

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	e 2013 calendar year, or tax year begin	ning 10/0	1, 2013 , a	ind ending	9		09/3	0,20 14
		C Name of organization ALABAMA B	OYS INDUSTRIAL SO	CHOOL E	NDOWMEN	NT CP	Employer id	entificatio	n number
Вс	heck if app	REGIONS BANK 10550006	82						
	Addres	S Doing Business As					63-608	7477	
	7 1	change Number and street (or P.O box if mail is	not delivered to street address)	Ro	om/suite	E	Telephone n	umber	
	Initial	P O BOX 11647					205 26	4-575	4
	Termin	C-th t	and ZIP or foreign postal code						
	Ameno	BIRMINGHAM, AL 35202	-1647			G	Gross receip	ts \$	559,944.
	Applica	E Name and address of principal officer	REGIONS BANK		······································	H	a) Is this a grou		Yes X No
_		1901 6TH AVENUE NOR		AL 352	03	н	subordinates b) Are all subordi		Yes No
$\overline{\Gamma}$	Tax-exe	empt status X 501(c)(3) 501(c) (947(a)(1) or	527	_			instructions)
J	Websit	te ► N/A	· • • · · · · · · · · · · · · · · · · ·		<u> </u>		c) Group exemp	otion numbe	r 🕨
		forganization Corporation X Trust	Association Other		L Year of t	formation	1973 M	State of le	gal domicile AL
	art I	Summary							
	1	Briefly describe the organization's mission or	most significant activities						
		THE ALABAMA BOYS INDUSTRIA		ENT PRO	VIDES E	TUNDS	TO		
anc		MAINTAIN, OPERATE AND SUP							
E.	!	Check this box ▶ If the organization d						 S.	
Governance	1	Number of voting members of the governing	•	-				3	16
		Number of independent voting members of t						4	16
ies		Total number of individuals employed in cale						5	NONE
Activities &		Total number of volunteers (estimate if neces						6	NONE
Ac		Total unrelated business revenue from Part V			-			7a	NONE
		Net unrelated business taxable income from						7b	NONE
_			REUE	V	0	1	Prior Year	-	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			181			93	125.
Revenue	l l	Program service revenue (Part VIII, line 2g)	1971	\$ 5012	10-SE				
9.0		Investment income (Part VIII, column (A), line	INI AUG				308,0	78.	51,410.
æ		Other revenue (Part VIII, column (A), lines 5,		5.1. 1.15					
		Total revenue - add lines 8 through 11 (must					308,1	71	51,535.
	13	Grants and similar amounts paid (Part IX, col	umn (A), lines 1-3)				26,4	59	46,000.
	14	Benefits paid to or for members (Part IX, colu	mn (A), line 4)		[
ø	15	Salaries, other compensation, employee bene	efits (Part IX, column (A), line	es 5-10)			17,3	30	<u> 15,554</u> .
Expenses	16a	Professional fundraising fees (Part IX, column	n (A), line 11e)						
×	ь	Total fundraising expenses (Part IX, column (D), fine 25) ▶	NONE			***		
ш	17	Other expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				1,0		<u>7,412</u> .
	18	Total expenses Add lines 13-17 (must equal	Part IX, column (A), line 25)				44,7	96	<u>68,966</u> .
		Revenue less expenses. Subtract line 18 fron	n line 12		<u> </u>		263,3	75	<u>-17,431</u> .
8 or					1_	<u>_</u>	g of Current Y		End of Year
Assets d Balan	20	Total assets (Part X, line 16)			🛓		<u>1,591,2</u>		<u>1,574,228</u> .
ξĒ	21	Total liabilities (Part X, line 26)						ONE	NONE
Net		Net assets or fund balances. Subtract line 21	from line 20		<u> l</u>		<u>1,591,2</u>	84	<u>1,574,228</u> .
_	rt III	Signature Block							
Un	der pen e, corre	alties of perjury, I declare that I have examined the ct, and complete. Declaration of pressure (disc) fila	ns return, including accompany n officerus based on all informa	ing schedules tion of which i	and stateme preparer has	ents, and any knov	to the best of vledge	my know	ledge and belief, it is
			moa						
Sig	n	Signature of officer	nage					4/201	5
Hei		l' ' <i>I I</i>	MDIICM ARRIARD				20.0		
		REGIONS BANK, TRUSTEE, Type or print name and title	TRUST OFFICER						
_		Print/Type preparer's name	Preparer's signature		Date		Charle	tf PTIN	
Paic	ı						Check self-employ	1"	
-	oarer	Firm's name	<u> </u>				rm's EIN		
Use	Only	Firm's address	<u> </u>				none no.		
Max	the IF	S discuss this return with the preparer show	n above? (see instructions)						Yes X No
		work Reduction Act Notice, see the separat	-			<u> </u>	<u> </u>	• • • • •	Form 990 (2013)
	F								10
JSA 3E10	10 1 00	SA G 18							

For	ra (2013)	ge Z
Рâ	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	\neg
_	Briefly describe the organization's mission:	Щ.
•	THE ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT PROVIDES FUNDS TO	
	MAINTAIN, OPERATE AND SUPPORT THE ALABAMA BOYS INDUSTRIAL SCHOOL.	
	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
,	If "Yes," describe these changes on Schedule O.	Lbu
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$46,000. including grants of \$46,000.) (Revenue \$)	
	AMOUNTS PAID TO SUPPORT ALABAMA BOYS INDUSTRIAL SCHOOL	
		—
		—
4b	(Code) (Expenses \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
	/ / / / / / / / / / / / / / / / / / /	
		_
		—
		—
		—
		_
		—
4d	Other program services (Describe in Schedule O.)	—
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 46,000.	

Form 9	190 (2013) Checklist of Required Schedules			Page 3
Ų dire	Oncornist of required oblications		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			- 1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
,	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		Λ
	complete Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
U	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? If "Yes," complete Schedule D, Part VIII	11c		X
Ч	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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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)? If "Yes," complete Schedule D, Part X	11f		X_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			v
_	complete Schedule D, Parts XI and XII	12a		<u> X</u>
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
4.5	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا 🚅 ا		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
	•	20b		
		,]		

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		X
24 a	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? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If No, go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ď		24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	-		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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).			
а		28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35Ь		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R,			ĺ
	Part VI	37		Х
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	38	Х	
	The state of the s			(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		لمسلخ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Effect the flamest of forms were minded in fine to Effect of the approache,			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
٥.	reportable gaming (gambling) winnings to prize winners?	10		
Z a	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 0			
.	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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			İ
	account)?	4a		Х
Ь	If Yes, enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T7	5c		
	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		
	Organizations that may receive deductible contributions under section 170(c).			rea de
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,,
	required to file Form 8282?	7c	_	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		^_
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? When oversever the received a contribution of care heats cycleses as other visibles did the organization file a Form 1008 C2	<u>/y</u> 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	·		
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	: :		
	Enter the amount of reserves on hand	14-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sci				
•	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A. Governing Body and Management				121
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	16			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u>	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	•			٠,,
	any other officer, director, trustee, or key employee?		2_		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the				v
	supervision of officers, directors, or trustees, or key employees to a management company or other pers		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.		4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5		X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		7a		Х
.	one or more members of the governing body?		/a		
U	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaker		75		
	the year by the following:	Gunnig			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code	e.)	
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	s ⁷	10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form? -	11a		<u>X</u>
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		12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that co	•			
	rise to conflicts?		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?		14	-	<u>X</u>
15	Did the process for determining compensation of the following persons include a review and app				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and d		150		Х
	The organization's CEO, Executive Director, or top management official		15a 15b	$\overline{\mathbf{x}}$	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		136	^	
16a		aamant			
100	with a taxable entity during the year?	-	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu		1	ļ	
	organization's exempt status with respect to such arrangements?		16Ь	ŀ	
Sect	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7				only)
	available for public inspection. Indicate how you made these available. Check all that apply.		•		,,
	Own website Monther's website Mupon request Other (explain in Schedule	0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con-	lict of inte	erest p	olicy	, and
	financial statements available to the public during the tax year.			•	
20	State the name, physical address, and telephone number of the person who possesses the books and red	ords of th	е		
	organization ► REGIONS BANK TEL: (205)264-5754				

3E1042 1 000

Form 990 (2013) Page

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

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization in	or any related	orga	niza	tion	coı	mpens	sate	d any current offic	er, director, or trus	stee.			
(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) Officer Institutional trustee or director			Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		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
(1) BOB BROOKS ADVISORY BOARD MEMBER	1.00	х						NONE	NONE	NONE			
(2) HON. MIKE HALE, SHERIFF ADVISORY BOARD MEMBER	1.00	X						NONE		NONE			
(3) GINA R. LEVERT, ESQUIRE ADVISORY BOARD MEMBER	2.00	X		:				NONE		NONE			
(4) MIKE MCCORMICK, ESQUIRE ADVISORY BOARD MEMBER	1.00	X						NONE		NONE			
(5) SCOTT MYERS ADVISORY BOARD MEMBER	1.00	Х				_		NONE		NONE			
(6) ED_TRAVIS ADVISORY BOARD MEMBER	1.00	Х						NONE	NONE	NONE			
(7) WILLIAM L. AYDELETTE ADVISORY BOARD MEMBER	2.00	Х						NONE	NONE	NONE			
(8) VAN PHILLIPS ADVISORY BOARD MEMBER	1.00	Х						NONE	NONE	NONE			
(9) BETTYE FINE COLLINS ADVISORY BOARD MEMBER	1.00	Х						NONE	NONE	NONE			
(10) PAT SEWELL ADVISORY BOARD MEMBER	1.00	Х						NONE	NONE	NONE			
(11) ROD WALLS ADVISORY BOARD MEMBER	1.00	Х						NONE NONE	NONE	NONE			
(12) VIRGINIA VINSON ADVISORY BOARD MEMBER	2.00	Х						NONE	NONE	NONE			
(13) PAUL CARRUTH ADVISORY BOARD MEMBER	1.00	Х						NONE	NONE	NONE			
(14) DAVID WILKINSON ADVISORY BOARD MEMBER	1.00	Х						NONE	NONE	NONE			
										F 990 (2012)			

9

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employees	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos ieck ss pe d a d	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer -	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) LYORD WATSON	1.00									
ADVISORY BOARD MEMBER (16) REGIONS BANK TRUSTEE	2.00	X	х					15,554.	NONE NONE	
(17)			Λ					10,004.	NONE	NON
(18)										
(19)										
(20)										
(21)										
(22)								-		
(23)										
(24)										
(25)										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						* * *	15,554.	NON	E NON
Total number of individuals (including but not reportable compensation from the organization)	limited to						10 r			
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheoo	cer, direct	or, o ıch ind	r tri	uste lual	ee,	key	emı	ployee, or highes	at compensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater thai	n \$1	50,0	007	· 1	f Ye	s,	complete Schedu	ile J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If 1	accrue co	mper	nsati	on	fro	n any	y ur	nrelated organizati	on or individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest con		:-d						4b.a4	- 4b \$100 000	- F
compensation from the organization. Report year.										
(A) Name and business add	iress							(B) Description of se	rvices ((C) Compensation
							-			
							1			
	_						+			
2 Total number of independent contractors received more than \$100,000 of compensation						ited C		those listed abo	ove) who	

		Check if Schedule O contains a resp		(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 b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f	125.				
ပို့ နို	g h	Noncash contributions included in lines 1a-1f \$. Total. Add lines 1a-1f		125.		.m	
97			Business Code				
Program Service Revenue	2a b c d						
Program	e f g	All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, into other similar amounts)	erest, and	40,620.			40,620
	6a b	Gross rents					
	d 7a	Gross amount from sales of assets other than inventory 519, 19	(II) Other				
	b c d	Less cost or other basis and sales expenses	9	10,790.			10,79
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	T TO THE STATE OF			
the		Less direct expenses			!		<u> </u>
Ò	c 9a						
	b c	See Part IV, line 19	ь				
		Gross sales of inventory, less returns and allowances					
		Less cost of goods sold	ь				
		Miscellaneous Revenue	Business Code				<u> </u>
	11a		.				
	ь		-			<u> </u>	
	С		1				ļ
	d	All other revenue					
	е 12	Total. Add lines 11a-11d		51,535.			51,41

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	se or note to any line (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and	46 000	46 000		
	organizations in the United States. See Part IV, line 21 .	-46,000	46,000.		-
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	į			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	15,554		15,554.	
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				
	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)				
a					
	Other employee benefits				_
	Fees for services (non-employees)			1	
	Management				
	Legal	000		900.	
	Accounting	900.		900.	
	Lobbying				
	Professional fundraising services See Part IV, line 17.	5 500		5 500	
f	Investment management fees	5,578		5,578.	· · · · · · · · · · · · · · · · · · ·
g	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		<u> </u>		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
	Payments to affiliates				
	Depreciation, depletion, and amortization			-	· · · · · · · · · · · · · · · · · · ·
	Insurance		-		
	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (O)				
Ь	·				
C	:				
d					
	All other expenses	934		934.	
	Total functional expenses. Add lines 1 through 24e	68,966.	46,000.	22,966.	NONE
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 ▶ if				
	following SOP 98-2 (ASC 958-720)			<u> </u>	
JSA					Form 990 (2013)

Form 990 (2013)

	τX	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	t X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	34,628.	2	42,597.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	-
٩	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,556,656.	11	1,531,631.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,591,284.	16	1,574,228.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
iab		trustees, key employees, highest compensated employees, and			
_		disqualified persons Complete Part II of Schedule L		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		25	
	20	of Schedule D	NONE		NONE
_	26		NONE	26	NONE
es		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
þ	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-In or capital surplus, or land, building, or equipment fund		31	
Į,	32	Retained earnings, endowment, accumulated income, or other funds [1,591,284.	32	1,574,228.
S	33	Total net assets or fund balances	1,591,284.	33	1,574,228.
	34	Total liabilities and net assets/fund balances	1,591,284.	34	1,574,228.

Form 99	90 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				53 <u>5</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			68,	966.
3	Revenue less expenses. Subtract line 2 from line 1	3			17,4	<u> 131.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,5	91,2	<u> 284.</u>
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 in Schedule O)	9				<u> 375.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,5	74,2	<u> 228.</u>
<u>Part</u>						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	• • •			للل
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	cplain	in .			
	Schedule O.		i			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	ı a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-		_		
	of the audit, review, or compilation of its financial statements and selection of an independent accour			2c	ļ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	ın			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					\ _{1,7}
_	the Single Audit Act and OMB Circular A-133?			3a		<u> X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	iits.		3b		<u> </u>
				Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

20**13**

Onen to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization **Employer** identification number ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O 63-6087477 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) 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). 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 organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d X Type III-Non-functionally integrated e | X | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of organization (iv) Is the organization in col (i) listed in (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 the organization organization in support above or IRC section col. (i) organized in col (i) of your (see instructions)) in the US? support? Yes No Yes No Yes Nο (A) SEE PART IV (B) (C) (D) (E)

3E1210 1 000

Form 990 or 990-EZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

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.)

Sec	tion A. Public Support	no to quality di		,	produc compre		N/A
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12, 2, 3, 3	(4, 20, 10	12.1111
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	·		·		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				1		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here			id, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) · · · · ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge	 ·		, ,	
14	Public support percentage for 2013 (li		· · · · · · · · · · · · · · · · · · ·				%
15	Public support percentage from 2012					15	%_
16a	331/3% support test - 2013. If the o						
	this box and stop here. The organization						
Ø	331/3% support test - 2012. If the concheck this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			_			
174	10% or more, and if the organization	_					
	Part IV how the organization meets t						
	organization			_	-		→
ь	10%-facts-and-circumstances test - 2						and line
_	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circum	stances" test.	The organization	n qualifies as a	publicly
18	Private foundation. If the organization						
	instructions	· · · · · · · · · ·	<u></u> .	<u> </u>	· · · · · · · · ·	<u></u>	▶ □
						ichedule A (Form 9)	

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

(Complete only if you checked the box on line 9 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.)

Sect	ion A. Public Support						N/A
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
·	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				İ		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			_			
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge]	
6	Total. Add lines 1 through 5					<u> </u>	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				<u></u>		
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)		l			<u> </u>	
Sect	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6					ļ	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or			1			
	loss from the sale of capital assets						
12	(Explain in Part IV.)		 		 		
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	r fifth tax vear a	as a section	501(c)(3)
'-	organization, check this box and stop here.	•					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			mn (f))		15	%
16	Public support percentage from 2012 Sched					16	%
$\overline{}$	tion D. Computation of Investment		·	-			
17	Investment income percentage for 2013 (lin			3, column (f))		17	%
18	Investment income percentage from 2012 S		•			18	%
	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check thi						
ь	331/3% support tests - 2012. If the orga						
_	line 18 is not more than 331/3%, check						. []
20	Private foundation. If the organization of		-	-			. —
JSA							rm 990 or 990-EZ) 2013

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:
AL BOYS INDUSTRIAL SCHOOL
TYPE OF ORGANIZATION FROM PART I:

46,000.

TOTAL SUPPORT:

46,000.

SCHEDULE I (Form 990)	9 69	Grants ar Governmen	nd Other A	and Other Assistance to Organizations, ents, and Individuals in the United States	to Organiza the United	tions, States		OMB No 1545-0047
Department of the Treasury	Compl		ganization ansv ▶ Att	organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	rm 990, Part IV, I	ne 21 or 22.		Ø U U Open to Public
Internal Revenue Service	Information about		hedule I (Form	Schedule I (Form 990) and its instructions is at www.irs.gov/form990	uctions is at www	.irs.gov/form990		Inspection
Name of the organization	i i i i i i i i i i i i i i i i i i i						Employer identification number	in number
ALABAMA BOXS Part General Inf	4A BOXS ANDOSTRIAL SCHOOL ENDO General Information on Grants and Assistance	OL ENDO Assistance	ENDOWMENT C/O				63-6087477	77
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the	amount of the g	rants or assistance	, the grantees' eli	gibility for the grants	-	
the selection crite 2 Describe in Part IV	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	or assistance ss for monito	fing the use of	grant funds in the	_		_	X Yes No
Part II Grants and Part IV, line	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	received m	and Organizat ore than \$5,00	tions in the Unit 30. Part II can be	ed States. Comp e duplicated if ac	is and Organizations in the United States. Complete if the organization armore than \$5,000. Part II can be duplicated if additional space is needed.	tion answered "Ye	s" to Form 990,
1 (a) Name and a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)_SEE_STATEMENT	MENT. 1							
(2)								
(2)								
(5)								
(9)								
[2]								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total numbe	Enter total number of section 501(c)(3) and government		janizations liste	organizations listed in the line 1 table			A	J
3 Enter total numbe	3 Enter total number of other organizations listed in the line 1 table	in the line 1	table				A	S
For Paperwork Heduca	tion Act Notice, see the instr	ructions tor	tor Form 990.				CIRONIA	cnedule 1 (Form 990) (2013)

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) AND MAKES RECOMMENDATIONS TO THE ALABAMA DEPARTMENT OF YOUTH SERVICES ADVISORY BOARD. THE TRUST ADVISORY BOARD HELPS MANAGE TRUST PROPERTY (d) Amount of non-cash assistance BOARD FOR THE EXPENDITURE OF MONIES FROM THE ALABAMA BOYS SCHOOL. THE USE OF THE GRANT FUNDS IS OVERSEEN BY THE ENDOWMENT TRUST (c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance ENDOWMENT TRUST FUND. Part IV Part III NÍA വ ო 9

SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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

Inspection Employer identification number

ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O	63-6087477
GOVERNANCE	
PART VI, SECTION B, POLICIES, LINE 12A, 13, AND 14	
WHILE THE ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT TRUST DOE	S NOT HAVE
A WRITTEN CONFLICT OF INTEREST POLICY, A WRITTEN WHISTLEBLO	WER POLICY
OR A WRITTEN RETENTION AND DESTRUCTION POLICY, REGIONS BANK	, THE CORP
ORATE TRUSTEE, DOES HAVE WRITTEN CONFLICT OF INTEREST, WHIST	LEBLOWER,
AND DOCUMENT RETENTION AND DESTRUCTION POLICIES. ALL BANK PO	LICIES ARE
MONITORED BY BANK MANAGEMENT.	
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a	
THE AMOUNTS PAID TO THE ALABAMA BOYS INDUSTRIAL SCHOOL ARE D	OCUMENTED
IN THE BOOKS AND RECORDS OF THE ENDOWMENT TRUST.	
	~~~~~
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b	
NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE GOVERNI	NG
BODY.	
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	IEW
THE CORPORATE TRUSTEE PREPARES THE FORM 990. SENIOR TAX DEP	ARTMENT
STAFF REVIEWS THE RETURN FOR ACCURACY AS TO CONTENT AND CALC	ULATIONS,
AND CONSULTS WITH THE ACCOUNT ADMINISTRATIVE OFFICER, WHO IS	PROVIDED
WITH A COPY OF THE 990 RETURN PRIOR TO ITS BEING FILED WITH	THE
INTERNAL REVENUE SERVICE.	
DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION	

Name of the organization	Employer identification number
ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O	63-6087477
FORM 990, PAGE 6, PART VI, LINE 15b	
THE CORPORATE TRUSTEE FEES ARE BASED UPON PUBLISHED FEE SC	HEDULES.
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 18	
DOCUMENTS ARE PROVIDED UPON REQUEST. PAPER COPIES WILL BE	PROVIDED.
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST. PAPER COPIES	S WILL BE
PROVIDED.	
ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZAT:	
FORM 990, PAGE 7, PART VII, SECTION A	
NIG HOLDS DED HERY DEHOMED MO DOCTATON 1	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
TIMING ADJUSTMENT FOR MUTUAL FUND POSTINGS AND ACCRUED INT	EREST PAID
ON U.S. TREAS AND CORP BONDS	

# SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ See separate instructions.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public 2013

OMB No 1545-0047

Employer identification number Inspection

(f) Direct controlling entity (g) Section 512(b)(13) controlled Schedule R (Form 990) 2013 å entity? Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 63-6087477 (f) Direct controlling (e) End-of-year essets entity Public charity status (if section 501(c)(3)) (d) Total income <u>•</u> Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) Exempt Code section ਉ Legal domicile (state or foreign country) (b) Primary activity 3 Primary activity ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O (a)
 Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization (1) SEE PART VII SUPPLEMENT Name of the organization Part II Part I 9 <u>@</u> <u>\$</u> 2 2  $\mathbb{S}^{[]}$ <u></u> 9 5 2 3

JSA 3E1307 1 000

QK9040 9155 08/14/2015 09:35:34

Page 2	(k) Percentage ownership								}	Section 512(b)(13) controlled	т ¬т				-				Schedule R (Form 990) 2013
		2	+	ļ	-				,    -	(h) Percen- tage ownership									orm 99
ne 34	0.5 - 0.05 / 4 / / / / / / / / / / / / / / / / /	Yes							Part	ssets									R (F)
on Form 990, Part IV, line 34	(i) Code V-DBI amount in box 20 of Schedule K-1 (Form 1065)								n Form 990,	(g) Share of end-of-year assets									Schedule
г В	donate	ž							es" or	(f) Share of total income									
on Fo	Disprop	Yes	_	<u> </u>		<u> </u>	-		} Pa	Share Inco									
	(g) Share of end-of- year assets								nization answer he tax year.	(a) Type of entity (C corp, S corp, or trust)									
as a Partnership Complete if the organization answered "Yes"	Share of total								as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, izations treated as a corporation or trust during the tax year.	(d) Direct controlling entity									
omplete if the	Predominant income (related, unrelated, excluded from tax under sections 512-514)								r Trust Compl a corporation of	(c) Legal domicile (state or foreign country)									
Partnership C	(d) Direct controlling entity								Corporation o	(b) Primary activity									
	Direc								as a nizatio									1	
s Taxable	(c) Legal domicile (state or foreign country)								s Taxable sted organ			 							
d Organizations	(b) Primary activity								d Organizations	of related organization									
Schedule R (Form 990) 2013  Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization								Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ansuline 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization									
Schedule R (	Ž	(1)	(2)	(3)	(4)	(2)	(9)	(7)	Part IV				(2)	(3)	(4)	(5)	(9)	(7)	JSA 3E1308 1 000

Part V

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Alles Constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the			,	٤
Note: Complete line in any entity is instead in that sure in the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations list	ed in Parts II.IV?	_	
			18	×
			1 ×	
			1c	
	· · · · · · · · · · · · · · · · · · ·		P	×
				٩×
				4
f Dividends from related organization(s)			=	×
g Sale of assets to related organization(s)			19	×
			14	×
i Exchange of assets with related organization(s)			;=	×
j Lease of facilities, equipment, or other assets to related organization(s)			11	×
				:
k Lease of facilities, equipment, or other assets from related organization(s)			¥;	<b>≍</b>  :
			F .:	×
_			E ;	<b>⊲</b>  ≎
n Sharing of facilities, equipment, mailing lists, of other assets with related organization(s)			<u> </u>	<  :
o Sharing of paid employees with related organization(s)			- 10	×
Reimburgement paid to related organization(c) for expanses			-	>
a Reimbursement paid by related organization(s) for expenses			10	ď×
r Other transfer of cash or property to related organization(s)			<b>1</b> =	×
s Other transfer of cash or property from related organization(s)			15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including covere	d relationships and transac	ction thresholds.	l
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	_
	type (a-s)		amount involved	
(1) ALABAMA BOYS INDUSTRIAL SCHOOL	Ω	46,000.	CASH	j
(2) CHAR TR 11/W EMITY S. HITI, MAN	٢	125	CASH	
		7	110170	
(3)				
(4)				
(5)				İ
(9)				
JSA			Schedule R (Form 990) 2013	15
3E1309 1.000				

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. 63-6087477

(a) Name, address, and EIN of antity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominent income (related, unreleted excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year essets	12 E E L	Code V-UBI emount in box 20 of Schedule K-1 (Form 1065)	⇒홍홍후  -	(k) Porcentage ownership
(1)			Section 5 12-5 14)				200		89	
[2]										
(3)			:							
(4)										_
(5)										
(9)										
[2]										
(8)										
(6)										
[10]										
[11]										
[12]										
[13]										
(114)										
[15]										
(16)										
JSA 3E1310 1.000								Sche	adule R (For	Schedule R (Form 990) 2013

Schedule R (For	m 990) 2013 Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
	·
	·
	· <del></del>
	·
	·
<b></b>	·

JSA 3E1320 1 000 Schedule R (Form 990) 2013

Page 5

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Supplement to Schedule R, Part II, Form 990

Name of entity: ALABAMA BOYS INDUSTRIAL SCHOOL

Address of Entity: P.O. BOX 66, MT. MEIGS, AL 36057-0066

Primary Activity: JAIL ALTERNATIVE FOR YOUNG JUVENILES

Legal domicile state: AL

Exempt code section: 501(c)(3)

Public charity status:170(b)(1)(A)(ii)
Direct controlling entity:STATE OF ALABAMA

DEPARTMENT OF YOUTH SERVICES

Sec. 512(b)(13) Controlled Entity: No

Name of entity: CHAR TR U/W OF EMILY S. HILLMAN

Address of Entity: 1901 6TH AVENUE NORTH, BIRMINGHAM, AL 35203

Employer ID Number: 63-6019574

Primary Activity: SUPPORT ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT & MERCY HOSPITAL

Legal domicile state:AL

Exempt code section: SECTION 4947 (a) (1)

Public charity status:PF

Direct controlling entity: REGIONS BANK, TRUSTEE

Sec. 512(b)(13) Controlled Entity: No

ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O

63-6087477

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US 

NAME OF ORGANIZATION:

ALABAMA BOYS INDUSTRIAL SCHOOL

ADDRESS:

P.O. BOX 66

MT. MEIGS, AL 36057-0066

IRC SECTION:

501(c)(3)

PURPOSE OF GRANT:

MAINTAIN, OPERATE AND SUPPORT THE ALABAMA BOYS

INDUSTRIAL SCHOOL.

==========