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or Section 4947(a)(1) Trust Treated as Private Foundation

| Do not enter social security numbers on this form as it may be made public Department of the Treasu Internal Revenue Service Information about Form 990-PF and its separate instructions is at

www.irs.gov/form990pf.

c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 OGDEN 55,619 . 25,619 . 4,844 .  13 Compensation of officers, directors, fusicies, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees  1 Accounting fees  1 Cotto professional fees  1 Total races  1 Tot	For	calen	dar year 2014 or tax year beginning		, and ending		
Number of street of P C Dos unither if mail is not derivered to street statement	Nar	ne of	foundation			A Employer identification	number
P. O. BOX 2766  City or town, state or province, country, and 2IP or foreign postal code  BIRMINGHAM, AL 35201  G Check all that apply   Initial return   Andrews change   Initial return   Initi						63-0762093	
Contributions, grids, grants, etc., received   Contributions, etc., grants, etc., received   Contributions, etc., grants, etc., received   Contributions, etc., grants, etc., grants							
BIRTINGHAM, AL 35201 6 Check all that apply   Intal return   Andreas Change   Intal return   Intal return   Intal return   Interest   Intal return   Interest   Intal return   Inta				<del></del>			
Contributions, office, grants, cerearing and research of the summary of the service of the summary of the sum				ostal code		C If exemption application is p	ending, check here
Address change   Name change   Section 4947(a)(1) nonexempt foundation   Section 4947(a)(1) nonexempt charactive trust   Other tissels of private foundation   Section 4947(a)(1) nonexempt charactive trust   Other tissels   Accounting method   Section 4947(a)(1) nonexempt charactive trust   Other tissels   Accounting method   Section 4947(a)(1)(1)(a), check here   If Immarket value of all assets at end of year   Accounting method   Section 4947(a)(1)(1)(a), check here   If Immarket value of all assets at end of year   Accounting method   Section 4947(a)(1)(1)(a), check here   If Immarket value of all assets at end of year   Accounting method   Section 4947(a)(1)(1)(a), check here   If Immarket value of all assets at end of year   Accounting method   Section 4947(a)(1)(1)(a), check here   If Immarket value of all assets at end of year   Accounting method   Section 4947(a)(1)(a)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b)(1)(a), check here   If Immarket value of a section 507(b	G	heck	all that apply Initial return	Initial return of a for	rmer public charity	D 1. Foreign organizations	s, check here
H Check type of organization			Final return	Amended return			050()
Section 4947(a)(1) nonexempt chantable trust  Other taxable private foundation  I farm market value of all assets at end of year  (from Part I), col. (c), line 15)					<del></del>	2. Foreign organizations me check here and attach co	eting the 85% test, proputation
Fall market value of all assets at end of year   Control (from Part II), col. (c), line 16)	H_ (	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
The first part   Co. (c), line 16    343, 394   (Part   Column (c) must be on cash basis)   1					tion	under section 507(b)(1)	(A), check here
Name			1	•	Accrual	l .	~ 1 1
Part   Analysis of Revenue and Expenses (not many file) and (g) may not received security equal the amounts in column (g)   30,000.  1 Contributions, gifts, grants, etc. received   30,000.  2 Check						under section 507(b)(1)	(B), check here
1   Contributions, girls, grants, etc., received   30,000.     2   Check				T			(d) 0t
2 Check	P8	ert e	(ine total of amounts in columns (b), (c), and (d) may not	expenses per books			for chantable purposes
Interest consumpts and temporary		1	Contributions, gifts, grants, etc , received	30,000.			
4 Dividends and interest from securities 5 Gross rents 1 Net retriat income or (local) 6 Net pen or floss) from said of assets not on line 10 2 8 7 Capita gain net income from Part V, line 2 3 Net short-term capital gain and income from Part V, line 2 3 Net short-term capital gain and income from Part V, line 2 4 (Ross profit or (loss) 10 Gross profit or (loss) 11 Other income 12 Tatal. Add lines 1 through   11 OGDEN   15 5, 619   25, 619   4, 844   .  13 Compensation of officers, directors, trissies, etc 14 Other employee salaries and warges 15 Pension plans, employee benefits 16 Legal fees 17 Interest 18 Taxes 17 Interest 19 Deprecation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Thristing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 24 and 25 26 Contributions, grifts, grants paid 26 Total expenses and disbursements. 26 Add line 24 and 25 27 Subtract line 26 from line 12:	•	2	Interest on savings and temporary				<u> </u>
Sa Gross rents   Net rental income or (loss)		4		4.844.	4.844	4.844.	STATEMENT 1
B Net short-term capital gains and different and the same of the s		1 -		1,0110	1,011.	1,011.	
Second part   Compensation of closes from safe of assets not on line 10 b Gross safes proce for all 28,539.							
D   Gross sales price for all   28,539		۱ ـ		20,775.			
Solution	ğ	b	Gross sales price for all 2 Q 5 2 Q				
Solution	ě.	7			20,775.		
102	Œ	8	Net short-term capital gain	in :			
10		9	income modifications q.	September 1	······		
c Gross profit or (loss)  11 Other income  12 Total. Add lines 1 through 11 OGDEN 55,619 . 25,619 . 4,844 .  13 Compensation of officers, directors, fusicies, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees  1 Accounting fees  1 Cotto professional fees  1 Total races  1 Tot	3	10a	and allowances	L. 10	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11 Other income 12 Total. Add lines 1 through 11 OGDEN, UT 55, 619. 25, 619. 4, 844.  13 Compensation of officers, directors, trustees, etc 10 Compensation of officers, directors, trustees, etc 11 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expensess. Add lines 13 through 23 Add lines 24 and 25 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:		i .		M3 (4)			
12 Total. Add lines 1 through 11		i		163			
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   15   Legal fees   15   Accounting fees   STMT   2   2   2   2   2   2   2   2   2		1	Total Add lines 1 through 11 OGDEN	55 619	25 619	4 844	
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees   b Accounting fees   STMT   2   2   2   880   1   440   1   440   0   0	<u> </u>	•	[\	<del></del>			0.
15   Pension plans, employee benefits   16a   Legal fees   b   Accounting fees   STMT   2   2   2   880   1   440   1   440   0   0		١					
16a Legal fees   b Accounting fees   STMT 2   2,880			•				
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:	Z8	16a	Legal fees				
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:		b	Accounting fees STMT 2	2,880.	1,440.	1,440.	0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:	్డ్రోడ్డ	C	Other professional fees				
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:	<b>9</b> 2€	17					0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:	itra	18		1,101.	551.	550.	0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12	inis	19	·				
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12	Ē	20	· · · · · ·				ļ
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12	ΔÞ	27			<del> </del>		
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:	gan	22		70		25	0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:	ţi	24		700	J.J.	33.	<del>                                     </del>
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12	era	-7		4,054	2,027.	2.027.	0.
26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  36,404.  2,027.  2,027.  32,350	ŏ	25	· · · · · · · · · · · · · · · · · · ·				32,350.
Add lines 24 and 25 36, 404. 2, 027. 2, 027. 32, 350  27 Subtract line 26 from line 12		1					,
27 Subtract line 26 from line 12 <sup>-</sup>	_			36,404.	2,027.	2,027.	32,350.
		27					
a Excess of revenue over expenses and disbursements 19,215.		a	Excess of revenue over expenses and disbursements	19,215.			
b Net investment income (if negative, enter -0-)		b	Net investment income (if negative, enter -0-)		23,592.		
c Adjusted net income (if negative, enter -0-)  2,817.	4005		Adjusted net income (if negative, enter -0-)		·····	<u>2,817.</u>	

# Part III Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund
 Retained earnings, accumulated income, endowment, or other funds

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	_	1	323,970
2	Enter amount from Part I, line 27a		2	19,215
3	Other increases not included in line 2 (itemize)	SEE STATEMENT 6	3	209
4	Add lines 1, 2, and 3		4	343,394
5	Decreases not included in line 2 (itemize) ▶		5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, colur	mn (b), line 30	6	343,394

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30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

323,970.

323,970.

343,394

343,394

Part IV Capital Gains	and Loss	ses for Tax on In	vestment	Income						
		(s) of property sold (e g , common stock, 200 shs			` P	low ac - Purc - Dona	nase i '	c) Date a (mo , da		(d) Date sold (mo , day, yr )
1a 162.324 SH FID	ELITY	SEL						ARIO	วบร	11/12/14
b CAPITAL GAINS	DIVIDE	ENDS								
<u>c</u>		<del></del>								<u>                                       </u>
<u>d</u>							<u> </u>			
<u>e</u>	(f) Don		(=) Coo	t or other book	<u> </u>			(h) Co		
(e) Gross sales price		preciation allowed pr allowable)		t or other basis kpense of sale					ıın or (loss (f) mınus	
a 20,000.		· <u> </u>		7,76	4.					12,236.
b 8,539.										12,236. 8,539.
C			_							
<u>d</u>								-		
<u>e</u>				10/01/00						
Complete only for assets showing		<del></del>							ol (h) gain ot less tha	
(i) F M V as of 12/31/69		Adjusted basis s of 12/31/69		cess of col (I) col. (J), if any					(from col	(h))
<u>a</u>										12,236. 8,539.
<u>b</u>		_		-					<del></del>	8,539.
C					$\rightarrow$					
d e										<u> </u>
<u> </u>	I	∫ If gain, also enter	in Part I line	<del></del>	7					
2 Capital gain net income or (net ca	apital loss)	If (loss), enter -0-			•	2				20,775.
3 Net short-term capital gain or (los	ss) as defined									-
If gain, also enter in Part I, line 8,	,		- (-)		)					
If (loss), enter -0- in Part I, line 8		-1: 40.40( ) ( -	B	<del>-</del>		3				0.
<u> </u>		ction 4940(e) for					nent inco	me		
(For optional use by domestic private	e foundations	s subject to the section 4	1940(a) tax on	net investment in	icome	<del>)</del> )				
If section 4940(d)(2) applies, leave to	his part blank	k								
Was the foundation liable for the sec	tion 4942 tax	c on the distributable am	ount of any ve	ar in the base per	rıod?					Yes X No
If "Yes," the foundation does not qua				•						
1 Enter the appropriate amount in					ntries	3	·	,		
(a) Base penod years		(b)	. <b></b>	81-4 t	(c)	_A - L I -		İ	Distri	(d) bution ratio
Calendar year (or tax year beginni	ing in)	Adjusted qualifying dist		Net value of no	menai				(col (b) di	vided by col (c)) • 186882
2013			5,510. 4,724.			29	7,033.	<u> </u>		.170290
2012			$\frac{4}{1},030$ .				$\frac{2,034}{6,174}$			.121129
2010			2,668.				5,624			.127797
2009			7,980.				7,840			.075597
	·		<u> </u>							
2 Total of line 1, column (d)								2		.681695
3 Average distribution ratio for the	5-year base (	period - divide the total o	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existe	nce if less th	an 5 years						3		.136339
										210 752
4 Enter the net value of noncharital	ble-use asset	s for 2014 from Part X, I	ine 5					4		319,752.
								_		43,595.
5 Multiply line 4 by line 3		-				•	•	5		43,333.
6 Enter 1% of net investment incor	me (1% of Pa	ort I (me 27h)						6		236.
Citter 1 % of het investment incor	110 (170 011 0	iit i, iiile 270)		•						
7 Add lines 5 and 6								7		43,831.
							•			
8 Enter qualifying distributions from	m Part XII, lin	ne 4						8	<u> </u>	32,350.
If line 8 is equal to or greater than	n line 7, chec	k the box in Part VI, line	1b, and comp	lete that part usin	ig a 1	% tax	rate			
See the Part VI instructions.				<u> </u>						<del></del>

		762093		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		4	172.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2		4	172.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		4	72.
6				
	2014 estimated tax payments and 2013 overpayment credited to 2014  6a 560 •			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  Company of the state of the			
	Backup withholding erroneously withheld  Total gradity and payments. Add lines for through fid.		<b>E</b>	60.
_	Total credits and payments. Add lines 6a through 6d  The same same same statement of estimated toy. Check have same statement of estimated toy. Check have same statement of estimated toy. Check have same statement of estimated toy.			.00.
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10			88.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax   88 • Refunded  11			0.
	irt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to $I_a$ or $I_b$ , attach a detailed description of the activities and copies of any materials published or			$\Gamma$
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$ 0 .			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers ►\$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			.,
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	7 4a	+-	┼ <u>^</u>
	·	A 4b 5	+	X
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.	3	-	<u>^</u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
٠	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	1
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
			1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
	AL	_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_		
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	<u> </u>	X
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		<u> </u>
		Form <b>99</b>	0-PF	(2014)

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had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1 304,160. 1a a Average monthly fair market value of securities 20,461. 1b b Average of monthly cash balances 1 c c Fair market value of all other assets 324,621. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 324,621 3 Subtract line 2 from line 1d 3  $4,\overline{869}$ Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 319,752 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 15,988 Minimum Investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part ) 15,988. 1 Minimum investment return from Part X, line 6 472. Tax on investment income for 2014 from Part VI, line 5 2a 2b Income tax for 2014 (This does not include the tax from Part VI) c Add lines 2a and 2b 2c 3 Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 32,350. Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the За Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 32,350. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,			,	
line 7				15,516.
2 Undistributed income, if any, as of the end of 2014	'.! , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		''rati''' , alail'	C noncon a constant
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years	·			······································
	···	0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009 6, 128.				
b From 2010 19,951.				
c From 2011 18,561.				
d From 2012 31,744.				
e From 2013 41,738.	110 122			
f Total of lines 3a through e	118,122.	•••••		······································
4 Qualifying distributions for 2014 from Part XII, line 4 ▶\$ 32,350.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior	·			***************************************
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				<del></del>
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount			, , ,	15,516.
e Remaining amount distributed out of corpus	16,834.			20/0200
5 Excess distributions carryover applied to 2014	0.	'-' · '		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:		,	***************************************	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	134,956.			
b Prior years' undistributed income Subtract		***************************************		······································
line 4b from line 2b		0.		
c Enter the amount of prior years'				······································
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable			······································	•••••••••
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				······
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				<u>-</u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	<del>                                      </del>
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	6,128.			····
9 Excess distributions carryover to 2015.	100 000			
Subtract lines 7 and 8 from line 6a	128,828.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10 Analysis of line 9				
a Excess from 2010 19,951.	,			
b Excess from 2011 18,561.				
t Excess from 2012 31,744. d Excess from 2013 41,738.				
d Excess from 2013 41,738. B Excess from 2014 16,834.	1			
B EXCESS FORM 2014   10,034.	<u>i</u>		i	Form <b>QQO</b> - <b>DE</b> (2014)

3 Grants and Contributions Paid During		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
AGT II	L	DVIDY TO GUADIAN	CONGRESSION (PSIDE TO	
ACLU 207 MONTGOMERY STREET	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC BENEFIT	
MONTGOMERY, AL 36104			BENEFII	10,000.
AMERICANS UNITED	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
P.O. BOX 96033			BENEFIT	
WASHINGTON , DC 20077-7123		<del></del>		1,000.
BELL CENTER	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
700 29TH CT. S.			BENEFIT	
BIRMINGHAM, AL 35209				500.
CAMP FIRE OF ALABAMA	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
106 OXMOOR ROAD-STE. 152			BENEFIT	1,000.
BIRMINGHAM, AL 35209				1,000.
CHILDRENS OF ALABAMA	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
1600 7TH AVE S.			BENEFIT	
BIRMINGHAM, AL 35233	GOVERNMENT ON GUE			100.
Total SEE	CONTINUATION SHE	ET(S)	<b>▶</b> 3a	32,350.
<b>b</b> Approved for future payment				
NONE				
_				
			,	
Total			<b>▶</b> 3b	0.

Part XV Supplementary Informa				
3 Grants and Contributions Paid During	the Year (Continuation)			
Recipient Name and address (forms as his season)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
FIRST LIGHT	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
2230 4TH AVE NO.			BENEFIT	
BIRMINGHAM, AL 35203				2,000.
INDEPENDENT PRESYBTERIAN CHURCH	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
3100 HIGHLAND AVE. SO.		1	BENEFIT	
BIRMINGHAM, AL 35205				5,000.
LIVING IN LIMBO	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
205 32ND ST. S.			BENEFIT	
BIRMINGHAM, AL 35233		ļ <u></u>		1,000.
MAGIC MOMENTS	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
1600 7TH AVE S.			BENEFIT	
BIRMINGHAM, AL 35233		<del> </del>		250.
MITCHELL'S PLACE	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
4778 OVERTON ROAD			BENEFIT	
BIRMINGHAM, AL 35210				4,000.
NATIONAL MS SOCIETY	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
813 SHADES CREEK PKWY.			BENEFIT	
BIRMINGHAM, AL 35209				500.
STUDIO BY THE TRACKS	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
PO BOX 10114			BENEFIT	
IRONDALE, AL 35210		1	-	3,000.
THE ARC OF JEFFERSON COUNTY	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
215 21ST AVE. S.			BENEFIT	
BIRMINGHAM, AL 35205				3,000.
	-			
THE HEALING PLACE	NONE	PUBLIC CHARITY	COMMUNITY/PUBLIC	
5709 TRUSSVILLE CLAY RD.			BENEFIT	
TRUSSVILLE, AL 35173				1,000.
Total from continuation sheets				19,750.

Part XVI-A	Analysis	of Income	-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated business income			ed by section 512, 513, or 514	(e)	
	(a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue	Business code	Amount	code	Amount	function income	
a N/A				-		
b						
C						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments		•	14		•	
4 Dividends and interest from securities		<u> </u>	14	4,844.		
5 Net rental income or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·				
a Debt-financed property		***************************************				
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			14	8,539.	12,236	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
C	_					
d						
e						
12 Subtotal Add columns (b), (d), and (e)		0		13,383.	12,236 25,619	
13 Total. Add line 12, columns (b), (d), and (e)				13	25,619	
(See worksheet in line 13 instructions to verify calculations	1					

Part XVI-B	Relationship of	Activities to	the Accomplishmen	t of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	N/A

423621 11-24-14

Form **990-PF** (2014)

Form 990-PF (	2014) COWIN	SPECIAL ACCOUN	T	6	3-0762093	Pa	ge 13
Part XVII	Information Re Exempt Organ	egarding Transfers To a nizations	and Transactions a	nd Relationships With	Noncharitable		
1 Did the o	rganization directly or indi	rectly engage in any of the followin	g with any other organizatio	n described in section 501(c) of		Yes	No
	•	)(3) organizations) or in section 52	• .	izations?			
		ation to a noncharitable exempt or	ganization of				.,
(1) Cash					1a(1)	-	$\frac{x}{x}$
(2) Othe					1a(2)		
	nsactions s of assets to a noncharita	this avament erganization			1b(1)	- 1	Х
		incharitable exempt organization		•	1b(1)		$\frac{x}{x}$
	al of facilities, equipment,				1b(3)		X
, ,	nbursement arrangements				1b(4)		X
(5) Loan	is or loan guarantees				1b(5)		X
(6) Perfe	ormance of services or me	embership or fundraising solicitatio	ns		1b(6)		X
		ailing lists, other assets, or paid em			10		X
		"Yes," complete the following sche	• •	_	•	ets,	
		oundation If the foundation receive	ed less than fair market valu	e in any transaction or sharing ar	rangement, show in		
(a) Line no	(b) Amount involved	other assets, or services received  (c) Name of noncharitable	a evennt organization	(d) D			
(a) Line no	(b) Amount involved	N/A	exempt organization	(d) Description of transfers, trai	isactions, and snaring arra	angemei	105
	_	11/21					<del></del>
		<del></del>					
		· · · · · · · · · · · · · · · · · · ·					
	<del>-</del> ,						<del></del>
	<del></del>						
	- 3						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			+			
		<del>  "</del>					
2a Is the fou	indation directly or indirec	tly affiliated with, or related to, one	or more tax-exempt organi	zations described		-	
ın sectior	n 501(c) of the Code (othe	r than section 501(c)(3)) or in sect	tion 527?		Yes	X	] No
b_ If "Yes," c	complete the following sch		I		<del></del>		
<u> </u>	(a) Name of org	janization	(b) Type of organization	(c) Description	n of relationship		
	N/A				<del></del>		
_	<del></del>						
_							
Unde	r penalties of penjury I gleciare	that I have examined this return, including	ng accompanying schedules and	statements, and to the best of my know	viedge May the IRS d	iscuss t	his
Sigit   L	pelief, it is true, confect, and con	mplete Declaration of preparer (other than		<b>N</b>	return with the shown below (	prepare	er
Here	W II W		5-13-15	CHAIRMAN	X Yes		No
Sig	nature of officer or trustee		Date	Title			
//	Print/Type preparer's na	ame Preparer's s	ignature	Date Check	ıf PTIN		
Paid	TOUN CUECO		N 224	self- employe		102	
Preparer	JOHN GUESS	SS CPA, P.C.	How, CPH	5-6-15	P01264: ▶84-16915		
Use Only		IDD CFA,F.C./		Firm's EIN 1	► 04-10313	<b>. 1</b>	
<b>,</b>		000 EAGLE POINT	CORP. DRIVE		<del></del>		
	1	RMINGHAM, AL 35		Phone no	205-259-19	905	
_	·		<del></del>		Form 990		2014\

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990 .

OMB No 1545-0047

2014

Name of the organization

Employer identification number

COWIN	SPECIAL ACCOUNT	63-0762093
Organization type (check one):		
Filers of: Sect	ion:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF X	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7), (8),	red by the <b>General Rule</b> or a <b>Special Rule</b> .  The control of the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule.	
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) and 17	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ng the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount. Complete Parts I and II.	, or 16b, and that received from
year, total contributions of	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ to children or animals. Complete Parts I, II, and III.	
year, contributions exclusions is checked, enter here the purpose. Do not complet	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sively for religious, charitable, etc., purposes, but no such contributions totaled me total contributions that were received during the year for an exclusively religious te any of the parts unless the <b>General Rule</b> applies to this organization because recontributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc.,
but it <b>must</b> answer "No" on Part !\	not covered by the General Rule and/or the Special Rules does not file Schedule I V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fi ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

## COWIN SPECIAL ACCOUNT

63-0762093

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES P. COWIN P.O. BOX 2766 BIRMINGHAM, AL 35202	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Occash Complete Part II for noncash contributions.)

Employer Identification number

## COWIN SPECIAL ACCOUNT

63-0762093

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**************************************	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Name of orga	anization		Employer identification number
COWIN	SPECIAL ACCOUNT		63-0762093
Part III		lumns (a) through (e) and the follow chantable, etc., contributions of \$1,000 or in	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(a) Hop of sift	(d) Description of how gift is held
Part I	(b) Furpose of gift	(c) Use of gift	(a) Description of now girt is need
		IN Transfer of the	
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<u></u>	(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
			Cabadula P (Farm 000, 000 F7, or 000 PF) (2014

SOURCE AMOUNT DIVIDENDS PER BOOKS MENT INCOME NET STERNE AGEE 13,383. 8,539. 4,844. 4,844.  TO PART I, LINE 4 13,383. 8,539. 4,844. 4,844.  FORM 990-PF ACCOUNTING FEES STATEMES  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	T
TO PART I, LINE 4 13,383. 8,539. 4,844. 4,844.  FORM 990-PF ACCOUNTING FEES STATEME!  (A) (B) (C) ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURE BOOKS MENT INCOME NET INCOME NET INCOME NET INCOME PURE BOOKS MENT INCOME PURE BOOKS MENT INCOME NET INCOME PURE BOOKS MENT INCOME PURE BOOKS MENT INCOME NET INCOME PURE BOOKS MENT INCOME PURE	STED
FORM 990-PF  ACCOUNTING FEES  STATEMENT  (A)  EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME PURE  GUESS CPA, P.C.  2,880.  1,440.  1,440.  TO FORM 990-PF, PG 1, LN 16B  2,880.  1,440.  1,440.  1,440.  FORM 990-PF  TAXES  STATEMENT  (A)  EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME PURE  (A)  EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME PURE  TAXES  1,101.  551.  550.  FORM 990-PF  OTHER EXPENSES STATEMENT  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C	,844
Ca	,844
EXPENSES   NET INVEST-   ADJUSTED   CHAR   PER BOOKS   MENT INCOME   NET INCOME   PUR   STATEMENT   NET INCOME   PUR   NET INCOME   PUR   NET INCOME   PUR   NET INCOME   PUR   NET INCOME   PUR   NET INCOME	<b>T</b> :
TO FORM 990-PF, PG 1, LN 16B 2,880. 1,440. 1,440.  FORM 990-PF TAXES STATEME  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
FORM 990-PF  TAXES  (A) (B) (C) (C) (DEXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURE)  TAXES  1,101. 551. 550.  TO FORM 990-PF, PG 1, LN 18  1,101. 551. 550.  FORM 990-PF  OTHER EXPENSES  STATEMENT  (A) (B) (C)	0
(A) (B) (C) (EXPENSES NET INVEST- ADJUSTED CHAR PER BOOKS MENT INCOME NET INCOME PURE TAXES  1,101. 551. 550.  TO FORM 990-PF, PG 1, LN 18 1,101. 551. 550.  FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (C)	0
DESCRIPTION  PER BOOKS MENT INCOME NET INCOME PUR  TAXES  1,101. 551. 550.  TO FORM 990-PF, PG 1, LN 18  1,101. 551. 550.  FORM 990-PF  OTHER EXPENSES  (A) (B) (C)	T
TO FORM 990-PF, PG 1, LN 18 1,101. 551. 550.  FORM 990-PF OTHER EXPENSES STATEMEN  (A) (B) (C) (D)	
FORM 990-PF OTHER EXPENSES STATEMENT (A) (B) (C) (I	0
(A) (B) (C) (I	0
	T
BANK FEES 70. 35. 35.	
TO FORM 990-PF, PG 1, LN 23 70. 35. 35.	) TABL:

FOOTNOTES

STATEMENT

PART XV -

THE DETERMINATION OF WHICH QUALIFIED CHARITABLE ORGANI-ZATIONS ARE TO RECEIVE CONTRIBUTIONS IS MADE BY COWIN SPECIAL ACCOUNT'S BOARD OF TRUSTEES. MOST OF THE RECIPIENTS ARE 'PRE-DETERMINED' BY THE BOARD. HOWEVER, OCCASIONALLY A WRITTEN OR VERBAL REQUEST BY A QUALIFIED CHARITABLE ORGANI-ZATION IS CONSIDERED. NO CONTRIBUTIONS WHATSOEVER ARE MADE TO INDIVIDUALS OR NON-QUALIFIED ORGANIZATIONS. ALL RECI-PIENTS ARE QUALIFIED CHARITABLE ORGANIZATIONS AS APPROVED BY THE INTERNAL REVENUE SERVICE.

<del></del>	D BALANCES	STATEMENT	6 
DESCRIPTION		AMOUNT	
UNREALIZED APPRECIATION (DEPRECIATION)		20	9.
TOTAL TO FORM 990-PF, PART III, LINE 3		20	9.
FORM 990-PF CORPORATE STOCK		STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKET	[
1000 SH JP MORGAN 150 SH CONOCO PHILLIPS 200 SH IBM 500 SH CITIGROUP 518 SH REGIONS FIN. 700 SH MICROSOFT 718.363 SH FIDELITY SELECT 210 SH APPLE 200 SH CITIGROUP 150 SH CONOCO PHILLIPS 300 SH FREEPORT MCMORAN  TOTAL TO FORM 990-PF, PART II, LINE 10B	62,580. 10,359. 32,088. 27,055. 5,470. 32,515. 83,265. 23,180. 10,822. 10,359. 7,008. 304,701.	62,58 10,35 32,08 27,05 5,47 32,51 83,26 23,18 10,82 10,82 7,00	59. 38. 55. 70. 15. 55. 30. 22. 59.

NAME OF MANAGER

JAMES P. COWIN CHARLES T. COWIN

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAMES P. COWIN, P.O. BOX 2766, BIRMINGHAM, AL 35201 (205) 841-6666

TELEPHONE NUMBER

205-841-6666

EMAIL ADDRESS

JCOWIN@COWIN.COM

FORM AND CONTENT OF APPLICATIONS

NONE \*SEE ATTACHED

ANY SUBMISSION DEADLINES

NONE \*SEE ATTACHED

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE \*SEE ATTACHED