

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 10/01, 2020, and ending 9/30, 20 21**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879EO for the latest information.****2020**Department of the Treasury
Internal Revenue ServiceName of exempt organization or person subject to tax **FAMILY GUIDANCE CENTER OF ALABAMA,
INC.**Taxpayer identification number
63-0400591Name and title of officer or person subject to tax **DR. WALTER WHITE
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	15,557,856
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ALDRIDGE, BORDEN & COMPANY, PC** to enter my PIN **40059** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Walter P. White Date } **01/18/22****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63539340695

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **WILLIAM L. COX, CPA** Date } **01/18/22****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2020 calendar year, or tax year beginning **10/01/20**, and ending **09/30/21**

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

C Name of organization **FAMILY GUIDANCE CENTER OF ALABAMA, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) **2358 FAIRLANE DRIVE** Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MONTGOMERY AL 36116

D Employer identification number
63-0400591

E Telephone number
334-270-4100

F Name and address of principal officer:
DR. WALTER WHITE

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

G Gross receipts\$ **15,563,992**

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

J Website: **u N/A**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	811
	6 Total number of volunteers (estimate if necessary)	6	90
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,714,307	15,419,157
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,418	73,017
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,512	25,061
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,501,453	40,621
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,601,652	11,636,608
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,846,030	3,603,625
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,447,682	15,240,233
19 Revenue less expenses. Subtract line 18 from line 12	1,835,008	317,623	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,117,160	9,099,040
	22 Net assets or fund balances. Subtract line 21 from line 20	3,634,672	4,298,929
		4,482,488	4,800,111

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: **DR. WALTER WHITE** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **WILLIAM L. COX, CPA** Preparer's signature: **WILLIAM L. COX, CPA** Date: Check if self-employed PTIN: **P00144830**

Firm's name: **ALDRIDGE, BORDEN & COMPANY, PC** Firm's EIN: **63-0781330**

Firm's address: **74 COMMERCE STREET MONTGOMERY, AL 36104** Phone no.: **334-834-6640**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,881,703** including grants of \$) (Revenue \$)

GENERAL FAMILY SERVICES - FAMILY COUNSELING SERVICE; TRAVELERS AID; BIG BROTHERS/BIG SISTERS; PARENTING INSTITUTE; FAMILIES OF THE YEAR; SCHOOL ATTENDANCE INTERVENTION PROGRAM; SUCCESSFUL PARENTING; BIG BROTHERS BIG SISTERS - MENTORING PROGRAM THAT MATCHES CHILDREN WITH CAREFULLY SCREENED VOLUNTEERS IN THE COMMUNITY

4b (Code:) (Expenses \$ **1,908,716** including grants of \$) (Revenue \$)

CHILD CARE MANAGEMENT - OFFERS CHILD CARE FINANCIAL ASSISTANCE FOR PARENTS WHO ARE EMPLOYED OR ATTEND APPROVED TRAINING PROGRAMS.

4c (Code:) (Expenses \$ **4,379,542** including grants of \$) (Revenue \$)

FAMILY SERVICE CENTERS - FAMILY REBUILDING ADVOCACY; VIRTUAL WORK & CAREER CENTER; PARENTING SUPPORT & EDUCATION GROUPS; BUILDING HEALTHY HOMES PROGRAM; TEEN SUPPORT GROUP; FAMILY SUPPORT SERVICES; FAMILY RESOURCE LIBRARY; FAMILY COMPUTER ROOM; LIFE SKILLS SEMINARS; MONEY MANAGEMENT & BUDGETING SERVICES; ALZHEIMERS OF SOUTH CENTRAL ALABAMA; WEED & SEED PROGRAM

4d Other program services (Describe on Schedule O.)

(Expenses \$ **6,342,283** including grants of \$) (Revenue \$)

4e Total program service expenses **14,512,244**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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

		Yes	No		
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	811		
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 e-file (see instructions)	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	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			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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 in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
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.	15			X
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.	16			X

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

Section A. Governing Body and Management

		Yes	No
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 on Schedule O.	29	
1b	Enter the number of voting members included on line 1a, above, who are independent	29	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **u**

ALLISON HAYES
MONTGOMERY

2358 FAIRLANE DRIVE

AL 36116

334-270-4100

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. WALTER WHITE	40.00									
EXECUTIVE DIRECTOR	0.00	X		X			149,010	0	13,374	
(2) MS. ALLISON HAYES	40.00									
CFO	0.00			X			143,629	0	12,863	
(3) MS. CE ANDERSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(4) MS. DONNA BEISEL	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) MS. JOY BLONDHEIM	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) MR. RAY BLY	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) MS. LIBBY BRYAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) DR. BROOKE BURKS	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) MR. CHUCK COLEMAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) MS. AMANDA COOK	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) MS. LYNETTE CUPPS	0.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MR. RYAN DONALDSON	0.00									
DIRECTOR	0.00	X						0	0	0
(13) MRS. KAREN DRINKARD	0.00									
DIRECTOR	0.00	X						0	0	0
(14) MS. ADRIENNE EDWARDS	0.00									
TREASURER	0.00	X		X				0	0	0
(15) MS. ANGELA FOSHEE	0.00									
DIRECTOR	0.00	X						0	0	0
(16) MS. BECKY HARRIS	0.00									
DIRECTOR	0.00	X						0	0	0
(17) MS. LAURA HICKS	0.00									
DIRECTOR	0.00	X						0	0	0
(18) MS. ASHLEY JANES	0.00									
DIRECTOR	0.00	X						0	0	0
(19) MR. CHARLES (CHASE) HARDY, JR.	0.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								292,639		26,237
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								292,639		26,237

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

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	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	39,693				
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,164,566				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	214,898				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	15,419,157				
	Program Service Revenue	2a FAMILY SERVICE FEES	Business Code	73,017	73,017		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	73,017				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	25,061	25,061			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ 39,693 of contributions reported on line 1c). See Part IV, line 18	8a		6,136				
		8b	6,136				
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	40,621	40,621			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	40,621				
12 Total revenue. See instructions	u	15,557,856	138,699	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	372,735		372,735	
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	9,347,456	9,199,838	147,618	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,916,417	1,831,817	84,600	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	48,000	48,000		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	749		749	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,694	23,694		
12 Advertising and promotion				
13 Office expenses	503,873	476,209	27,664	
14 Information technology				
15 Royalties				
16 Occupancy	175,697	137,974	37,723	
17 Travel	207,128	206,958	170	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	200,498	200,498		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,012	101,012		
23 Insurance	103,503	103,503		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTSIDE & INTERAGENCY	959,454	959,454		
b SUBSCRIPTION AND MATERIAL	328,111	328,111		
c MAINTENANCE & REPAIRS	326,858	302,299	24,559	
d PROVIDER EXPENSES	222,595	222,595		
e All other expenses	402,453	370,282	32,171	
25 Total functional expenses. Add lines 1 through 24e	15,240,233	14,512,244	727,989	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	6,771	1	6,776
	2	Savings and temporary cash investments	3,042,309	2	3,190,097
	3	Pledges and grants receivable, net	1,213,173	3	1,981,821
	4	Accounts receivable, net	1,655	4	
	5	Loans and other receivables from 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		5	
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,854	9	42,350
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,968,390		
	b	Less: accumulated depreciation	10b 1,453,523	10c	3,514,867
	11	Investments—publicly traded securities	74,280	11	96,034
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	225,171	15	267,095
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,117,160	16	9,099,040	
Liabilities	17	Accounts payable and accrued expenses	336,811	17	675,880
	18	Grants payable		18	
	19	Deferred revenue	1,221,918	19	1,530,797
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	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	2,075,943	25	2,092,252
	26	Total liabilities. Add lines 17 through 25	3,634,672	26	4,298,929
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	4,408,208	27	4,704,077
	28	Net assets with donor restrictions	74,280	28	96,034
	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		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,482,488	32	4,800,111
33	Total liabilities and net assets/fund balances	8,117,160	33	9,099,040	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,557,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,240,233
3	Revenue less expenses. Subtract line 2 from line 1	3	317,623
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,482,488
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,800,111

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MR. JOHN DAVID LAMBERT	0.00									
DIRECTOR	0.00	X					0	0	0	
(21) MR. CHUCK LATHAM	0.00									
DIRECTOR	0.00	X					0	0	0	
(22) MS. HEATHER LOGAN	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(23) MS. KELLY MCGHEE	0.00									
SECRETARY	0.00	X		X			0	0	0	
(24) MS. MELISSA NEELY	0.00									
DIRECTOR	0.00	X					0	0	0	
(25) MR. JUNIE PIERCE	0.00									
DIRECTOR	0.00	X					0	0	0	
(26) DR. BROOKE ROBINSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(27) MS. DONNA STRICKLIN	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) MR. ROGER TEEL	0.00									
DIRECTOR	0.00	X					0	0	0	
(29) MR. STEVE WALTERS	0.00									
DIRECTOR	0.00	X					0	0	0	
(30) MR. D. KEITH WORTHINGTON	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(31) MR. JEFFREY WRIGHT	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization FAMILY GUIDANCE CENTER OF ALABAMA, INC.	Employer identification number 63-0400591
--	---

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 hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete 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 described in **section 170(b)(1)(A)(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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college 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 gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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 publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes 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 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and 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, or Type III non-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) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 1,941,660
13 First 5 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, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 100.00%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 100.00%; 16a 33 1/3% support test—2020; 16b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; 17b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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 Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
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 of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed 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 not 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) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
b		Yes	No
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
b		Yes	No

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*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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 (see instructions).		

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**FAMILY GUIDANCE CENTER OF ALABAMA,
INC.**

Employer identification number

63-0400591

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

FAMILY GUIDANCE CENTER OF ALABAMA,

Employer identification number

63-0400591

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES 50 RIPLEY STREET MONTGOMERY AL 36130	\$ 5,355,895	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF ALABAMA DEPARTMENT OF CHILD ABUSE AND NEGLECT PREVENTION 100 N. UNION STREET MONTGOMERY AL 36104-3702	\$ 879,660	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF ALABAMA DEPARTMENT OF CHILDREN'S AFFAIRS 2 NORTH JACKSON STREET SUITE 602 MONTGOMERY AL 36104	\$ 1,878,431	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALABAMA DEPARTMENT OF COMMERCE 401 ADAMS AVE #600 MONTGOMERY AL 36104	\$ 2,067,369	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, S.W. WASHINGTON DC 20201	\$ 4,983,211	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FAMILY GUIDANCE CENTER OF ALABAMA, INC.

Employer identification number

63-0400591

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- 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 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 back	(e) Four years back
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 **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 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	(d) Book value
1a Land		1,100,000		1,100,000
b Buildings		2,550,000	891,042	1,658,958
c Leasehold improvements		1,116,691	454,125	662,566
d Equipment		201,699	108,356	93,343
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **3,514,867**

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 of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

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	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

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	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

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 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	1,663,173
(3) ACCRUED VACATION	429,079
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 2,092,252

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **FAMILY GUIDANCE CENTER OF ALABAMA, INC.**

Employer identification number
63-0400591

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

FAMILY GUIDANCE CENTER OF ALABAMA, INC.

Employer identification number

63-0400591

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. WALTER WHITE EXECUTIVE DIRECTOR	(i)	149,010	0	0	13,374	0	162,384	0
	(ii)	0	0	0	0	0	0	0
2 MS. ALLISON HAYES CFO	(i)	143,629	0	0	12,863	0	156,492	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(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 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **FAMILY GUIDANCE CENTER OF ALABAMA,
INC.**

Employer identification number
63-0400591

FORM 990 - ORGANIZATION'S MISSION

**TO PROVIDE FAMILY COUNSELING, MENTORING, PARENTING EDUCATION, CHILD CARE
SUPPORT SERVICES, ADULT DAY CARE, CAREER DEVELOPMENT, JOB TRAINING,
INTENSIVE IN-HOME THERAPEUTIC SERVICES, AND OTHER FAMILY SERVICES FOR
FAMILIES IN NEED IN ALABAMA.**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**KIDS & KIN - DESIGNED TO MEET THE NEEDS OF RELATIVE CHILD
CARE PROVIDERS AND TO RAISE THEIR LEVEL OF AWARENESS
ABOUT THE IMPORTANCE OF THEIR ROLES.**

**HEAD START - PROMOTES THE SCHOOL READINESS OF INFANTS, TODDLERS, AND
PRESCHOOL-AGED CHILDREN FROM LOW INCOME FAMILIES. ENGAGES PARENTS AND OTHER
KEY FAMILY MEMBERS IN POSITIVE RELATIONSHIPS, WITH A FOCUS ON FAMILY WELL-
BEING.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE 990 WAS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF
DIRECTORS FOR REVIEW BEFORE FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE AGENCY REGULARLY MONITORS POTENTIAL AREAS OF CONFLICT OF INTEREST WHILE
CONDUCTING ITS NORMAL BUSINESS.**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

Employer identification number

FAMILY GUIDANCE CENTER OF ALABAMA,

63-0400591

PROCESS UTILIZES LOCAL MARKET DATA AND THE ANNUAL NATIONAL COMPENSATION SURVEY FROM ALLIANCE FOR CHILDREN AND FAMILIES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

PROCESS UTILIZES LOCAL MARKET DATA AND THE ANNUAL NATIONAL COMPENSATION SURVEY FROM ALLIANCE FOR CHILDREN AND FAMILIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990 IS MADE AVAILABLE ON GUIDESTAR'S WEBSITE AND MADE AVAILABLE UPON REQUEST.

Family Guidance Center of Alabama,
Inc.
2358 FAIRLANE DRIVE
MONTGOMERY, AL 36116

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

63-0400591

Federal Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2961	BUILDING	5/17/06	952,592				952,592	39	MMS/L	361,693	24,425
2962	BUILDING	5/17/06	1,597,408				1,597,408	39	MMS/L	588,788	40,959
2966	Parkview DOT van	11/18/08	8,640			X	4,320	5	HY 200DB	8,640	0
2968	Roofs - Buildings D&E	3/02/11	40,000			X	0	20	HY 150DB	40,000	0
2969	Ductwork	11/15/12	11,138			X	5,569	20	HY S/L	7,657	279
			<u>2,609,778</u>				<u>2,559,889</u>			<u>1,006,778</u>	<u>65,663</u>
Other Depreciation:											
1896	PARKVIEW OFFICE FURNITURE	8/31/98	28,807				28,807	10	MO S/L	28,807	0
	Sold/Scrapped: 9/30/21										
2428	2 (24 BUTTON PHONE)	6/14/01	597				597	7	MO S/L	597	0
	Sold/Scrapped: 9/30/21										
2490	TELEPHONE SYSTEM	8/29/01	6,156				6,156	7	MO S/L	6,156	0
2491	9 -- PHONES, 24 BUTTON, DISPLAY SPK	8/29/01	2,687				2,687	7	MO S/L	2,687	0
	Retired Sold/Scrapped: 9/30/21										
2492	15 -- PHONE- 12 BUTTON LCD	8/29/01	3,825				3,825	7	MO S/L	3,825	0
	Sold/Scrapped: 9/30/21										
2504	20 Stack Chairs w/ Arms	9/28/01	3,214				3,214	7	MO S/L	3,214	0
	Sold/Scrapped: 9/30/21										
2505	40 Chairs w/o Arms	9/28/01	5,865				5,865	7	MO S/L	5,865	0
	Sold/Scrapped: 9/30/21										
2525	28 - FOLDING TABLES	9/30/01	12,180				12,180	7	MO S/L	12,180	0
	Sold/Scrapped: 9/30/21										
2529	7 - DESKS, 36x72, CHARCOAL W/BRANI	9/30/01	2,562				2,562	7	MO S/L	2,562	0
	Sold/Scrapped: 9/30/21										
2549	125 - STACK CHAIRS/TURQUOISE FABR	9/30/01	7,603				7,603	7	MO S/L	7,603	0
	Sold/Scrapped: 9/30/21										
2946	Paragon Construction	5/15/06	683,808				683,808	40	MO S/L	246,456	17,095
2947	The Phone Store	5/15/06	60,375				60,375	40	MO S/L	21,760	1,510
2948	Capitalized Interest	5/15/06	52,208				52,208	40	MO S/L	18,816	1,306
2949	Signage	5/15/06	6,985				6,985	10	MO S/L	6,985	0
2950	Utilities	5/15/06	22,608				22,608	10	MO S/L	22,608	0
2951	Furniture	5/15/06	17,000				17,000	10	MO S/L	17,000	0
2952	Security System	5/15/06	10,765				10,765	40	MO S/L	3,880	269
2953	Misc Improvements	5/15/06	22,978				22,978	40	MO S/L	8,282	574
2954	Computer	3/01/06	1,446				1,446	5	MO S/L	1,446	0
	Sold/Scrapped: 9/30/21										
2955	Computers	3/01/06	2,740				2,740	5	MO S/L	2,740	0
	Sold/Scrapped: 9/30/21										
2956	Computer	3/31/06	934				934	5	MO S/L	934	0
	Sold/Scrapped: 9/30/21										
2957	Desk	3/20/06	1,878				1,878	7	MO S/L	1,878	0
	Sold/Scrapped: 9/30/21										
2958	Refrigerator	6/08/06	500				500	7	MO S/L	500	0
	Sold/Scrapped: 9/30/21										
2959	Rotor Stand	9/30/06	568				568	7	MO S/L	568	0
	Sold/Scrapped: 9/30/21										
2960	Apollo Instant Cinema Portable Screen, 60"	6/26/06	680				680	7	MO S/L	680	0
	Sold/Scrapped: 9/30/21										
2963	Kyser Furniture	12/31/05	0				0	0	HY	0	0
2964	Paragon Construction	12/01/06	10,668				10,668	40	MO S/L	3,689	267
2965	Land	5/17/06	1,100,000				1,100,000	0	-- Land	0	0
2970	Dell PowerEdge T430 Server	6/15/17	6,159				6,159	5	MO S/L	4,106	1,232
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	6,385				6,385	10	MO S/L	2,128	639
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	10,596				10,596	10	MO S/L	3,532	1,060
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	5,984				5,984	10	MO S/L	1,995	598
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	5,984				5,984	10	MO S/L	1,745	599
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604				39,604	20	MO S/L	2,640	1,980
2976	3 Ton Heat Pump - Bldg E	6/29/19	6,508				6,508	10	MO S/L	814	650
2977	3 Ton Heat Pump - Bldg G	9/10/19	5,636				5,636	10	MO S/L	611	563
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	5,081				5,081	10	MO S/L	593	508
2979	6 Ton Heat Pump - Bldg D	7/22/19	10,960				10,960	10	MO S/L	1,279	1,096
2980	4 Ton Heat Pump - Bldg G	8/22/19	6,204				6,204	10	MO S/L	672	621
2981	3 Ton Heat Pump (Building G)	10/01/19	5,520				5,520	10	MO S/L	552	552
2982	Fairlane Internet Site install	2/19/20	9,791				9,791	10	MO S/L	571	979
2983	3 Ton AC Unit (Building F)	9/30/20	4,906				4,906	10	MO S/L	0	491

63-0400591

Federal Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
2984	Dell PowerEdge T440 Server	7/07/20	8,992				8,992	5	MO S/L	450	1,798
2985	Telephone system	12/17/20	8,740				8,740	7	MO S/L	0	936
2986	Laptops	8/27/21	36,242				36,242	5	MO S/L	0	604
2987	8 Laptops	2/08/21	7,832				7,832	5	MO S/L	0	1,044
2988	11 Laptops	3/12/21	10,769				10,769	5	MO S/L	0	1,256
2989	2 Early Intervention Combo Kits	9/01/21	26,350				26,350	7	MO S/L	0	314
	Total Other Depreciation		<u>2,297,880</u>				<u>2,297,880</u>			<u>453,406</u>	<u>38,541</u>
	Total ACRS and Other Depreciation		<u>2,297,880</u>				<u>2,297,880</u>			<u>453,406</u>	<u>38,541</u>
Amortization:											
2967	Bond Issue Cost	10/01/09	55,000				55,000	26	MO Amort	23,004	2,091
			<u>55,000</u>				<u>55,000</u>			<u>23,004</u>	<u>2,091</u>
	Grand Totals		4,962,658				4,912,769			1,483,188	106,295
	Less: Dispositions and Transfers		76,086				76,086			76,086	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>4,886,572</u>				<u>4,836,683</u>			<u>1,407,102</u>	<u>106,295</u>

63-0400591

State Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
2961	BUILDING	5/17/06	952,592	952,592	359,061	24,426	24,425	-1
2962	BUILDING	5/17/06	1,597,408	1,597,408	588,788	40,959	40,959	0
2966	Parkview DOT van	11/18/08	8,640	4,320	8,640	0	0	0
2968	Roofs - Buildings D&E	3/02/11	40,000	0	40,000	0	0	0
2969	Ductwork	11/15/12	11,138	5,569	8,032	249	279	30
			<u>2,609,778</u>	<u>2,559,889</u>	<u>1,004,521</u>	<u>65,634</u>	<u>65,663</u>	<u>29</u>
Other Depreciation:								
1896	PARKVIEW OFFICE FURNITURE	8/31/98	28,807	28,807	28,807	0	0	0
	Sold/Scrapped: 9/30/21							
2428	2 (24 BUTTON PHONE)	6/14/01	597	597	597	0	0	0
	Sold/Scrapped: 9/30/21							
2490	TELEPHONE SYSTEM	8/29/01	6,156	6,156	6,156	0	0	0
	Retired							
2491	9 -- PHONES, 24 BUTTON, DISPLAY SPK	8/29/01	2,687	2,687	2,687	0	0	0
	Sold/Scrapped: 9/30/21							
2492	15 -- PHONE- 12 BUTTON LCD	8/29/01	3,825	3,825	3,825	0	0	0
	Sold/Scrapped: 9/30/21							
2504	20 Stack Chairs w/ Arms	9/28/01	3,214	3,214	3,214	0	0	0
	Sold/Scrapped: 9/30/21							
2505	40 Chairs w/o Arms	9/28/01	5,865	5,865	5,865	0	0	0
	Sold/Scrapped: 9/30/21							
2525	28 - FOLDING TABLES	9/30/01	12,180	12,180	12,180	0	0	0
	Sold/Scrapped: 9/30/21							
2529	7 - DESKS, 36x72, CHARCOAL W/BRANI	9/30/01	2,562	2,562	2,562	0	0	0
	Sold/Scrapped: 9/30/21							
2549	125 - STACK CHAIRS/TURQUOISE FABR	9/30/01	7,603	7,603	7,603	0	0	0
	Sold/Scrapped: 9/30/21							
2946	Paragon Construction	5/15/06	683,808	683,808	246,456	17,095	17,095	0
2947	The Phone Store	5/15/06	60,375	60,375	21,760	1,510	1,510	0
2948	Capitalized Interest	5/15/06	52,208	52,208	18,816	1,306	1,306	0
2949	Signage	5/15/06	6,985	6,985	6,985	0	0	0
2950	Utilities	5/15/06	22,608	22,608	22,608	0	0	0
2951	Furniture	5/15/06	17,000	17,000	17,000	0	0	0
2952	Security System	5/15/06	10,765	10,765	3,880	269	269	0
2953	Misc Improvements	5/15/06	22,978	22,978	8,282	574	574	0
2954	Computer	3/01/06	1,446	1,446	1,446	0	0	0
	Sold/Scrapped: 9/30/21							
2955	Computers	3/01/06	2,740	2,740	2,740	0	0	0
	Sold/Scrapped: 9/30/21							
2956	Computer	3/31/06	934	934	934	0	0	0
	Sold/Scrapped: 9/30/21							
2957	Desk	3/20/06	1,878	1,878	1,878	0	0	0
	Sold/Scrapped: 9/30/21							
2958	Refrigerator	6/08/06	500	500	500	0	0	0
	Sold/Scrapped: 9/30/21							
2959	Rotor Stand	9/30/06	568	568	568	0	0	0
	Sold/Scrapped: 9/30/21							
2960	Apollo Instant Cinema Portable Screen, 60"	6/26/06	680	680	680	0	0	0
	Sold/Scrapped: 9/30/21							
2963	Kyser Furniture	12/31/05	5,734	5,734	5,734	0	0	0
2964	Paragon Construction	12/01/06	10,668	10,668	3,689	267	267	0
2965	Land	5/17/06	1,100,000	1,100,000	0	0	0	0
2970	Dell PowerEdge T430 Server	6/15/17	6,159	6,159	4,106	1,232	1,232	0
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	6,385	6,385	2,128	639	639	0
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	10,596	10,596	3,532	1,060	1,060	0
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	5,984	5,984	1,995	598	598	0
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	5,984	5,984	1,745	599	599	0
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604	39,604	2,640	1,980	1,980	0
2976	3 Ton Heat Pump - Bldg E	6/29/19	0	0	0	0	650	650
2977	3 Ton Heat Pump - Bldg G	9/10/19	5,636	5,636	611	563	563	0
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	5,081	5,081	593	508	508	0
2979	6 Ton Heat Pump - Bldg D	7/22/19	10,960	10,960	1,279	1,096	1,096	0
2980	4 Ton Heat Pump - Bldg G	8/22/19	6,204	6,204	672	621	621	0
2981	3 Ton Heat Pump (Building G)	10/01/19	5,520	5,520	552	552	552	0
2982	Fairlane Internet Site install	2/19/20	9,791	9,791	571	979	979	0
2983	3 Ton AC Unit (Building F)	9/30/20	4,906	4,906	0	491	491	0

State Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
2984	Dell PowerEdge T440 Server	7/07/20	8,992	8,992	450	1,798	1,798	0
2985	Telephone system	12/17/20	0	0	0	0	936	936
2986	Laptops	8/27/21	0	0	0	0	604	604
2987	8 Laptops	2/08/21	0	0	0	0	1,044	1,044
2988	11 Laptops	3/12/21	0	0	0	0	1,256	1,256
2989	2 Early Intervention Combo Kits	9/01/21	0	0	0	0	314	314
Total Other Depreciation			<u>2,207,173</u>	<u>2,207,173</u>	<u>458,326</u>	<u>33,737</u>	<u>38,541</u>	<u>4,804</u>
Total ACRS and Other Depreciation			<u>2,207,173</u>	<u>2,207,173</u>	<u>458,326</u>	<u>33,737</u>	<u>38,541</u>	<u>4,804</u>
Amortization:								
2967	Bond Issue Cost	10/01/09	55,000	55,000	23,004	2,091	2,091	0
			<u>55,000</u>	<u>55,000</u>	<u>23,004</u>	<u>2,091</u>	<u>2,091</u>	<u>0</u>
Grand Totals			4,871,951	4,822,062	1,485,851	101,462	106,295	4,833
Less: Dispositions			76,086	76,086	76,086	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>4,795,865</u>	<u>4,745,976</u>	<u>1,409,765</u>	<u>101,462</u>	<u>106,295</u>	<u>4,833</u>

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AL Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	AL Prior	AL Current	Federal Current	Difference Fed - AL
Prior MACRS:								
2961	BUILDING	5/17/06	952,592	952,592	359,061	24,426	24,425	-1
2962	BUILDING	5/17/06	1,597,408	1,597,408	588,788	40,959	40,959	0
2966	Parkview DOT van	11/18/08	8,640	8,640	8,640	0	0	0
2968	Roofs - Buildings D&E	3/02/11	40,000	0	40,000	0	0	0
2969	Ductwork	11/15/12	11,138	5,569	8,032	249	279	30
			<u>2,609,778</u>	<u>2,564,209</u>	<u>1,004,521</u>	<u>65,634</u>	<u>65,663</u>	<u>29</u>
Other Depreciation:								
1896	PARKVIEW OFFICE FURNITURE	8/31/98	28,807	28,807	28,807	0	0	0
	Sold/Scrapped: 9/30/21							
2428	2 (24 BUTTON PHONE)	6/14/01	597	597	597	0	0	0
	Sold/Scrapped: 9/30/21							
2490	TELEPHONE SYSTEM	8/29/01	6,156	6,156	6,156	0	0	0
	Retired							
2491	9 -- PHONES, 24 BUTTON, DISPLAY SPK	8/29/01	2,687	2,687	2,687	0	0	0
	Sold/Scrapped: 9/30/21							
2492	15 -- PHONE- 12 BUTTON LCD	8/29/01	3,825	3,825	3,825	0	0	0
	Sold/Scrapped: 9/30/21							
2504	20 Stack Chairs w/ Arms	9/28/01	3,214	3,214	3,214	0	0	0
	Sold/Scrapped: 9/30/21							
2505	40 Chairs w/o Arms	9/28/01	5,865	5,865	5,865	0	0	0
	Sold/Scrapped: 9/30/21							
2525	28 - FOLDING TABLES	9/30/01	12,180	12,180	12,180	0	0	0
	Sold/Scrapped: 9/30/21							
2529	7 - DESKS, 36x72, CHARCOAL W/BRANI	9/30/01	2,562	2,562	2,562	0	0	0
	Sold/Scrapped: 9/30/21							
2549	125 - STACK CHAIRS/TURQUOISE FABR	9/30/01	7,603	7,603	7,603	0	0	0
	Sold/Scrapped: 9/30/21							
2946	Paragon Construction	5/15/06	683,808	683,808	246,456	17,095	17,095	0
2947	The Phone Store	5/15/06	60,375	60,375	21,760	1,510	1,510	0
2948	Capitalized Interest	5/15/06	52,208	52,208	18,816	1,306	1,306	0
2949	Signage	5/15/06	6,985	6,985	6,985	0	0	0
2950	Utilities	5/15/06	22,608	22,608	22,608	0	0	0
2951	Furniture	5/15/06	17,000	17,000	17,000	0	0	0
2952	Security System	5/15/06	10,765	10,765	3,880	269	269	0
2953	Misc Improvements	5/15/06	22,978	22,978	8,282	574	574	0
2954	Computer	3/01/06	1,446	1,446	1,446	0	0	0
	Sold/Scrapped: 9/30/21							
2955	Computers	3/01/06	2,740	2,740	2,740	0	0	0
	Sold/Scrapped: 9/30/21							
2956	Computer	3/31/06	934	934	934	0	0	0
	Sold/Scrapped: 9/30/21							
2957	Desk	3/20/06	1,878	1,878	1,878	0	0	0
	Sold/Scrapped: 9/30/21							
2958	Refrigerator	6/08/06	500	500	500	0	0	0
	Sold/Scrapped: 9/30/21							
2959	Rotor Stand	9/30/06	568	568	568	0	0	0
	Sold/Scrapped: 9/30/21							
2960	Apollo Instant Cinema Portable Screen, 60"	6/26/06	680	680	680	0	0	0
	Sold/Scrapped: 9/30/21							
2963	Kyser Furniture	12/31/05	5,734	5,734	5,734	0	0	0
2964	Paragon Construction	12/01/06	10,668	10,668	3,689	267	267	0
2965	Land	5/17/06	1,100,000	1,100,000	0	0	0	0
2970	Dell PowerEdge T430 Server	6/15/17	6,159	6,159	4,106	1,232	1,232	0
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	6,385	6,385	2,128	639	639	0
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	10,596	10,596	3,532	1,060	1,060	0
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	5,984	5,984	1,995	598	598	0
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	5,984	5,984	1,745	599	599	0
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604	39,604	2,640	1,980	1,980	0
2976	3 Ton Heat Pump - Bldg E	6/29/19	0	0	0	0	650	650
2977	3 Ton Heat Pump - Bldg G	9/10/19	5,636	5,636	611	563	563	0
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	5,081	5,081	593	508	508	0
2979	6 Ton Heat Pump - Bldg D	7/22/19	10,960	10,960	1,279	1,096	1,096	0
2980	4 Ton Heat Pump - Bldg G	8/22/19	6,204	6,204	672	621	621	0
2981	3 Ton Heat Pump (Building G)	10/01/19	5,520	5,520	552	552	552	0
2982	Fairlane Internet Site install	2/19/20	9,791	9,791	571	979	979	0
2983	3 Ton AC Unit (Building F)	9/30/20	4,906	4,906	0	491	491	0

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AL Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	AL Prior	AL Current	Federal Current	Difference Fed - AL
2984	Dell PowerEdge T440 Server	7/07/20	8,992	8,992	450	1,798	1,798	0
2985	Telephone system	12/17/20	0	0	0	0	936	936
2986	Laptops	8/27/21	0	0	0	0	604	604
2987	8 Laptops	2/08/21	0	0	0	0	1,044	1,044
2988	11 Laptops	3/12/21	0	0	0	0	1,256	1,256
2989	2 Early Intervention Combo Kits	9/01/21	0	0	0	0	314	314
Total Other Depreciation			<u>2,207,173</u>	<u>2,207,173</u>	<u>458,326</u>	<u>33,737</u>	<u>38,541</u>	<u>4,804</u>
Total ACRS and Other Depreciation			<u>2,207,173</u>	<u>2,207,173</u>	<u>458,326</u>	<u>33,737</u>	<u>38,541</u>	<u>4,804</u>
Amortization:								
2967	Bond Issue Cost	10/01/09	55,000	55,000	23,004	2,091	2,091	0
			<u>55,000</u>	<u>55,000</u>	<u>23,004</u>	<u>2,091</u>	<u>2,091</u>	<u>0</u>
Grand Totals			4,871,951	4,826,382	1,485,851	101,462	106,295	4,833
Less: Dispositions			76,086	76,086	76,086	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>4,795,865</u>	<u>4,750,296</u>	<u>1,409,765</u>	<u>101,462</u>	<u>106,295</u>	<u>4,833</u>

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AMT Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2961	BUILDING	5/17/06	952,592				952,592	39	MMS/L	359,061	24,426
2962	BUILDING	5/17/06	1,597,408				1,597,408	39	MMS/L	588,788	40,959
2966	Parkview DOT van	11/18/08	8,640			X	4,320	5	HY 200DB	8,640	0
2968	Roofs - Buildings D&E	3/02/11	40,000			X	0	20	HY 150DB	40,000	0
2969	Ductwork	11/15/12	11,138			X	5,569	20	HY S/L	7,657	279
			<u>2,609,778</u>				<u>2,559,889</u>			<u>1,004,146</u>	<u>65,664</u>
Other Depreciation:											
1896	PARKVIEW OFFICE FURNITURE	8/31/98	28,807				28,807	10	MO S/L	28,807	0
	Sold/Scrapped: 9/30/21										
2428	2 (24 BUTTON PHONE)	6/14/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2490	TELEPHONE SYSTEM	8/29/01	0				0	0	HY	0	0
	Retired										
2491	9 -- PHONES, 24 BUTTON, DISPLAY SPK	8/29/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2492	15 -- PHONE- 12 BUTTON LCD	8/29/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2504	20 Stack Chairs w/ Arms	9/28/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2505	40 Chairs w/o Arms	9/28/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2525	28 - FOLDING TABLES	9/30/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2529	7 - DESKS, 36x72, CHARCOAL W/BRANI	9/30/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2549	125 - STACK CHAIRS/TURQUOISE FABR	9/30/01	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2946	Paragon Construction	5/15/06	0				0	0	HY	0	0
2947	The Phone Store	5/15/06	0				0	0	HY	0	0
2948	Capitalized Interest	5/15/06	0				0	0	HY	0	0
2949	Signage	5/15/06	0				0	0	HY	0	0
2950	Utilities	5/15/06	0				0	0	HY	0	0
2951	Furniture	5/15/06	0				0	0	HY	0	0
2952	Security System	5/15/06	0				0	0	HY	0	0
2953	Misc Improvements	5/15/06	0				0	0	HY	0	0
2954	Computer	3/01/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2955	Computers	3/01/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2956	Computer	3/31/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2957	Desk	3/20/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2958	Refrigerator	6/08/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2959	Rotor Stand	9/30/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2960	Apollo Instant Cinema Portable Screen, 60"	6/26/06	0				0	0	HY	0	0
	Sold/Scrapped: 9/30/21										
2963	Kyser Furniture	12/31/05	0				0	0	HY	0	0
2964	Paragon Construction	12/01/06	0				0	0	HY	0	0
2965	Land	5/17/06	0				0	0	HY	0	0
2970	Dell PowerEdge T430 Server	6/15/17	0				0	0	HY	0	0
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	0				0	0	HY	0	0
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	0				0	0	HY	0	0
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	0				0	0	HY	0	0
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	0				0	0	HY	0	0
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604				39,604	20	MO S/L	2,640	1,980
2976	3 Ton Heat Pump - Bldg E	6/29/19	0				0	0	HY	0	0
2977	3 Ton Heat Pump - Bldg G	9/10/19	0				0	0	HY	0	0
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	0				0	0	HY	0	0
2979	6 Ton Heat Pump - Bldg D	7/22/19	0				0	0	HY	0	0
2980	4 Ton Heat Pump - Bldg G	8/22/19	0				0	0	HY	0	0
2981	3 Ton Heat Pump (Building G)	10/01/19	0				0	0	HY	0	0
2982	Fairlane Internet Site install	2/19/20	0				0	0	HY	0	0
2983	3 Ton AC Unit (Building F)	9/30/20	0				0	0	HY	0	0

63-0400591

AMT Asset Report

FYE: 9/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
2984	Dell PowerEdge T440 Server	7/07/20	0				0	0	HY	0	0
2985	Telephone system	12/17/20	0				0	0	HY	0	0
2986	Laptops	8/27/21	0				0	0	HY	0	0
2987	8 Laptops	2/08/21	0				0	0	HY	0	0
2988	11 Laptops	3/12/21	0				0	0	HY	0	0
2989	2 Early Intervention Combo Kits	9/01/21	0				0	0	HY	0	0
	Total Other Depreciation		<u>68,411</u>				<u>68,411</u>			<u>31,447</u>	<u>1,980</u>
	Total ACRS and Other Depreciation		<u>68,411</u>				<u>68,411</u>			<u>31,447</u>	<u>1,980</u>
	Grand Totals		2,678,189				2,628,300			1,035,593	67,644
	Less: Dispositions and Transfers		<u>28,807</u>				<u>28,807</u>			<u>28,807</u>	<u>0</u>
	Net Grand Totals		<u>2,649,382</u>				<u>2,599,493</u>			<u>1,006,786</u>	<u>67,644</u>

Bonus Depreciation Report**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
2966	Parkview DOT van	11/18/08	8,640		0	0	4,320	4,320
2968	Roofs - Buildings D&E	3/02/11	40,000		0	0	40,000	0
2969	Ductwork	11/15/12	11,138		0	0	5,569	5,569
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604		0	0	0	39,604
Grand Total			<u>99,382</u>		<u>0</u>	<u>0</u>	<u>49,889</u>	<u>49,493</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	2961	BUILDING	24,425	24,426	-1
Page 1	1	2962	BUILDING	40,959	40,959	0
Page 1	1	2966	Parkview DOT van	0	0	0
Page 1	1	2968	Roofs - Buildings D&E	0	0	0
Page 1	1	2969	Ductwork	279	279	0
				<u>65,663</u>	<u>65,664</u>	<u>-1</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
2961	BUILDING	5/17/06	952,592	24,426	24,425
2962	BUILDING	5/17/06	1,597,408	40,960	40,960
2966	Parkview DOT van	11/18/08	8,640	0	0
2968	Roofs - Buildings D&E	3/02/11	40,000	0	0
2969	Ductwork	11/15/12	11,138	278	278
			<u>2,609,778</u>	<u>65,664</u>	<u>65,663</u>

Other Depreciation:

2490	TELEPHONE SYSTEM	8/29/01	6,156	0	0
2946	Paragon Construction	5/15/06	683,808	17,095	0
2947	The Phone Store	5/15/06	60,375	1,509	0
2948	Capitalized Interest	5/15/06	52,208	1,305	0
2949	Signage	5/15/06	6,985	0	0
2950	Utilities	5/15/06	22,608	0	0
2951	Furniture	5/15/06	17,000	0	0
2952	Security System	5/15/06	10,765	269	0
2953	Misc Improvements	5/15/06	22,978	575	0
2963	Kyser Furniture	12/31/05	0	0	0
2964	Paragon Construction	12/01/06	10,668	267	0
2965	Land	5/17/06	1,100,000	0	0
2970	Dell PowerEdge T430 Server	6/15/17	6,159	821	0
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	6,385	638	0
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	10,596	1,059	0
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	5,984	598	0
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	5,984	598	0
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604	1,981	1,981
2976	3 Ton Heat Pump - Bldg E	6/29/19	6,508	651	0
2977	3 Ton Heat Pump - Bldg G	9/10/19	5,636	564	0
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	5,081	508	0
2979	6 Ton Heat Pump - Bldg D	7/22/19	10,960	1,096	0
2980	4 Ton Heat Pump - Bldg G	8/22/19	6,204	620	0
2981	3 Ton Heat Pump (Building G)	10/01/19	5,520	552	0
2982	Fairlane Internet Site install	2/19/20	9,791	979	0
2983	3 Ton AC Unit (Building F)	9/30/20	4,906	490	0
2984	Dell PowerEdge T440 Server	7/07/20	8,992	1,798	0
2985	Telephone system	12/17/20	8,740	1,249	0
2986	Laptops	8/27/21	36,242	7,248	0
2987	8 Laptops	2/08/21	7,832	1,567	0
2988	11 Laptops	3/12/21	10,769	2,154	0
2989	2 Early Intervention Combo Kits	9/01/21	26,350	3,764	0
	Total Other Depreciation		<u>2,221,794</u>	<u>49,955</u>	<u>1,981</u>

Total ACRS and Other Depreciation

<u>2,221,794</u>	<u>49,955</u>	<u>1,981</u>
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Amortization:

2967	Bond Issue Cost	10/01/09	55,000	2,091	0
			<u>55,000</u>	<u>2,091</u>	<u>0</u>

Grand Totals

<u>4,886,572</u>	<u>117,710</u>	<u>67,644</u>
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
2961	BUILDING	5/17/06	952,592	24,425	24,425
2962	BUILDING	5/17/06	1,597,408	40,960	40,960
2966	Parkview DOT van	11/18/08	8,640	0	0
2968	Roofs - Buildings D&E	3/02/11	40,000	0	0
2969	Ductwork	11/15/12	11,138	248	278
			<u>2,609,778</u>	<u>65,633</u>	<u>65,663</u>

Other Depreciation:

2490	TELEPHONE SYSTEM	8/29/01	6,156	0	0
2946	Paragon Construction	5/15/06	683,808	17,095	0
2947	The Phone Store	5/15/06	60,375	1,509	0
2948	Capitalized Interest	5/15/06	52,208	1,305	0
2949	Signage	5/15/06	6,985	0	0
2950	Utilities	5/15/06	22,608	0	0
2951	Furniture	5/15/06	17,000	0	0
2952	Security System	5/15/06	10,765	269	0
2953	Misc Improvements	5/15/06	22,978	575	0
2963	Kyser Furniture	12/31/05	5,734	0	0
2964	Paragon Construction	12/01/06	10,668	267	0
2965	Land	5/17/06	1,100,000	0	0
2970	Dell PowerEdge T430 Server	6/15/17	6,159	821	0
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	6,385	638	0
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	10,596	1,059	0
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	5,984	598	0
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	5,984	598	0
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604	1,981	1,981
2976	3 Ton Heat Pump - Bldg E	6/29/19	0	0	0
2977	3 Ton Heat Pump - Bldg G	9/10/19	5,636	564	0
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	5,081	508	0
2979	6 Ton Heat Pump - Bldg D	7/22/19	10,960	1,096	0
2980	4 Ton Heat Pump - Bldg G	8/22/19	6,204	620	0
2981	3 Ton Heat Pump (Building G)	10/01/19	5,520	552	0
2982	Fairlane Internet Site install	2/19/20	9,791	979	0
2983	3 Ton AC Unit (Building F)	9/30/20	4,906	490	0
2984	Dell PowerEdge T440 Server	7/07/20	8,992	1,798	0
2985	Telephone system	12/17/20	0	0	0
2986	Laptops	8/27/21	0	0	0
2987	8 Laptops	2/08/21	0	0	0
2988	11 Laptops	3/12/21	0	0	0
2989	2 Early Intervention Combo Kits	9/01/21	0	0	0
	Total Other Depreciation		<u>2,131,087</u>	<u>33,322</u>	<u>1,981</u>

Total ACRS and Other Depreciation

<u>2,131,087</u>	<u>33,322</u>	<u>1,981</u>
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Amortization:

2967	Bond Issue Cost	10/01/09	55,000	2,091	0
			<u>55,000</u>	<u>2,091</u>	<u>0</u>

Grand Totals

<u>4,795,865</u>	<u>101,046</u>	<u>67,644</u>
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AL</u>
<u>Prior MACRS:</u>				
2961	BUILDING	5/17/06	952,592	24,425
2962	BUILDING	5/17/06	1,597,408	40,960
2966	Parkview DOT van	11/18/08	8,640	0
2968	Roofs - Buildings D&E	3/02/11	40,000	0
2969	Ductwork	11/15/12	11,138	248
			<u>2,609,778</u>	<u>65,633</u>

Other Depreciation:

2490	TELEPHONE SYSTEM	8/29/01	6,156	0
2946	Paragon Construction	5/15/06	683,808	17,095
2947	The Phone Store	5/15/06	60,375	1,509
2948	Capitalized Interest	5/15/06	52,208	1,305
2949	Signage	5/15/06	6,985	0
2950	Utilities	5/15/06	22,608	0
2951	Furniture	5/15/06	17,000	0
2952	Security System	5/15/06	10,765	269
2953	Misc Improvements	5/15/06	22,978	575
2963	Kyser Furniture	12/31/05	5,734	0
2964	Paragon Construction	12/01/06	10,668	267
2965	Land	5/17/06	1,100,000	0
2970	Dell PowerEdge T430 Server	6/15/17	6,159	821
2971	2 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	6,385	638
2972	7.5 Ton Carrier Rooftop Heat Pump (Bldg D)	5/25/17	10,596	1,059
2973	3 Ton Carrier Heat Pump (Bldg F)	5/19/17	5,984	598
2974	3 ton Carrier Heat Pump and Air Handler	10/25/17	5,984	598
2975	Roofing - Bldg F (boards, insulation, drains)	5/29/19	39,604	1,981
2976	3 Ton Heat Pump - Bldg E	6/29/19	0	0
2977	3 Ton Heat Pump - Bldg G	9/10/19	5,636	564
2978	2 Ton Air Handler and Heat Pump - Bldg F	7/18/19	5,081	508
2979	6 Ton Heat Pump - Bldg D	7/22/19	10,960	1,096
2980	4 Ton Heat Pump - Bldg G	8/22/19	6,204	620
2981	3 Ton Heat Pump (Building G)	10/01/19	5,520	552
2982	Fairlane Internet Site install	2/19/20	9,791	979
2983	3 Ton AC Unit (Building F)	9/30/20	4,906	490
2984	Dell PowerEdge T440 Server	7/07/20	8,992	1,798
2985	Telephone system	12/17/20	0	0
2986	Laptops	8/27/21	0	0
2987	8 Laptops	2/08/21	0	0
2988	11 Laptops	3/12/21	0	0
2989	2 Early Intervention Combo Kits	9/01/21	0	0
	Total Other Depreciation		<u>2,131,087</u>	<u>33,322</u>
	Total ACRS and Other Depreciation		<u>2,131,087</u>	<u>33,322</u>

Amortization:

2967	Bond Issue Cost	10/01/09	55,000	2,091
			<u>55,000</u>	<u>2,091</u>
	Grand Totals		<u>4,795,865</u>	<u>101,046</u>

Form 990	Event Income and Deduction Worksheet	2020
Name FAMILY GUIDANCE CENTER OF ALABAMA,		Taxpayer Identification Number 63-0400591
Description ANNUAL FUNDRAISER		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>6,136</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	<u>39,693</u>
7. Total revenue. Add lines 1 through 6	7.	<u>45,829</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	<u>6,136</u>
15. Total expenses. Add lines 8 through 14	15.	<u>6,136</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>39,693</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	<u>5,797</u>
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>339</u>
Total Fundraising Expense	<u>6,136</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990		Two Year Comparison Report		2019 & 2020	
		For calendar year 2020, or tax year beginning 10/01/20 , ending 09/30/21			
Name FAMILY GUIDANCE CENTER OF ALABAMA, INC.			Taxpayer Identification Number 63-0400591		
Revenue	1. Contributions, gifts, grants	1.	314,254	254,591	-59,663
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	9,400,053	15,164,566	5,764,513
	4. Program service revenue	4.	60,418	73,017	12,599
	5. Investment income	5.	6,512	25,061	18,549
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	1,501,453	40,621	-1,460,832
	12. Total revenue. Add lines 1 through 11	12.	11,282,690	15,557,856	4,275,166
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.		372,735	372,735
	16. Salaries, other compensation, and employee benefits	16.	7,601,652	11,263,873	3,662,221
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	113,250	72,443	-40,807
	19. Occupancy, rent, utilities, and maintenance	19.	159,291	175,697	16,406
	20. Depreciation and Depletion	20.	94,610	101,012	6,402
	21. Other expenses	21.	1,478,879	3,254,473	1,775,594
	22. Total expenses. Add lines 13 through 21	22.	9,447,682	15,240,233	5,792,551
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	1,835,008	317,623	-1,517,385
Other Information	24. Total exempt revenue	24.	11,282,690	15,557,856	4,275,166
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,568,383	138,699	-1,429,684
	27. Total assets	27.	8,117,160	9,099,040	981,880
	28. Total liabilities	28.	3,634,672	4,298,929	664,257
	29. Retained earnings	29.	4,482,488	4,800,111	317,623
	30. Number of voting members of governing body	30.		29	
	31. Number of independent voting members of governing body	31.		29	
	32. Number of employees	32.	947	811	
33. Number of volunteers	33.		90		

Form 990	Tax Return History	2020
Name FAMILY GUIDANCE CENTER OF ALABAMA, INC.		Employer Identification Number 63-0400591

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	7,784,258	7,626,346	9,558,415	9,714,307	15,419,157	
Membership dues						
Program service revenue	62,795	89,204	88,447	60,418	73,017	
Capital gain or loss						
Investment income	5,330	10,608	5,990	6,512	25,061	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				1,501,453	40,621	
Total revenue	7,852,383	7,726,158	9,652,852	11,282,690	15,557,856	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.					372,735	
Other compensation	6,100,273	5,956,136	7,429,866	7,601,652	11,263,873	
Professional fees	56,648	49,242	36,787	113,250	72,443	
Occupancy costs	190,952	177,049	161,452	159,291	175,697	
Depreciation and depletion	85,670	88,571	88,951	94,610	101,012	
Other expenses	1,295,850	1,336,305	1,548,343	1,478,879	3,254,473	
Total expenses	7,729,393	7,607,303	9,265,399	9,447,682	15,240,233	
Excess or (Deficit)	122,990	118,855	387,453	1,835,008	317,623	
Total exempt revenue	7,852,383	7,726,158	9,652,852	11,282,690	15,557,856	
Total unrelated revenue						
Total excludable revenue	68,125	99,812	94,437	1,568,383	138,699	
Total Assets	5,703,672	5,898,317	6,296,334	8,117,160	9,099,040	
Total Liabilities	3,561,937	3,638,290	3,648,854	3,634,672	4,298,929	
Net Fund Balances	2,141,735	2,260,027	2,647,480	4,482,488	4,800,111	

Federal Statements

Tax-Exempt Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INVESTMENT	INCOME	\$ 25,061					
	TOTAL	<u>\$ 25,061</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 23,694	\$ 23,694	\$	\$
TOTAL	\$ 23,694	\$ 23,694	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES	\$ 153,078	\$ 144,840	\$ 8,238	\$
TELEPHONE	135,775	111,842	23,933	
ASSISTANCE TO FAMILIES	89,038	89,038		
LEASED EQUIPMENT EXPENSE	9,865	9,865		
DUES & FEES	7,556	7,556		
VEHICLE EXPENSE	7,141	7,141		
TOTAL	\$ 402,453	\$ 370,282	\$ 32,171	\$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
DESIGNATED DONATIONS	\$ 83,145
OTHER INCOME	135
STATE OF ALABAMA DEPARTMENT OF HUMAN CASH CONTRIBUTION	5,355,895
RIVER REGION UNITED WAY CASH CONTRIBUTION	66,249
STATE OF ALABAMA DEPARTMENT OF CHILD CASH CONTRIBUTION	879,660
STATE OF ALABAMA DEPARTMENT OF CASH CONTRIBUTION	1,878,431
AUBURN UNIVERSITY CASH CONTRIBUTION	65,369
ALABAMA DEPARTMENT OF COMMERCE CASH CONTRIBUTION	2,067,369
U.S. DEPARTMENT OF HEALTH AND HUMAN CASH CONTRIBUTION	4,983,211
ANNUAL FUNDRAISER CASH CONTRIBUTION	39,693
TOTAL	<u>\$ 15,419,157</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
FAMILY SERVICE FEES	\$ 73,017
INVESTMENT INCOME	25,061
MISCELLANEOUS INCOME	40,621
ANNUAL FUNDRAISER	6,136
TOTAL	<u>\$ 144,835</u>

Federal Statements

ANNUAL FUNDRAISER

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES	\$ <u>339</u>
TOTAL	\$ <u><u>339</u></u>