

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** JUN 01, 2009, **and ending** MAY 31, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization, number and street, city, town, state, and ZIP code</b> ALABAMA WHOLESALE DISTRIBUTORS ASSOCIATION 300 VESTAVIA PARKWAY STE 3500 BIRMINGHAM AL 35216	<b>D Employer identification number</b> 63-0318081
		<b>E Telephone number</b> 205-823-8544	
		<b>F Group Exemption Number</b> ▶	
		<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I Website:** ▶

**J Tax-exempt status** (check only one):  501(c)(6) ◀ (insert no )    4947(a)(1) or    527

**H Check**  if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 80,145.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

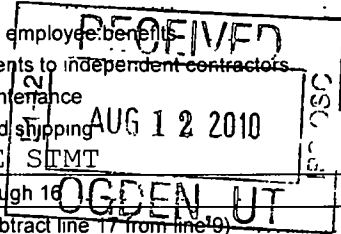
		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received															80,145.																									
	2	Program service revenue including government fees and contracts																																								
	3	Membership dues and assessments																																								
	4	Investment income																																								
	5a	Gross amount from sale of assets other than inventory																																								
	5b	Less cost or other basis and sales expenses																																								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																								
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																								
6b	Less direct expenses other than fundraising expenses																																									
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																									
7a	Gross sales of inventory, less returns and allowances																																									
7b	Less cost of goods sold																																									
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																									
8	Other revenue (describe ▶ _____)																																									
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															80,145.																										
Expenses	10	Grants and similar amounts paid (attach schedule)																																								
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation, and employee benefits																																								
	13	Professional fees and other payments to independent contractors																																								
	14	Occupancy, rent, utilities, and maintenance																																								
	15	Printing, publications, postage, and shipping																																								
	16	Other expenses (describe ▶ SEE STMT)															83,826.																									
17	<b>Total expenses.</b> Add lines 10 through 16															83,826.																										
18	Excess or (deficit) for the year (Subtract line 17 from line 9)															(3,681.)																										
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															26,302.																									
	20	Other changes in net assets or fund balances (attach explanation)															15,254.																									
	21	<b>Net assets or fund balances at end of year</b> Combine lines 18 through 20															37,875.																									

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	26,302.	37,875.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	<b>Total assets</b>	26,302.	37,875.
26	<b>Total liabilities</b> (describe ▶ _____)		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	26,302.	37,875.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

SCANNED AUG 30 2010



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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>DEVELOP PROFESSIONAL ETHICS</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
<b>28</b> <u>PROFESSIONAL DEVELOPMENT SEMINARS FOR CONDUCTING AN ETHICAL BUSINESS ENVIRONMENT FOR THE MEMBERS TO THE COMMUNITY AT LARGE</u>	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule)	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See instructions for Part IV)				
(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
SEE STMT				
3150 TINE MONTGOMERY AL 36108				
DRAWER 190 BIRMINGHAM AL 35219				
PO BOX 131 PENSACOLA FL 32591				
PO BOX 10 PAINT ROCK AL 35764				
100 AIRVIE ALABASTER AL 35007				
PO BOX 51 ANDALUSIA AL 36450				
173 CAHABA PELHAM AL 35124				
5900 N AND FORT LAUDE FL 33309				
132 BROOKS PELHAM AL 35124				
DRAWER 190 BIRMINGHAM AL 35219				
PO BOX 549 ROCKMONT GA 30153				
4406 SOUTH GULF BREEZ FL 32563				
2548 WESTM BIRMINGHAM AL 35242				
3150 TINE MONTGOMERY AL 36108				
PO BOX 926 ROSWELL GA 30077				
3150 TINE MONTGOMERY AL 36108				
PO BOX 730 FLORENCE AL 35631				
300 VESTAV BIRMINGHAM AL 35216				

**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span> <u>0</u>		
37b	b 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 period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b</span> _____		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a</span> _____		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b</span> _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
40e	e 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		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>AL</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>ELLIE SMOTHERMAN TAYLOR</u> Telephone no <span style="float:right">▶</span> <u>205-823-8554</u> Located at <span style="float:right">▶</span> <u>300 VESTAVIA HWY SUITE 35 AL BIRMINGHAM</u> ZIP + 4 <span style="float:right">▶</span> <u>35216</u>		
42b	b 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 <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c 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 <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

- |   | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   |     | X  |
| b If "Yes," was the related organization a section 527 organization?  |     | X  |
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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**

*Ellie Smotherman Taylor* | 07/12/2010  
 Signature of officer | Date  
 ELLIE SMOTHERMAN TAYLOR | EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Debra H. Stepien* | Date: 07/12/2010 | Check if self-employed:  | Preparer's identifying no: P00064512  
 Firm's name (or yours if self-employed): AMERICAN FINANCIAL MANAGEMENT | EIN: 63-1205617  
 address, and ZIP + 4: PO BOX 36367 BIRMINGHAM AL 35236-6367 | Phone no: 205-987-8700

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

**US 990****Other Changes in Net Asset or Fund Balances****2009**

Description	Amount
AR MEMBER DUES	7,400.
AR PAC TOURNAMENT	4,200.
AR CONVENTION	3,654.
	15,254.

US 990

## Other Expenses

2009

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
CONVENTION EXPENSES	27,463.			
BANK CHARGES	270.			
CONSULTING FEES	22,400.			
GENERAL OPERATIONS	2,680.			
LEGISLATIVE	1,384.			
MANAGEMENT FEES	25,600.			
MEETING EXPENSE	784.			
REFUND	1,200.			
LEGAL/PROFESSIONAL FEES	450.			
TRAVEL EXPENSE	1,595.			
	83,826.			

List of Officers, Directors, Trustees and Key Employees  
990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

US

2009

Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
PHIL NORRIS 3150 TINE AV DRAWER 19020 PO BOX 13170	PRESIDENT PRES ELECT			
PAUL DICHIARA DAN TEEL NELSON PARKER FRANK DAMICO RICKY JONES KEVIN MILLER TONY BARONE BARRY LANZI BUTCH DICHIARA JIMMY LITTLEJO JEFF FLEMING JOE NARO WARREN JACKSON GLENN SEGAR BILL JACKSON DENNIS NEAL ELLIE SMOTHERM DEWAYNE FREEMA TAYLOR HAROER	MONTGOMERY BIRMINGHAM PENSACOLA PAINT ROCK ALABASTER ANDALUSIA PELHAM FORT LAUDER PELHAM BIRMINGHAM ROCKMONT GULF BREEZE BIRMINGHAM MONTGOMERY ROSWELL MONTGOMERY FLORENCE BIRMINGHAM MONTGOMERY MONTGOMERY			