Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A For the 2016 calend | | 2016 calend | year, or tax year beginning January , 2016, and ending | | December , 20 16 | | | |
|-----------------------|-------------|---|--|---|----------------------------------|----------------------------------|-----------------------|--|
| B Check if applicable | | | C Name of organization | | | D Employer identification number | | |
| Address change | | | | | | | | |
| Name change | | | AFRAMSOUTH Number and street (or P O box, if mail is not delivered to street address) | Room/suite | 20-4664249 E Telephone number | | | |
| Initial return | | | · · | | - 10.0, | | | |
| | inal return | n/terminated | 13 Arlington Road City or town, state or province, country, and ZIP or foreign postal code | | F 6 | 334-322-0824 | | |
| Amended return | | | | | F Group Exemption Number ► | | | |
| _ | | n pending | Montgomery, Alabama 36105 | | | | | |
| | | ling Method | ✓ Cash Accrual Other (specify) ► | H | | | e organization is not | |
| | /ebsite | | south.net | | | | Schedule B | |
| | | | eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a | | (Form 9 | 90, 990-6 | Z, or 990-PF) | |
| | | | ☐ Corporation ☐ Trust ☐ Association ☐ Ot | | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,00 | O or more, or it tota | l assets | | | |
| _ | | | w) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | <u> </u> | \$ | | |
| 2 | art! | | e, Expenses, and Changes in Net Assets or Fund Ba | · | | | _ | |
| | | Check If | the organization used Schedule O to respond to any ques | tion in this Part I | <u> </u> | | <u> L</u> | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts received | | | 1 | 27,400 | |
| | 2 | Program s | ervice revenue including government fees and contracts . | | | 2 | | |
| | 3 | Membersh | ip dues and assessments | | | 3 | | |
| | 4 | Investmen | tincome | | | 4 | | |
| | 5a | Gross amo | ount from sale of assets other than inventory | 5a | | | | |
| | b | Less: cost | or other basis and sales expenses | 5b | | | | |
| | С | Gain or (lo | ss) from sale of assets other than inventory (Subtract line 5b fi | rom line 5a) | | 5c | | |
| | 6 | Gaming and fundraising events | | | | | | |
| | а | a Gross income from gaming (attach Schedule G if greater than | | | | | | |
| ne | | \$15,000) - | | 6a | | * | | |
| Revenue | ь | Gross inco | ome from fundraising events (not including \$ | of contribution | าธ | 1,3:1 | | |
| ě | 1 | from fundraising events reported on line 1) (attach Schedule G if the | | | | *** | | |
| | | | ch gross income and contributions exceeds \$15,000) | 6Ь | | | | |
| | С | Less, direc | et expenses from gaming and fundraising events | 6c | | 1 😲 📗 | | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6 | a and 6b and su | btract | 16 [] | | |
| | | line 6c) | | | | 6d | | |
| | 7a | Gross sale | s of inventory, less returns and allowances | 7a | | | | |
| | Ь | | of goods sold | 7b | | 1. | | |
| | С | | it or (loss) from sales of inventory (Subtract line 7b from line 7 | a) | | 7c | | |
| | 8 | | nue (describe in Schedule O) | | | 8 | | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 9 | 27,400 | |
| | 10 | | d similar amounts paid (list in Schedule O) | · · · · · · · · · · · · · · · · · · · | <u> </u> | 10 | | |
| | 11 | | · | | | 11 | | |
| | 12 | Benefits paid to or for members | | | | 12 | | |
| Şe | 13 | | Professional fees and other payments to independent contractors | | | 13 | 21 570 | |
| ē | | · · · · · · · · · · · · · · · · · · · | | | | | 21,578 | |
| Expense | 14 15 | Occupancy, rent, utilities, and maintenance | | | | 15 | 2,750 | |
| ш | l . | Printing, publications, postage, and shipping | | | | | 88 | |
| | 16 | Other expenses (describe in Schedule O) | | | | 16 | | |
| | 17 | lotal expe | enses. Add lines 10 through 16 | · · · · · · · · | <u> </u> | 17 | 24,416 | |
| Net Assets | 18 | | (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 2,984 | |
| | 19 | | s or fund balances at beginning of year (from line 27, columns for the control on price year's return) | | | 1-4- | | |
| Ž |] | - | ar figure reported on prior year's return) | | | 19 | | |
| ě | 20 | | nges in net assets or fund balances (explain in Schedule O) | | | 20 | | |
| _ | 21 | Net assets | or fund balances at end of year Combine lines 18 through 20 |) | • | 21 | 2,984 | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)



| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | _ | |
|----------|---|------------|---------------------------------------|--------------|--|
| | indications for a straightful organization about controlled to any question in the | Part | | <u> </u> | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | Yes | No | |
| 50 | detailed description of each activity in Schedule O | 33 | | ✓ | |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 | |
| c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b 38a | - | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 1 | | | |
| 39 | Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9 | | | | |
| a b | Gross receipts, included on line 9, for public use of club facilities | 1 15. | | , | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | , | - | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | , , , , , , , , , , , , , , , , , , , | , | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | - 1 y | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | <u> </u> | 1 | |
| 41 | List the states with which a copy of this return is filed ▶ | | | | |
| 42a | The organization's books are in care of ▶ Telephone no. ▶ | | | | |
| b | Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | 1 | |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | | |
| | Financial Accounts (FBAR). | | | - | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ | 42c | (<u>-</u> | √ | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | ▶ 🗆 | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | | |
| A 4 - | Did the executation maintain any dense advised finds divine the use of 16 Wes 7 Farm 600 mint | F | Yes | No | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | 1 | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | <u> </u> | 1 | |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ ✓ | |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44-4 | | | |
| 450 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44d 45a | | 1 | |
| 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | V | |

| Form Of | 00 E7 /2016h | | | | | | D | 4 |
|--------------|--|--|---|--|--|-------------------------------------|--------|--------------|
| 46 | Did the organization engage, directly or in | | | | opposition | | /es | No |
| Part | All section 501(c)(3) organization 50 and 51. | s must answer que | stions 47–49b and | 52, and compl | ete the ta | 46 oles fo | r line | _✓ es |
| | Check if the organization used Sci | hedule O to respond | to any question in ti | nis Part VI . | | | · · · | No |
| 47 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par | | section 501(h) electio | n in effect durir | ng the tax | 47 | 163 | <u> </u> |
| 48 | Is the organization a school as described in | | i)? If "Yes," complete \$ | Schedule E . | | 48 | | ` |
| 49a | Did the organization make any transfers t | | | | | 49a | | 7 |
| b | If "Yes," was the related organization a se | | | | | 49b | | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health bene contributions to en benefit plans, and c compensation | nployee (e) E deferred ot | Estimated amount other compensation | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | ! | | | | | | |
| | | | | | | | | |
| | Total number of other employees paid ov | | <u> </u> | | | | | |
| 51 —— | Complete this table for the organization \$100,000 of compensation from the organization | | | contractors wh | o each rec | eived r | nore | thar |
| | (a) Name and business address of each independent contractor | | (b) Type of service | | (c) Compensation | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | - | | | | | |
| | | | - | | | | | |
| d 52 | Total number of other independent contra Did the organization complete Schedu | | | nizations must | | 7 V | | |
| | completed Schedule A | | | | | _ Yes dge and t | | t is |
| | In Hamela Da | re trant | 0 1 | m | \S | 20 | ้า | |
| Sign Here | Signature of officer BOARD Chair. | Afra Con. t | h TAC | Date | - | | | _ |