

EXTENDED TO AUGUST 15, 2016

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

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

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

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Form header section A through L containing organization details: ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT, 2015, 90,600.

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (Total 90,600), Expenses (Total 63,574), and Net Assets (Total 27,026).

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

532171 12-02-15



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	0.	22	27,026.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	0.	25	27,026.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27	27,026.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III **Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		63,099.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)	32		63,099.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
COOPER SHATTUCK CHAIRMAN OF THE BOARD & PRESIDENT	1.00	0.	0.	0.
BRANDON FARMER VICE-PRESIDENT	1.00	0.	0.	0.
R.B. WALKER SECRETARY & TREASURER	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of COOPER SHATTUCK Telephone no. 205-394-3200 Located at 4110 MERETTA LANE, TUSCALOOSA, AL ZIP + 4 35406
42b 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)? 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).
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	Date
	COOPER SHATTUCK , PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CARL T. JAMISON	CARL T. JAMISON	08/15/16		P00138903
	Firm's name ▶ JAMISON MONEY FARMER PC	Firm's EIN ▶ 63-0933119			
	Firm's address ▶ P.O. BOX 2347 TUSCALOOSA, AL 35403	Phone no. 205 345 8440			

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

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.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT

Employer identification number

47-3424998

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	133.
CONFERENCES, MEETINGS	2,500.
WEB DEVELOPMENT, SOCIAL MEDIA CONTENT & CONSULTING	22,500.
POLLING AND SURVEYS	28,000.
REGISTERED AGENT FEES	342.
FUNDRAISING	10,099.
TOTAL TO FORM 990-EZ, LINE 16	63,574.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ALABAMA COUNCIL FOR
EXCELLENT GOVERNMENT PROMOTES PUBLIC POLICIES THAT GIVE ALABAMIANS A
MORE EFFICIENT, EFFECTIVE, ACCOUNTABLE & EXCELLENT GOVERNMENT.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT ENCOURAGES
AND SUPPORTS POLICIES THAT FOSTER AN ENVIRONMENT TO CREATE
MORE JOBS IN ALABAMA, MAKE LIVING IN ALABAMA MORE
AFFORDABLE FOR FAMILIES AND THAT IMPROVE ALABAMA'S BUSINESS CLIMATE AND
EMPLOYMENT OPPORTUNITIES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

EXTENDED TO NOVEMBER 15, 2016

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning FEB 18, 2015, and ending DEC 31, 2015

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(4) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT

47-3424998

Number, street, and room or suite no. If a P.O. box, see instructions.

P O BOX 1167

E Unrelated business activity codes (See instructions.)

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

MONTGOMERY, AL 36101

C Book value of all assets at end of year 27,206.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. NONE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of COOPER SHATTUCK Telephone number 205-394-3200

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income.

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 <input type="checkbox"/> 35c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <input type="checkbox"/> 36	
37 Proxy tax. See instructions <input type="checkbox"/> 37	
38 Alternative minimum tax <input type="checkbox"/> 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies <input type="checkbox"/> 39 0.	

Part IV Tax and Payments	
40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <input type="checkbox"/> 40a	
b Other credits (see instructions) <input type="checkbox"/> 40b	
c General business credit. Attach Form 3800 <input type="checkbox"/> 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) <input type="checkbox"/> 40d	
e Total credits. Add lines 40a through 40d <input type="checkbox"/> 40e	
41 Subtract line 40e from line 39 <input type="checkbox"/> 41 0.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) <input type="checkbox"/> 42	
43 Total tax. Add lines 41 and 42 <input type="checkbox"/> 43 0.	
44a Payments: A 2014 overpayment credited to 2015 <input type="checkbox"/> 44a	
b 2015 estimated tax payments <input type="checkbox"/> 44b	
c Tax deposited with Form 8868 <input type="checkbox"/> 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) <input type="checkbox"/> 44d	
e Backup withholding (see instructions) <input type="checkbox"/> 44e	
f Credit for small employer health insurance premiums (Attach Form 8941) <input type="checkbox"/> 44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total <input type="checkbox"/> 44g	
45 Total payments. Add lines 44a through 44g <input type="checkbox"/> 45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed <input type="checkbox"/> 47 0.	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <input type="checkbox"/> 48 0.	
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)	
1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation <input type="checkbox"/> N/A	
1 Inventory at beginning of year <input type="checkbox"/> 1	6 Inventory at end of year <input type="checkbox"/> 6
2 Purchases <input type="checkbox"/> 2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <input type="checkbox"/> 7
3 Cost of labor <input type="checkbox"/> 3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
4a Additional section 263A costs (att. schedule) <input type="checkbox"/> 4a	
b Other costs (attach schedule) <input type="checkbox"/> 4b	
5 Total. Add lines 1 through 4b <input type="checkbox"/> 5	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <input type="checkbox"/> _____ Date <input type="checkbox"/> _____	PRESIDENT <input type="checkbox"/> _____ Title <input type="checkbox"/> _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid Preparer Use Only	Print/Type preparer's name <input type="checkbox"/> Preparer's signature <input type="checkbox"/> Date <input type="checkbox"/> Check <input type="checkbox"/> if PTIN self-employed <input type="checkbox"/>	PTIN <input type="checkbox"/>
	CARL T. JAMISON <input type="checkbox"/> CARL T. JAMISON <input type="checkbox"/> 08/15/16 <input type="checkbox"/>		P00138903 <input type="checkbox"/>
	Firm's name <input type="checkbox"/> P.O. BOX 2347 <input type="checkbox"/>	Firm's EIN <input type="checkbox"/>	63-0933119 <input type="checkbox"/>
	Firm's address <input type="checkbox"/> TUSCALOOSA, AL 35403 <input type="checkbox"/>	Phone no. <input type="checkbox"/>	205 345 8440 <input type="checkbox"/>

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT	Employer identification number (EIN) or 47-3424998
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 1167	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTGOMERY, AL 36101	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

COOPER SHATTUCK

- The books are in the care of ▶ **4110 MERETTA LANE - TUSCALOOSA, AL 35406**
Telephone No. ▶ **205-394-3200** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **FEB 18, 2015**, and ending **DEC 31, 2015**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT	Employer identification number (EIN) or 47-3424998
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 1167	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTGOMERY, AL 36101	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **COOPER SHATTUCK**
4110 MERETTA LANE - TUSCALOOSA, AL 35406
Telephone No. ▶ **205-394-3200** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **FEB 18, 2015**, and ending **DEC 31, 2015**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

CERTIFICATE OF FORMATION
OF
ALABAMA COUNCIL FOR EXCELLENT GOVERNMENT

TO THE JUDGE OF PROBATE OF MONTGOMERY COUNTY, ALABAMA:

This is to certify that, for the purpose of forming a nonprofit corporation pursuant to the provisions of Chapter 3, Title 10A of the Code of Alabama (1975) as amended and the provisions of Chapter 1, Title 10A of the Code of Alabama (1975) as amended to the extent applicable to nonprofit corporations (the "Alabama Nonprofit Corporation Law"), the undersigned does hereby make, adopt, and file the following Certificate of Formation:

ARTICLE I
Name

The name of the corporation being formed (hereinafter referred to as the "Corporation") is:

Alabama Council for Excellent Government

ARTICLE II
Type of Entity

The type of entity being formed is a nonprofit corporation.

ARTICLE III
Purpose

3.01 The Corporation is organized for nonprofit purposes and will operate exclusively for the promotion of social welfare within the meaning of Section 501(c)(4) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any subsequent federal tax law), and the regulations currently or hereafter promulgated thereunder (the "Code"). In furtherance of such purposes, the Corporation is organized and will be operated primarily as follows:

- (a) to advance the beliefs and policies espoused by Governor Robert Bentley;
- (b) to promote the common good and general welfare of the people of the State of Alabama through programs and activities designed to resolve the educational, civic, social, financial, and economic issues facing Alabama;

(c) to promote public policies that foster an environment to create more jobs in Alabama, that make living in Alabama more affordable for families, that improve Alabama's business climate and employment opportunities, and that make Alabama government more effective, efficient, and excellent;

(d) to engage in and sponsor research, conduct surveys, and publicize the resulting findings and recommendations so as to educate and enhance the understanding of the citizens of Alabama concerning public policy issues facing Alabama; and

(e) to promote legislation necessary to implement such public policies.

3.02 Donations shall not be accepted from gambling interests and those with interests which the Board deems contrary to the common good and general welfare of the people of the State of Alabama.

3.03 No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

3.04 The Corporation will not be involved in candidate election activities. The Corporation will not support, oppose, or aid any candidate for elected office, principal campaign committee, political action committee, political committee, tax exempt political organization under 26 U.S.C. § 527 ("527 political organization"), or political party. The Corporation will not make a contribution, expenditure, or any other transfer of funds to any candidate for elected office, principal campaign committee, political action committee, political committee, 527 political organization, or political party. The Corporation will not support, engage in, or use any of its funds or resources to make any electioneering communications.

ARTICLE IV

Initial Registered Office and Agent

The street address of the initial registered office of the Corporation shall be 2 North Jackson Street, Suite 605, Montgomery, Alabama 36104. The initial registered agent of the Corporation shall be CT Corporation System, which shall be located at the street address of the initial registered office of the Corporation.

ARTICLE V

Incorporator

The incorporator of the Corporation is Cooper Shattuck whose address is 4110 Meretta Lane, Tuscaloosa, Alabama 36406.

ARTICLE VI
Members

The Corporation shall have no members.

ARTICLE VII
Board of Directors

7.01 All corporate powers of the Corporation shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of, a Board of Directors. All of the powers and duties conferred or imposed on a board of directors by the Alabama Nonprofit Corporation Law shall be exercised or performed by the Board of Directors. The number of directors, the qualifications for directors, the terms each shall serve, and the means of their election and removal shall be provided in the Bylaws of the Corporation. The initial Board of Directors shall consist of three directors to serve until their successors are duly elected and qualified.

7.02 The names and addresses of the initial Board of Directors are as follows:

<u>Name</u>	<u>Address</u>
Marquita Furness Davis	2315 Birkshire Lane Birmingham, Alabama 35244
Cooper Shattuck	4110 Meretta Lane Tuscaloosa, Alabama 36406
R.B. Walker	3246 Anne Arbor Place Montgomery AL 36106

7.03 No public official under the Alabama Ethics Act shall serve as a director, officer, or paid employee of the Corporation. A public official may, however, serve as an honorary director, honorary Chair, or both and may participate in other activities of the Corporation.

ARTICLE VIII
Bylaws

The Board of Directors shall adopt Bylaws governing the conduct of the business and affairs of the Corporation. Thereafter, the power to alter, amend, or repeal the Bylaws of the Corporation shall be vested in the Board of Directors.

ARTICLE IX
Dissolution

Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, distribute the assets of the Corporation as specified in a plan of distribution adopted in accordance

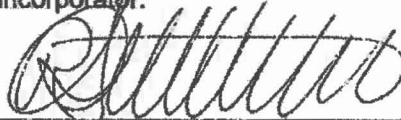
with Section 10A-3-7.03 of the Code of Alabama (1975) as amended, or the corresponding provision of any subsequent Alabama nonprofit corporation statute. Such plan shall provide for the distribution of the remaining assets to one or more organizations organized and operated exclusively for purposes found in Section 501(c)(3) or 501(c)(4) of the Code, as the Board of Directors shall determine.

ARTICLE X
Amendment, Fundamental Corporate Change

This Certificate of Formation may not be amended, nor may the Corporation adopt a plan of merger, consolidation, or dissolution, without the affirmative votes of a majority of the members of the Board of Directors in office. Further, the Corporation may not sell, lease, exchange, mortgage, pledge, or otherwise dispose of all or substantially all of its property without the affirmative votes of a majority of the members of the Board of Directors in office.

IN WITNESS WHEREOF, the Incorporator has hereunto set his hand on this the 18th day of February, 2015.

Incorporator:



Cooper Shattuck

This Instrument was submitted by:

Cooper Shattuck
4110 Meretta Lane
Tuscaloosa, Alabama 36406