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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2014**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990)**A** For the 2014 calendar year, or tax year beginning **2014**, and ending **20****B** Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization **TUA COLONIAL DAMES C/O REGIONS BANK****1255000125**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**P O BOX 2886**

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

**MOBILE, AL 36652-2886****F** Name and address of principal officer**D** Employer identification number**63-6053721****E** Telephone number**251 690-1416****G** Gross receipts \$ **239,725.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶ **L** Year of formation **1965** **M** State of legal domicile **AL****Part I Summary****1** Briefly describe the organization's mission or most significant activities**SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a) **3****4** Number of independent voting members of the governing body (Part VI, line 1b) **4****5** Total number of individuals employed in calendar year 2014 (Part V, line 2a) **NONE****6** Total number of volunteers (estimate if necessary) **NONE****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **NONE****b** Net unrelated business taxable income from Form 990-T, line 34 **NONE****8** Contributions and grants (Part VIII, line 1h) **7,405****9** Program service revenue (Part VIII, line 2g) **5,500.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **31,881****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e) **50,443.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **39,286****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **19,192****14** Benefits paid to or for members (Part IX, column (A), line 4) **14,000.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **1,113****16a** Professional fundraising fees (Part IX, column (A), line 11e) **1,164.****b** Total fundraising expenses (Part IX, column (D), line 25) **NONE****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **1,000****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **1,019.****19** Revenue less expenses. Subtract line 18 from line 12 **21,305****20** Total assets (Part X, line 16) **17,981****21** Total liabilities (Part X, line 26) **39,760.****22** Net assets or fund balances. Subtract line 21 from line 20 **627,110****23** Net assets or fund balances. Subtract line 21 from line 20 **666,888.****24** Net assets or fund balances. Subtract line 21 from line 20 **NONE****25** Net assets or fund balances. Subtract line 21 from line 20 **NONE****26** Net assets or fund balances. Subtract line 21 from line 20 **627,110****27** Net assets or fund balances. Subtract line 21 from line 20 **666,888.****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

**08/13/2015**

Date

**REGIONS BANK, TRUSTEE, TRUST OFFICER**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)JSA  
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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO SUPPORT THE NATIONAL SOCIETY OF COLONIAL DAMES BY PROVIDING FOR  
 UPKEEP, PERPETUAL CARE, PRESERVATION, RESTORATION AND FURNISHING OF  
 FORT CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 14,000. including grants of \$ 14,000. ) (Revenue \$ )

PROVIDED FUNDS TO THE NATIONAL SOCIETY OF COLONIAL DAMES FOR USES AS  
 PROVIDED FOR IN THE TRUST DOCUMENT AND UPON RECOMMENDATION OF THE  
 GOVERNING COMMITTEE FOR THE FORT CONDE-CHARLOTTE HOUSE.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**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 ► 14,000.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	X
<b>3</b> 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. . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b>	X
<b>5</b> 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 98-19? If "Yes," complete Schedule C, Part III. . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b>	X
<b>9</b> 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. . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. . . . .	<b>11b</b>	X
<b>c</b> 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. . . . .	<b>11c</b>	X
<b>d</b> 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. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b>	X
<b>f</b> 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. . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> 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. . . . .	<b>14b</b>	X
<b>15</b> 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. . . . .	<b>15</b>	X
<b>16</b> 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. . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. . . . .	<b>18</b>	X
<b>19</b> 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. . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV 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 domestic government on Part IX, column (A), line 1? 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 or for domestic individuals 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
24a 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 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	
c 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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I. . . . .	25a	X
b 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 I. . . . .	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. . . . .	26	X
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
c 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	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	31	X
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	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .	33	X
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b 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. . . . .	35b	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .	36	X
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, Part VI. . . . .	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	X

Form 990 (2014)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X	
2a 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		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		X
b If Yes, enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
6a 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		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a 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
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a Gross income from members or shareholders . . . . .	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a 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 . . . . .	13b		
c Enter the amount of reserves on hand . . . . .	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 8		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 8		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	<b>8a</b> <b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<b>11a</b> <b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> <b>X</b>	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► Alabama

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records. ►  
REGIONS BANK TEL: (251)690-1416  
TRUST DEPARTMENT  
11 NORTH WATER STREET; MOBILE, AL 36602

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**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 nor any related organization compensated any current officer, director, or trustee.

(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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MRS. THOMAS TROY ZIEMAN, JR. COMMITTEE MEMBER		X						NONE	NONE	NONE
(2) REGIONS BANK TRUSTEE	1.00		X					1,164	NONE	NONE
(3) MRS. JAMES WALLACE PORTER II SECOND VICE-PRESIDENT				X				NONE	NONE	NONE
(4) MRS. HOWARD BURTON CLARK COMMITTEE CHAIRMAN				X				NONE	NONE	NONE
(5) MRS. ROBERT WAYNE MONFORE STATE PRESIDENT				X				NONE	NONE	NONE
(6) MRS. WILLIS JAMES MERIWETHER FIRST VICE-PRESIDENT				X				NONE	NONE	NONE
(7) MRS. EDWARD GUERRANT WOODSON, FOURTH VICE-PRESIDENT				X				NONE	NONE	NONE
(8) MRS. RICHARD LAMAR JEFFERS II THIRD VICE-PRESIDENT				X				NONE	NONE	NONE
(9) MRS. RUBEN WRIGHT COOK TREASURER				X				NONE	NONE	NONE
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(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)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								1,164	NONE	NONE

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. ....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. ....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. ....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions). . . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	5,500.			
	g	Noncash contributions included in lines 1a-1f \$ . . . . .					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		5,500.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		21,253.			21,253.
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . . ▶					
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
			212,972				
	b	Less cost or other basis and sales expenses . . . . .					
			183,782				
	c	Gain or (loss) . . . . .					
			29,190				
	d	Net gain or (loss) . . . . . ▶			29,190.	29,190.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . a					
	b	Less direct expenses . . . . . b					
	c	Net income or (loss) from fundraising events . . . . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a					
	b	Less direct expenses . . . . . b					
c	Net income or (loss) from gaming activities . . . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . . a						
b	Less cost of goods sold . . . . . b						
c	Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
12	<b>Total revenue.</b> See instructions . . . . . ▶			55,943.	29,190.		21,253.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	14,000.	14,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,164.		1,164.	
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 . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	1,000.		1,000.	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees . . . . .				
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 . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 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)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	19.		19.	
<b>25 Total functional expenses</b> Add lines 1 through 24e	16,183.	14,000.	2,183.	NONE
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing		<b>1</b>
	<b>2</b> Savings and temporary cash investments	28,348.	<b>2</b> 38,490.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>
	<b>4</b> Accounts receivable, net		<b>4</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>
	<b>6</b> 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		<b>6</b>
	<b>7</b> Notes and loans receivable, net		<b>7</b>
	<b>8</b> Inventories for sale or use		<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments - publicly traded securities	598,762.	<b>11</b> 628,398.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>
	<b>14</b> Intangible assets		<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	627,110.	<b>16</b> 666,888.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>
	<b>18</b> Grants payable		<b>18</b>
	<b>19</b> Deferred revenue		<b>19</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	NONE	<b>26</b> NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets		<b>27</b>
	<b>28</b> Temporarily restricted net assets		<b>28</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	627,110.	<b>32</b> 666,888.
	<b>33</b> <b>Total net assets or fund balances</b>	627,110.	<b>33</b> 666,888.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	627,110.	<b>34</b> 666,888.	

Form **990** (2014)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,943.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,183.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	39,760.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	627,110.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	18.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	666,888.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

Form **990** (2014)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ 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](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

TUA COLONIAL DAMES C/O REGIONS BANK

Employer identification number

63-6053721

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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).**
- 7 ☒ 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 33 1/3% 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 33 1/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
N/A						
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	3,525	5,000	1,700	7,405	5,500	23,130
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 <b>Total.</b> Add lines 1 through 3 . . . . .	3,525	5,000	1,700	7,405	5,500	23,130
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						23,130

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 . . . . .	3,525	5,000	1,700	7,405	5,500	23,130
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	33,486	28,844	24,691	31,881	50,771	169,673
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 VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						192,803
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	12.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	18.10 %
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	N/A (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 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 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6. . . . .						
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 . . . . .						
c 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 loss from the sale of capital assets (Explain in Part VI) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations** N/A

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)** N/A

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11c</b>	

**Section B. Type I Supporting Organizations** N/A

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations** N/A

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations** N/A

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations** N/A

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** N/A

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

  

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued) N/A

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . . . .			
e	Excess from 2014 . . . . .			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **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).

**EXPLANATION FOR FORM 990, SCHEDULE A, PART 2, LINE 17a**

**SEE ATTACHED STATEMENT**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TUA COLONIAL DAMES C/O REGIONS BANK

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

63-6053721

**GOVERNANCE**

**PART VI, SECTION B, POLICIES 12a, 13 and 14**

WHILE THE COLONIAL DAMES OF ALABAMA TRUST DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY, A WRITTEN WHISTLEBLOWER OR A WRITTEN RETENTION AND DESTRUCTION POLICY, REGIONS BANK, THE CORPORATE TRUSTEE, DOES HAVE A WRITTEN CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION AND DESTRUCTION POLICIES. ALL BANK POLICIES ARE MONITORED BY BANK MANAGEMENT.

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 1a**

THE CURRENT GOVERNING COMMITTEE OF THE COLONIAL DAMES ARE DIRECTORS OF THE TRUST. REGIONS BANK IS THE CORPORATE TRUSTEE.

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b**

CORPORATE TRUSTEE HAS NOT SET UP ANY COMMITTEES TO ACT ON ITS BEHALF. THE GOVERNING COMMITTEE FOR THE TRUST, WHICH IS MADE UP OF THE CURRENT BOARD MEMBERS OF THE COLONIAL DAMES IN ALABAMA, DOCUMENTS ITS PERIODIC MEETINGS AND PROVIDES ITS RECOMMENDATIONS REGARDING DISTRIBUTIONS AS TO AMOUNT AND TIMING, TO THE CORPORATE TRUSTEE.

**FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW**

THE CORPORATE TRUSTEE PREPARES THE FORM 990. SENIOR TAX DEPARTMENT STAFF REVIEWS THE RETURN FOR ACCURACY AS TO CONTENT AND CALCULATIONS, AND CONSULTS WITH THE ACCOUNT ADMINISTRATIVE OFFICER, WHO IS PROVIDED WITH A COPY OF THE 990 RETURN PRIOR TO ITS BEING FILED WITH

Name of the organization

TUA COLONIAL DAMES C/O REGIONS BANK

Employer identification number

63-6053721

THE INTERNAL REVENUE SERVICE.

**DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION****FORM 990, PAGE 6, PART VI, LINE 15a**

CORPORATE TRUSTEE IS THE ONLY COMPENSATED MEMBER OF THE FOUNDATION'S

GOVERNING BODY. CORPORATE TRUSTEE FEES ARE BASED UPON PUBLISHED FEE

SCHEDULES.

**DESCRIPTION FOR MAKING DOCUMENTS PUBLIC****FORM 990, PAGE 6, PART VI, LINE 18**

THE CORPORATE TRUSTEE MAKES THE TAX RETURN AND GOVERNING DOCUMENTS

AVAILABLE UPON WRITTEN REQUEST. PAPER COPIES WILL BE PROVIDED.

**DESCRIPTION FOR MAKING DOCUMENTS PUBLIC****FORM 990, PAGE 6, PART VI, LINE 19**

THE CORPORATE TRUSTEE MAKES THE TAX RETURN AND GOVERNING DOCUMENTS

AVAILABLE UPON WRITTEN REQUEST. PAPER COPIES WILL BE PROVIDED.

**ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS****FORM 990, PAGE 7, PART VII, SECTION A**

1 hour

**EXPLANATION FOR FORM 990, PART XI, LINE 9**

ROUNDING ADJUSTMENT

Name of the organization

TUA COLONIAL DAMES C/O REGIONS BANK

Employer identification number

63-6053721

## FORM 990, PART I - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO SUPPORT THE NATIONAL SOCIETY OF COLONIAL DAMES BY PROVIDINGFOR  
UPKEEP, PERPETUAL CARE, PRESERVATION, RESTORATION AND FURNISHING OF  
FORT CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

TUA COLONIAL DAMES C/O REGIONS BANK

Employer identification number

63-6053721

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II 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.

(1) SEE PART VII SUPPLEMENT	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

63-6053721

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		<input checked="" type="checkbox"/>
b	Gift, grant, or capital contribution to related organization(s).	<input checked="" type="checkbox"/>	
c	Gift, grant, or capital contribution from related organization(s).		<input checked="" type="checkbox"/>
d	Loans or loan guarantees to or for related organization(s).		<input checked="" type="checkbox"/>
e	Loans or loan guarantees by related organization(s).		<input checked="" type="checkbox"/>
f	Dividends from related organization(s).		
g	Sale of assets to related organization(s).		<input checked="" type="checkbox"/>
h	Purchase of assets from related organization(s).		<input checked="" type="checkbox"/>
i	Exchange of assets with related organization(s).		<input checked="" type="checkbox"/>
j	Lease of facilities, equipment, or other assets to related organization(s).		<input checked="" type="checkbox"/>
k	Lease of facilities, equipment, or other assets from related organization(s).		<input checked="" type="checkbox"/>
l	Performance of services or membership or fundraising solicitations for related organization(s).		<input checked="" type="checkbox"/>
m	Performance of services or membership or fundraising solicitations by related organization(s).		<input checked="" type="checkbox"/>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		<input checked="" type="checkbox"/>
o	Sharing of paid employees with related organization(s).		<input checked="" type="checkbox"/>
p	Reimbursement paid to related organization(s) for expenses.		<input checked="" type="checkbox"/>
q	Reimbursement paid by related organization(s) for expenses.		<input checked="" type="checkbox"/>
r	Other transfer of cash or property to related organization(s).		<input checked="" type="checkbox"/>
s	Other transfer of cash or property from related organization(s).		<input checked="" type="checkbox"/>

**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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL SOCIETY OF COLONIAL DAMES	b	14,000.	CASH PAYMENT
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37. 63-6053721

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**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: NATIONAL SOCIETY OF COLONIAL DAMES  
Address of Entity: 104 THEATRE STREET, MOBILE, AL 36602  
Employer ID Number:59-1164289  
Primary Activity:SUPPORT HISTORICAL SITE  
Legal domicile state:AL  
Exempt code section:170 (b) (1) (A) (vi)  
Public charity status:501 (c) (3)  
Sec. 512(b)(13) Controlled Entity: No

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION

EXPLANATION REQUIRED BY PART II, LINE 17a

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF ALABAMA, CREATED AND FUNDED A TRUST IN DECEMBER 1965 WITH ITS PURPOSE TO BE A HISTORICAL AND CULTURAL FUND FOR THE UPKEEP, PRESERVATION, RESTORATION AND FURNISHING OF THE FORT CONDE-CHARLOTTE HOUSE IN MOBILE, ALABAMA.

THE HISTORICAL HOUSE IS THE ONLY BENEFICIARY OF THE TRUST. THIS HAS BEEN A CONTINUING RELATIONSHIP FOR 50 YEARS.

THE TRUST DOCUMENT SETS OUT THE TERMS FOR ELECTION OF THE GOVERNING COMMITTEE, WHO SHALL BE THE DIRECTORS OF THE MEMORIAL TRUST. THE COMMITTEE MEMBERS RECEIVE REPORTS FROM THE TRUSTEE (REGIONS BANK) REGARDING INVESTMENT PERFORMANCE OF THE TRUST. THE COMMITTEE PROVIDES INPUT TO THE TRUSTEE AS TO THE NEEDS OF THE BENEFICIARY PROPERTY, THEREBY DIRECTING THE USE OF INCOME FOR PARTICULAR ACTIVITIES BENEFITTING THE HISTORICAL HOME.



REGIONS BANK

Run on 08/12/2015 02:31:01 PM

Asset Details

As of 12/31/2014

Account: 1255000125  
 NATIONAL SOCIETY OF COLONIAL  
 DAMES OF AMERICA, AL.,  
 MEMORIAL  
 TRUST DATED 12/3/65

Administrator: SHANNON MCCLURE @ 251-690-1416

Investment Officer: ROBERT A. WILSON

Investment Authority: Sole

Investment Objective: INCOME WITH MOD GROWTH (36E/64F)

Lot Select Method: LTHC

Sort By: CUSIP

Ticker	CUSIP/ Description	Units	Price	Tax Cost	Book Value	Market Unrealized Value Gain/Loss	% of Portfolio Income	Est.	Yield	Pricing Date
	CASH								0.00	
AFL	001055102 AFLAC INC	<u>110.000000</u>	61.090	5,954.00	5,954.00	6,720	766	0.88	172	2.55 12/31/2014
	001055AC6 AFLAC INC DTD 5/21/09 8.5% 05/15/2019	<u>3,000.000000</u>	124.972	3,442.17	3,442.17	3,749	307	0.49	255	6.80 12/31/2014
I	00206R102 AT&T INC	<u>260.000000</u>	33.590	8,101.19	8,101.19	8,733	632	1.14	489	5.60 12/31/2014
	00206RAM4 AT&T INC DTD 05/13/08 5.6% 05/15/2018	<u>3,000.000000</u>	111.440	3,223.43	3,223.43	3,343	120	0.44	168	5.03 12/31/2014
LNT	018802108 ALLIANT CORP	<u>120.000000</u>	66.420	6,161.50	6,161.50	7,970	1,809	1.04	245	3.07 12/31/2014
	0258M0DA4 AMERICAN EXPRESS CREDIT CORP SERIES: MTN DTD 09/13/2010 2.75% 09/15/2015	<u>4,000.000000</u>	101.543	4,020.17	4,020.17	4,062	42	0.53	110	2.71 12/31/2014
	03523TBA5 ANHEUSER-BUSCH INBEV WOR DTD 01/27/2011 2.875% 02/15/2016	<u>3,000.000000</u>	102.282	3,030.61	3,030.61	3,068	38	0.40	86	2.81 12/31/2014
	037833AJ9 APPLE INC DTD 05/03/2013 1% 05/03/2018	<u>4,000.000000</u>	98.516	3,975.79	3,975.79	3,941	35-	0.51	40	1.02 12/31/2014
ADP	053015103 AUTOMATIC DATA PROCESSING INC	<u>90.000000</u>	83.370	3,501.90	3,501.90	7,503	4,001	0.98	176	2.35 12/31/2014



<u>BBT</u>	054937107 BB&T CORP	<u>180.000000</u>	38.890	4,141.31	4,141.31	7,000	2,859	0.91	173	2.47	12/31/2014
	055451AN8 BHP BILLITON FIN USA LTD DTD 02/24/2012 1% 02/24/2015	<u>7,000.000000</u>	100.055	6,992.39	6,992.39	7,004	11	0.91	70	1.00	01/01/1901
	06739GBB4 BARCLAYS BANK PLC DTD 04/07/2010 3.9% 04/07/2015	<u>4,000.000000</u>	100.854	4,034.29	4,034.29	4,034		0.53	156	3.87	01/01/1901
	07330NAH8 BRANCH BANKING & TRUST CALLABLE DTD 03/04/2014 1% 04/03/2017-2017	<u>4,000.000000</u>	99.184	3,988.20	3,988.20	3,967	21-	0.52	40	1.01	12/31/2014
<u>BLK</u>	09247X101 BLACKROCK INC	<u>17.000000</u>	357.560	3,067.30	3,067.30	6,079	3,011	0.79	131	2.16	12/31/2014
<u>CME</u>	12572Q105 CME GROUP INC	<u>90.000000</u>	88.650	5,643.52	5,643.52	7,979	2,335	1.04	169	2.12	12/31/2014
	12673PAC9 CA INC DTD 11/13/09 5.375% 12/01/2019	<u>3,000.000000</u>	110.679	3,152.72	3,152.72	3,320	168	0.43	161	4.86	12/31/2014
<u>CRC</u>	13057Q107 CALIFORNIA RESOURCES CORP	<u>26.000000</u>	5.510	197.27	197.27	143	54-	0.02		0.00	12/31/2014
<u>CAH</u>	14149Y108 CARDINAL HEALTH INC	<u>90.000000</u>	80.730	4,563.62	4,563.62	7,266	2,702	0.95	123	1.70	12/31/2014
	149123BQ3 CATERPILLAR INC DTD 12/05/08 7.9% 12/15/2018	<u>3,000.000000</u>	121.924	3,547.78	3,547.78	3,658	110	0.48	237	6.48	12/31/2014
<u>CVX</u>	166764100 CHEVRON CORP	<u>70.000000</u>	112.180	6,530.39	6,530.39	7,853	1,322	1.03	300	3.82	12/31/2014
<u>CSCO</u>	17275R102 CISCO SYSTEMS INC	<u>250.000000</u>	27.815	5,007.47	5,007.47	6,954	1,946	0.91	190	2.73	12/31/2014
	17275RAC6 CISCO SYSTEMS INC CALLABLE 5.5% 02/22/2016	<u>3,000.000000</u>	105.502	3,208.79	3,208.79	3,165	44-	0.41	165	5.21	12/31/2014
	172967GG0 CITIGROUP INC DTD 01/10/2013 1.25% 01/15/2016	<u>7,000.000000</u>	100.101	7,025.88	7,025.88	7,007	19-	0.91	88	1.25	12/31/2014
<u>KO</u>	191216100 COCA COLA CO	<u>150.000000</u>	42.220	4,790.60	4,790.60	6,333	1,542	0.83	183	2.89	12/31/2014
	20030NAZ4	<u>3,000.000000</u>	114.808	3,272.14	3,272.14	3,444	172	0.45	171	4.96	12/31/2014

COMCAST CORP  
DTD 06/18/09  
5.7% 07/01/2019

24422ESS9      4,000.000000      100.593      3,999.54      3,999.54      4,024      24      0.53      92      2.29 12/31/2014  
JOHN DEERE  
CAPITAL CORP  
SERIES MTN DTD  
09/15/2014 2.3%  
09/16/2019

25459HAN5      4,000.000000      100.594      4,031.15      4,031.15      4,024      7-      0.53      142      3.53 01/01/1901  
DIRECTV  
HOLDGS/FING DTD  
03/11/2010 3.55%  
03/15/2015

D      25746U109      105.000000      76.900      4,502.12      4,502.12      8,075      3,572      1.05      252      3.12 12/31/2014  
DOMINION RES  
INC VA

DD      263534109      100.000000      73.940      4,977.59      4,977.59      7,394      2,416      0.97      188      2.54 12/31/2014  
DU PONT E I DE  
NEMOURS & CO

26441CAG0      4,000.000000      101.847      4,000.89      4,000.89      4,074      73      0.53      86      2.11 12/31/2014  
DUKE ENERGY  
CORPORATION  
DTD 11/17/2011  
2.15% 11/15/2016

XOM      30231G102      90.000000      92.450      7,082.87      7,082.87      8,321      1,238      1.09      248      2.99 12/31/2014  
EXXON MOBIL  
CORP

3128M74W3      1,332.890000      108.507      1,421.20      1,421.20      1,446      25      0.19      60      4.15 12/31/2014  
FEDERAL HOME  
LOAN MORTGAGE  
CORP POOL  
#G05937 DTD  
07/01/2010 4.5%  
08/01/2040 OFV  
5,000

3128M7KV7      1,275.540000      110.449      1,382.16      1,382.16      1,409      27      0.18      64      4.53 12/31/2014  
FEDERAL HOME  
LOAN MORTGAGE  
CORP POOL  
#G05408 DTD  
04/01/2009 5%  
12/01/2036 OFV  
10,000

312943WG4      2,209.790000      106.809      2,372.09      2,372.09      2,360      12-      0.31      88      3.74 12/31/2014  
FEDERAL HOME  
LOAN MORTGAGE  
CORP POOL  
#A95147 DTD  
11/01/2010 4%  
11/01/2040 OFV  
4,000

31359MH89      7,000.000000      105.457      7,380.41      7,380.41      7,382      2      0.96      350      4.74 12/31/2014  
FEDERAL  
NATIONAL  
MORTGAGE ASSN  
5% 03/15/2016

3138A7FR4 FEDERAL NATIONAL MORTGAGE ASSN POOL #AH5575 DTD 02/01/2011 4% 02/01/2041 OFV 7,000	<u>3,353.900000</u>	106.852	3,470.22	3,470.22	3,584	113	0.47	134	3.74	12/31/2014
3138A8SR8 FEDERAL NATIONAL MORTGAGE ASSN POOL #AH6827 DTD 03/01/2011 4% 03/01/2026 OFV 8,000	<u>2,348.640000</u>	107.086	2,467.53	2,467.53	2,515	48	0.33	94	3.74	12/31/2014
3138EGNK6 FEDERAL NATIONAL MORTGAGE ASSN POOL #AL0393 DTD 06/01/2011 4.5% 06/01/2041 OFV 4,000	<u>1,886.410000</u>	109.506	2,006.66	2,006.66	2,066	59	0.27	85	4.11	12/31/2014
3138MFTC1 FEDERAL NATIONAL MORTGAGE ASSN POOL #AQ0546 DTD 11/01/2012 3.5% 11/01/2042 OFV 4,000	<u>3,264.900000</u>	104.362	3,257.25	3,257.25	3,407	150	0.44	114	3.35	12/31/2014
3138WPJG0 FEDERAL NATIONAL MORTGAGE ASSN POOL #AT2062 DTD 04/01/2013 2.5% 04/01/2028 OFV 4,000	<u>3,380.050000</u>	102.028	3,386.38	3,386.38	3,449	62	0.45	85	2.45	12/31/2014
3138X3EH1 FEDERAL NATIONAL MORTGAGE ASSN POOL #AU3735 DTD 08/01/2013 3% 08/01/2043 OFV 4,000	<u>3,769.760000</u>	101.285	3,767.41	3,767.41	3,818	51	0.50	113	2.96	12/31/2014
31402QWA5 FEDERAL NATIONAL MORTGAGE ASSN POOL #735141 DTD 12/01/04 5.5% 01/01/2035 OFV	<u>4,613.250000</u>	112.395	5,005.38	5,005.38	5,185	180	0.68	254	4.89	12/31/2014

59,000

31402RFV6 FEDERAL NATIONAL MORTGAGE ASSN POOL #735580 DTD 05/01/05 5% 06/01/2035 OFV 20,000	<u>2,016.170000</u>	110.724	2,174.62	2,174.62	2,232	58	0.29	101	4.52	12/31/2014
31410FSJ5 FEDERAL NATIONAL MORTGAGE ASSN POOL #888021 DTD 11/01/2006 6% 12/01/2036 OFV 46,000	<u>2,255.730000</u>	113.550	2,499.28	2,499.28	2,561	62	0.33	135	5.28	12/31/2014
31410GRV7 FEDERAL NATIONAL MORTGAGE ASSN POOL #888900 DTD 11/01/2007 5.5% 10/01/2021 OFV 19,000	<u>1,538.450000</u>	109.611	1,678.81	1,678.81	1,686	8	0.22	85	5.02	12/31/2014
31413HZQ4 FEDERAL NATIONAL MORTGAGE ASSN POOL #946351 DTD 08/01/2007 6% 09/01/2037 OFV 65,000	<u>3,899.190000</u>	113.343	4,255.01	4,255.01	4,419	164	0.58	234	5.29	12/31/2014
31416RBE2 FEDERAL NATIONAL MORTGAGE ASSN POOL #AA7236 DTD 05/01/2009 4% 06/01/2039 OFV 5,000	<u>1,645.610000</u>	106.852	1,740.50	1,740.50	1,758	18	0.23	66	3.74	12/31/2014
31418AFC7 FEDERAL NATIONAL MORTGAGE ASSN POOL #MA1062 DTD 04/01/2012 3% 05/01/2027 OFV 4,000	<u>2,496.100000</u>	104.215	2,613.89	2,613.89	2,601	13	0.34	75	2.88	12/31/2014
31418MVX7 FEDERAL NATIONAL MORTGAGE ASSN POOL #AD0629 DTD 12/01/2009 5% 02/01/2024 OFV	<u>1,896.160000</u>	108.659	2,024.73	2,024.73	2,060	36	0.27	95	4.60	12/31/2014

	15,000									
	31418UEE0 FEDERAL NATIONAL MORTGAGE ASSN POOL # AD6432 DTD 06/01/2010 4.5% 06/01/2040 OFV 5,000	<u>1,352.780000</u>	108.652	1,441.12	1,441.12	1,470	29	0.19	61	4.14 12/31/2014
	31419BCT0 FEDERAL NATIONAL MORTGAGE ASSN POOL #AE0981 DTD 02/01/2011 3.5% 03/01/2041 OFV 6,000	<u>3,057.910000</u>	104.424	3,229.44	3,229.44	3,193	36-	0.42	107	3.35 12/31/2014
	31419DMQ1 FEDERAL NATIONAL MORTGAGE ASSN POOL #AE3066 DTD 09/01/2010 3.5% 09/01/2025 OFV 9,000	<u>2,454.440000</u>	105.772	2,546.49	2,546.49	2,596	50	0.34	86	3.31 12/31/2014
F	345370860 FORD MOTOR COMPANY COM PAR \$0.01	<u>420.000000</u>	15.500	6,455.40	6,455.40	6,510	55	0.85	210	3.23 12/31/2014
	345397WR0 FORD MOTOR CREDIT DTD 06/06/2014 1.724% 12/06/2017	<u>4,000.000000</u>	98.967	3,998.16	3,998.16	3,959	39-	0.52	69	1.74 12/31/2014
AJG	363576109 GALLAGHER ARTHUR J & CO	<u>140.000000</u>	47.080	3,973.18	3,973.18	6,591	2,618	0.86	202	3.06 12/31/2014
GE	369604103 GENERAL ELECTRIC CO	<u>125.000000</u>	25.270	2,945.00	2,945.00	3,159	214	0.41	115	3.64 12/31/2014
	369622SM8 GENERAL ELECTRIC CAPITAL CORP DTD 02/11/11 5.3% 02/11/2021	<u>3,000.000000</u>	114.199	3,023.15	3,023.15	3,426	403	0.45	159	4.64 12/31/2014
GIS	370334104 GENERAL MILLS INC	<u>65.000000</u>	53.330	3,275.24	3,275.24	3,466	191	0.45	107	3.08 12/31/2014
	38141EA25 GOLDMAN SACHS GROUP INC DTD 2/5/09 7.5% 02/15/2019	<u>3,000.000000</u>	118.946	3,366.39	3,366.39	3,568	202	0.47	225	6.31 12/31/2014

<u>HYH</u>	40650V100 HALYARD HEALTH INC	<u>7.000000</u>	45.470	146.51	146.51	318	172	0.04		0.00 12/31/2014
<u>HAS</u>	418056107 HASBRO INC	<u>140.000000</u>	54.990	5,324.99	5,324.99	7,699	2,374	1.00	241	3.13 12/31/2014
	42809HAB3 HESS CORPORATION DTD 2/3/09 8.125% 02/15/2019	<u>3,000.000000</u>	118.979	3,560.32	3,560.32	3,569	9	0.47	244	6.83 12/31/2014
	428236BE2 HEWLETT- PACKARD CO DTD 12/02/2010 2.2% 12/01/2015	<u>4,000.000000</u>	100.987	3,998.90	3,998.90	4,039	41	0.53	88	2.18 12/31/2014
<u>ITW</u>	452308109 ILLINOIS TOOL WORKS INC	<u>45.000000</u>	94.700	2,121.29	2,121.29	4,262	2,140	0.56	87	2.05 12/31/2014
<u>INTC</u>	458140100 INTEL CORP	<u>105.000000</u>	36.290	2,082.14	2,082.14	3,810	1,728	0.50	95	2.48 12/31/2014
	458140AJ9 INTEL CORP DTD 09/19/2011 3.3% 10/01/2021	<u>3,000.000000</u>	104.863	2,987.96	2,987.96	3,146	158	0.41	99	3.15 12/31/2014
	459200GX3 INTERNATIONAL BUSINESS MACHINES DTD 07/22/2011 1.95% 07/22/2016	<u>7,000.000000</u>	101.882	7,118.62	7,118.62	7,132	13	0.93	137	1.91 12/31/2014
<u>IVHIX</u>	466000122 IVY HIGH INCOME FUND CL I	<u>1,839.097000</u>	8.070	16,000.00	16,000.00	14,842	1,158	1.94	1,069	7.20 12/31/2014
<u>JPM</u>	46625H100 J P MORGAN CHASE & CO	<u>165.000000</u>	62.580	6,379.29	6,379.29	10,326	3,946	1.35	264	2.56 12/31/2014
	46625HHL7 J P MORGAN CHASE & CO DTD 04/23/09 6.3% 04/23/2019	<u>3,000.000000</u>	116.158	3,296.24	3,296.24	3,485	189	0.45	189	5.42 12/31/2014
<u>JNJ</u>	478160104 JOHNSON & JOHNSON	<u>70.000000</u>	104.570	4,497.46	4,497.46	7,320	2,822	0.96	196	2.68 12/31/2014
<u>KMB</u>	494368103 KIMBERLY CLARK CORP	<u>60.000000</u>	115.540	3,623.63	3,623.63	6,932	3,309	0.90	202	2.91 12/31/2014
	50075NBB9 KRAFT FOOD INC DTD 02/08/2010 4.125% 02/09/2016	<u>3,000.000000</u>	103.715	3,095.52	3,095.52	3,111	16	0.41	124	3.98 12/31/2014
<u>KRFT</u>	50076Q106	<u>120.000000</u>	62.660	6,889.20	6,889.20	7,519	630	0.98	264	3.51 12/31/2014

	KRAFT FOODS INC W/I										
	50076QAK2 KRAFT FOODS INC DTD 12/04/2012 1.625% 06/04/2015	<u>4,000.000000</u>	100.426	4,015.41	4,015.41	4,017	2	0.52	65	1.62	01/01/1901
<u>LVS</u>	517834107 LAS VEGAS SANDS CORP	<u>50.000000</u>	58.160	3,241.16	3,241.16	2,908	333-	0.38	100	3.44	12/31/2014
<u>LLY</u>	532457108 ELI LILLY & CO	<u>110.000000</u>	68.990	6,354.28	6,354.28	7,589	1,235	0.99	220	2.90	12/31/2014
	565849AJ5 MARATHON OIL CORP DTD 10/29/2012 .9% 11/01/2015	<u>4,000.000000</u>	99.708	3,998.91	3,998.91	3,988	11-	0.52	36	0.90	12/31/2014
<u>MCD</u>	580135101 MCDONALDS CORP	<u>70.000000</u>	93.700	5,709.75	5,709.75	6,559	849	0.86	238	3.63	12/31/2014
<u>MRK</u>	58933Y105 MERCK & CO. INC. NEW	<u>160.000000</u>	56.790	6,464.76	6,464.76	9,086	2,622	1.19	288	3.17	12/31/2014
	59018YN64 MERRILL LYNCH & CO INC SERIES: MTN DTD 04/25/08 6.875% 04/25/2018	<u>3,000.000000</u>	114.858	3,159.72	3,159.72	3,446	286	0.45	206	5.99	12/31/2014
	59022CAJ2 BANK OF AMERICA CORP 6.11% 01/29/2037	<u>3,000.000000</u>	118.075	2,973.27	2,973.27	3,542	569	0.46	183	5.17	12/31/2014
<u>MSFT</u>	594918104 MICROSOFT CORP	<u>145.000000</u>	46.450	3,711.61	3,711.61	6,735	3,024	0.88	180	2.67	12/31/2014
	60871RAD2 MOLSON COORS BREWING CO DTD 05/03/2012 5% 05/01/2042	<u>4,000.000000</u>	108.547	4,040.56	4,040.56	4,342	301	0.57	200	4.61	12/31/2014
	61747YCJ2 MORGAN STANLEY SERIES: MTN DTD 9/23/09 5.625% 09/23/2019	<u>3,000.000000</u>	112.879	3,111.20	3,111.20	3,386	275	0.44	169	4.98	12/31/2014
	61761JVL0 MORGAN STANLEY DTD 10/23/2014 3.7% 10/23/2024	<u>4,000.000000</u>	101.362	4,008.40	4,008.40	4,054	46	0.53	148	3.65	12/31/2014
<u>NOV</u>	637071101 NATIONAL OILWELL VARCO INC	<u>45.000000</u>	65.530	3,249.91	3,249.91	2,949	301-	0.38	83	2.81	12/31/2014
<u>NEE</u>	65339F101	<u>60.000000</u>	106.290	3,376.09	3,376.09	6,377	3,001	0.83	174	2.73	12/31/2014

	NEXTERA ENERGY, INC.										
<u>OXY</u>	674599105 OCCIDENTAL PETE CORP	<u>65.000000</u>	80.610	5,461.63	5,461.63	5,240	222-	0.68	187	3.57	12/31/2014
	68389XAC9 ORACLE CORPORATION DTD 04/09/08 5.75% 04/15/2018	<u>3,000.000000</u>	113.046	3,289.42	3,289.42	3,391	102	0.44	173	5.09	12/31/2014
<u>PNC</u>	693475105 PNC BANK CORP	<u>80.000000</u>	91.230	5,078.93	5,078.93	7,298	2,219	0.95	154	2.10	12/31/2014
<u>PEP</u>	713448108 PEPSICO INC	<u>80.000000</u>	94.560	5,346.40	5,346.40	7,565	2,218	0.99	210	2.77	12/31/2014
	71645WAP6 PETROBRAS INTL FIN CO DTD 10/30/09 5.75% 01/20/2020	<u>7,000.000000</u>	96.571	7,452.40	7,452.40	6,760	692-	0.88	403	5.95	12/31/2014
	717081DB6 PFIZER INC DTD 3/24/09 6.2% 03/15/2019	<u>3,000.000000</u>	116.339	3,380.78	3,380.78	3,490	109	0.46	186	5.33	12/31/2014
<u>PNW</u>	723484101 PINNACLE WEST CAP CORP	<u>60.000000</u>	68.310	3,013.95	3,013.95	4,099	1,085	0.53	143	3.48	12/31/2014
<u>PG</u>	742718109 PROCTER & GAMBLE CO	<u>120.000000</u>	91.090	9,511.14	9,511.14	10,931	1,420	1.43	309	2.83	12/31/2014
<u>PRU</u>	744320102 PRUDENTIAL FINANCIAL INC	<u>80.000000</u>	90.460	4,325.60	4,325.60	7,237	2,911	0.94	186	2.56	12/31/2014
	74432QBP9 PRUDENTIAL FINANCIAL DTD 11/18/2010 4.5% 11/15/2020	<u>3,000.000000</u>	108.530	3,077.67	3,077.67	3,256	178	0.42	135	4.15	12/31/2014
<u>RTN</u>	755111507 RAYTHEON CO	<u>70.000000</u>	108.170	3,654.77	3,654.77	7,572	3,917	0.99	169	2.24	12/31/2014
<u>RGC</u>	758766109 REGAL ENTMT GROUP CL A	<u>340.000000</u>	21.360	6,445.15	6,445.15	7,262	817	0.95	299	4.12	12/31/2014
<u>RSG</u>	760759100 REPUBLIC SVCS INC CL A	<u>180.000000</u>	40.250	5,650.10	5,650.10	7,245	1,595	0.95	202	2.78	12/31/2014
	78011DAC8 ROYAL BANK OF CANADA DTD 09/19/2012 1.2% 09/19/2017	<u>7,000.000000</u>	99.429	6,996.12	6,996.12	6,960	36-	0.91	84	1.21	12/31/2014
<u>SE</u>	847560109 SPECTRA ENERGY	<u>145.000000</u>	36.300	3,535.08	3,535.08	5,264	1,728	0.69	215	4.08	12/31/2014



	CORP									
	867914BE2 SUNTRUST BKS INC DTD 11/01/2011 3.5% 01/20/2017	<u>3,000.000000</u>	104.245	2,996.28	2,996.28	3,127	131	0.41	105	3.36 12/31/2014
	87425EAL7 TALISMAN ENERGY INC DTD 6/1/09 7.75% 06/01/2019	<u>3,000.000000</u>	115.187	3,470.37	3,470.37	3,456	15-	0.45	233	6.73 12/31/2014
	87612EAP1 TARGET CORP CALLABLE 5.375% 05/01/2017	<u>3,000.000000</u>	109.193	3,203.77	3,203.77	3,276	72	0.43	161	4.92 12/31/2014
<u>TGBAX</u>	880208400 TEMPLETON GLOBAL BOND FUND ADV	<u>1,882.898000</u>	12.410	25,000.00	25,000.00	23,367	1,633-	3.05	796	3.41 12/31/2014
<u>MMM</u>	88579Y101 3M CO	<u>20.000000</u>	164.320	1,722.00	1,722.00	3,286	1,564	0.43	82	2.50 12/31/2014
	89233P5F9 TOYOTA MOTOR CREDIT CORP SERIES MTN DTD 09/15/2011 3.4% 09/15/2021	<u>3,000.000000</u>	105.176	2,992.44	2,992.44	3,155	163	0.41	102	3.23 12/31/2014
<u>USB</u>	902973304 US BANCORP DEL	<u>155.000000</u>	44.950	3,817.65	3,817.65	6,967	3,150	0.91	152	2.18 12/31/2014
	912810EQ7 UNITED STATES TREASURY 6.25% 08/15/2023	<u>8,000.000000</u>	133.148	9,888.00	9,888.00	10,652	764	1.39	500	4.69 12/31/2014
	912810RB6 UNITED STATES TREASURY DTD 05/15/2013 2.875% 05/15/2043	<u>19,000.000000</u>	102.281	15,619.77	15,619.77	19,433	3,814	2.53	546	2.81 12/31/2014
	912828NR7 UNITED STATES TREASURY N/B DTD 08/02/10 2.375% 07/31/2017	<u>28,000.000000</u>	103.633	29,173.37	29,173.37	29,017	156-	3.79	665	2.29 12/31/2014
	912828PJ3 UNITED STATES TREASURY DTD 11/30/2010 1.375% 11/30/2015	<u>32,000.000000</u>	101.000	32,330.99	32,330.99	32,320	11-	4.22	440	1.36 12/31/2014
	912828VB3 UNITED STATES TREASURY DTD 05/15/2013 1.75% 05/15/2023	<u>12,000.000000</u>	97.367	11,175.64	11,175.64	11,684	508	1.52	210	1.80 12/31/2014

<u>VBIRX</u>	921937702 VANGUARD SHORT TERM INDEX -ADM FUND 5132	<u>378.788000</u>	10.480	4,000.00	4,000.00	3,970	30-	0.52	47	1.19	12/31/2014
<u>VZ</u>	92343V104 VERIZON COMMUNICATIONS	<u>130.000000</u>	46.780	4,245.78	4,245.78	6,081	1,836	0.79	286	4.70	12/31/2014
	92343VAW4 VERIZON COMMUNICATIONS DTD 03/28/2011 6% 04/01/2041	<u>3,000.000000</u>	117.863	2,973.32	2,973.32	3,536	563	0.46	180	5.09	12/31/2014
	929903DT6 WACHOVIA CORP DTD 06/08/07 5.75% 06/15/2017	<u>3,000.000000</u>	110.403	3,174.03	3,174.03	3,312	138	0.43	173	5.21	12/31/2014
	931142CM3 WAL MART STORES INC DTD 04/15/2008 6.2% 04/15/2038	<u>3,000.000000</u>	133.932	3,972.38	3,972.38	4,018	46	0.52	186	4.63	12/31/2014
	931427AH1 WALGREENS BOOTS ALLIANCE CALLABLE DTD 11/18/2014 3.8% 11/18/2024-2024	<u>4,000.000000</u>	101.990	4,025.05	4,025.05	4,080	55	0.53	152	3.73	12/31/2014
<u>WM</u>	94106L109 WASTE MANAGEMENT INC	<u>145.000000</u>	51.320	5,303.09	5,303.09	7,441	2,138	0.97	218	2.92	12/31/2014
<u>WFC</u>	949746101 WELLS FARGO & CO	<u>130.000000</u>	54.820	4,297.80	4,297.80	7,127	2,829	0.93	182	2.55	12/31/2014
	94974BGE4 WELLS FARGO & COMPANY DTD 11/04/2014 4.65% 11/04/2044	<u>3,000.000000</u>	103.186	2,995.38	2,995.38	3,096	100	0.40	140	4.51	12/31/2014
<u>WMB</u>	969457100 WILLIAMS COS INC	<u>110.000000</u>	44.940	3,877.50	3,877.50	4,943	1,066	0.65	251	5.07	12/31/2014
<u>XLNX</u>	983919101 XILINX INC	<u>130.000000</u>	43.290	6,195.94	6,195.94	5,628	568-	0.73	151	2.68	12/31/2014
	999990484 REGIONS TRUST CASH SWEEP	<u>38,489.610000</u>	1.000	38,489.61	38,489.61	38,490		5.03	4	0.01	01/01/1901
<u>IVZ</u>	G491BT108 INVESCO LTD	<u>195.000000</u>	39.520	6,458.21	6,458.21	7,706	1,248	1.01	195	2.53	12/31/2014
<u>LYB</u>	N53745100 LYONDELLBASELL INDUSTRIES - CL A	<u>60.000000</u>	79.390	4,406.89	4,406.89	4,763	357	0.62	168	3.53	12/31/2014

SEDOL #B3SPXZ3  
ISIN  
#NL0009434992

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Total Portfolio	666,887.19	666,887.19	766,076	99,189	100.00	23,640	3.09
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**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

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

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

Part I only ☐

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

Enter filer's identifying number, see instructions

**Type or  
print**

File by the  
due date for  
filing your  
return. See  
instructions.

Name of exempt organization or other filer, see instructions.

TUA COLONIAL DAMES C/O REGIONS BANK  
1255000125

Employer identification number (EIN) or

63-6053721

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

P O BOX 2886

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

MOBILE, AL 36652-2886

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

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

- The books are in the care of ► REGIONS BANK

Telephone No. ► (251) 690-1416

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2014 or
  - ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)