule I (Form 990)

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
HUNTSVILLE REHABILITATION
FOUNDATION INC

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Total amount
(1) 305 8TH STREET 305 8TH STREET HUNTSVILLE, AL 35805	63-1028950	501(C)(3)	7,500			
(2) UNITED WAY OF MADISON COUNTY 701 ANDREW JACKSON WAY NE HUNTSVILLE, AL 35801	63-0366294	501(C)(3)	20,000			
(3) INSIDE OUT STUDIO 309 RHETT AVE SW HUNTSVILLE, AL 35801	47-5168119	501(C)(3)	10,000			

(4) COMMUNITY FREE DENTAL CLINIC 2341 WHITESBURG DR HUNTSVILLE, AL 35801	46-2308382	501(C)(3)	10,675		
(5) THE PATHFINDER INC 3104 IVY AVE SW HUNTSVILLE, AL 35805	63-0709177	501(C)(3)	17,500		
(6) MERRIMACK HALL 3320 TRIANA BLVD SW HUNTSVILLE, AL 35805	20-5413583	501(C)(3)	5,000		
(7) ARC OF MADISON COUNTY 1100 WASHINGTON STREET NW HUNTSVILLE, AL 35801	63-0418986	501(C)(3)	7,500		
(8) GROWCOVE PO BOX 99 OWENS CROSS ROADS OWENS CROSS ROADS, AL 35763	83-3697801	501(C)(3)	10,000		
(9) MADISON COUNTY DISABILITY ADVOCACY BOARD 400 MERIDIAN ST N STE 201 HUNTSVILLE, AL 35801	47-4913630	501(C)(3)	7,500		
(10) THE CARE CENTER PO BOX 51 NEW HOPE, AL 35760	31-1745581	501(C)(3)	10,000		
(11) TWO FISH INC 112 CE LEE DRIVE HUNTSVILLE, AL 35806	83-4094518	501(C)(3)	10,675		
(12) EPIC INC PO BOX 1008 MADISON, AL 35758	47-1266482	501(C)(3)	10,000		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2019

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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Schedule J (Form 990) Compensation Information 2019 Open to Public Inspection
Department of the Treasury Internal Revenue Service
Name of the organization HUNTSVILLE REHABILITATION FOUNDATION INC Employer identification number 23-7450941

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include 1a (Travel, Housing, etc.), 1b (Policy), 2 (Substantiation), 3 (Compensation methods), 4 (Severance, Retirement), 5 (Contingent compensation), 6 (Net earnings), 7 (Nonfixed payments), 8 (Contract exception).

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**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization
HUNTSVILLE REHABILITATION
FOUNDATION INC

Emplo

23-745

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PRESENTED TO THE FINANCE COMMITTEE CHAIR FOR APPROVAL PRIOR TO BOARD RECEIVES A COPY OF THE 990, WITH A REQUEST FOR COMMENTS, PRIOR TO FI
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION REQUIRES ALL BOARD MEMBERS, TRUSTEES, OFFICERS AND KEY M COMPLETE ANNUAL DISCLOSURE CONFLICTS OF INTEREST STATEMENTS. THIS STATM OF THEIR BUSINESS INTEREST OR INVESTMENT HOLDINGS AND, THOSE OF THEIR FAM TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS INC MEMBERS. IN THE EVENT THERE IS A CONFLICT, THE PERSON MUST RECUSE THEMSEL AND/OR VOTE ON THE MATTER. THE BOARD OF DIRECTORS WILL TAKE WHATEVER STE INSURE THAT NO PART OF THE NET INCOME OF THE FOUNDATION OR ITS OPERATIONS ANY MEMBER OF THE BOARD OF DIRECTORS OR OTHER INDIVIDUAL.
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS BASED ON JOBS OF SIMILARLY SITUATED POSITIONS AND ORGA DIRECTORS REVIEWS THE PERFORMANCE OF THE CEO ON AN ANNUAL BASIS AND SET ACCORDINGLY. ALL DISCUSSIONS ARE DOCUMENTED. OTHER STAFF AND MANAGEMEN EVERY 18 MONTHS PRIMARILY USING THE CHAMBER OF COMMERCE WAGE AND SALAF DIRECTOR OF HUMAN RESOURCES REVIEW THE SALARY SURVEY AND SET THE BASE I SALARIES FROM SIMILARLY SITUATED POSITIONS AND ORGANIZATIONS. THE DISCUSSI CEO AND DIRECTOR OF HUMAN RESOURCES ALSO HAVE A SALARY SURVEY PERFORM SETS A SALARY SCALE FOR EACH ONE OF THE KEY POSITIONS.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATE REQUEST. THE FORM 990 IS AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:	NO CHANGES FROM PRIOR YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

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