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Return of Organization Exempt From Income Tax

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

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

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

	ernal R			
A	For	the	201	4

Ā	For th	ne 201	4 calendar year, or tax year beginning 10/01, 2014	, and endir	ng		09/30) , 20 15	
			C Name of organization ALABAMA BOYS INDUSTRIAL SCHOOL	ENDOWME	ENT	D Employer ide			
B	Check if a	pplicable	REGIONS BANK 1055000682						
Г	Addr		Doing business as			63-608	7477		
	٦	e change	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number				
	-1	i return	P O BOX 11647	205_26	4-5754	1			
\vdash	Final	return/	City or town, state or province, country, and ZIP or foreign postal code			203 20	<u> </u>	<u> </u>	
-	term Ame	nated naed	BIRMINGHAM, AL 35202-1647		1	G Gross receipt	- C	1 00	3.267
		cation	F Name and address of principal officer REGIONS BANK			H(a) Is this a grou		Yes	X No
L_	pend	ing	REGIONS ENVI	203		subordinates	?	H	A No
,	Taya	kempt st		1		H(b) Are all subording If "No," attack			
÷		<u> </u>		or 52					
-		ite 🕨		1. 7		H(c) Group exemp			7 T
<u>`</u>		of organ		L Year o	t tormat	ion 1973 M	State of leg	al domicile	AL
	art I		mmary						
	1		describe the organization's mission or most significant activities					-	
nce Le			ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT PR						
Ë			INTAIN, OPERATE AND SUPPORT THE ALABAMA BOYS					-	
Governance	2		this box if the organization discontinued its operations or disposed				1		.
ğ	3		er of voting members of the governing body (Part VI, line 1a)				3		<u> 16</u>
S.	4		er of independent voting members of the governing body (Part VI, line 1b)				4		16
Activities &	5	Total r	number of individuals employed in calendar year 2014 (Part V, line 2a)				5		NONE
듔	6		number of volunteers (estimate if necessary)				6		NONE
⋖			unrelated business revenue from Part VIII, column (C), line 12				7a		NONE
	Ь.	Net ur	related business taxable income from Form 990-T, line 34				7b		NONE
						Prior Year		Current Y	
9	8		butions and grants (Part VIII, line 1h)			12	25		4,433
Revenue	9		ım service revenue (Part VIII, line 2g)		,		<u> </u>		
ě	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			51,41	10	12	<u>3,671</u> .
_	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		L	<u> </u>			
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			51,53			<u>8,104</u> .
	13		and similar amounts paid (Part IX, column (A), lines 1-3)			46,00	001	6:	<u>1,411</u> .
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)						
S	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			15,5	54	1!	<u>5,905</u> .
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), Infe T1e)	<u></u>					
ğ	b	Total f	undraising expenses (Part IX, column (D), line 25)	E		·-···			
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, [11](24e)	ااب		7,41	12		<u>6,761</u> .
	18	Total e	expenses. Add lines 13-17 (must equal Part IX, column)(A); line 25) 2016	!		68,96	56	84	<u>1,077</u> .
	19	Reven	ue less expenses. Subtract line 18 from line 120	! :		<u>-17,43</u>	31	44	<u>1,027</u> .
res ses					Beginn	ing of Current Y	ear	End of Ye	ar
Net Assets Fund Baland	20	Total a	issets (Part X, line 16)			1,574,22	28	1,61	<u>7,839</u> .
t As	21	Total I	abilities (Part X, line 26)			NC	ONE		NONE
<u>25</u>	22	Net as	sets or fund balances. Subtract line 21 from line 20	<u> </u>	<u> </u>	1,574,22	28	1,61	<u>7,839</u> .
	<u>rt II </u>		nature Block						
Une	der per	nalties o	f perjury, I declare that I have examined this return, including accompanying schedul complete. Declaration of presence (charles have been been all information of which	es and statem	nents, ar	nd to the best of	my knowle	edge and b	elief, it is
	0,00110	ict, and	(11/1.4)	ii preparer na	3 0/17 1/1				
c:-	_	.	Julie 23 Christia				<u>2/2016</u>		
Sig Her		" ;	Signature of lofficer			Date			
HIC	- C	1 1	REGIONS BANK, TRUSTEE, TRUST OFFICER						
			Type or print name and title	T		· · · · · · · · · · · · · · · · · · ·	T ==:::		
Paid	i	Print/	Type preparer's name Preparer's signature	Date			If PTIN		
	oarer	<u></u>				self-employe	d		
	Only	Firm's	name 🕨			Firm's EIN			
		Firm's	address 🕨			Phone no			
			uss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	<u> </u>	<u> l</u>	Yes	X No
For	Paper	work F	Reduction Act Notice, see the separate instructions.					Form 99 6	0 (2014)

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
-	THE ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT PROVIDES FUNDS TO	
-	MAINTAIN, OPERATE AND SUPPORT THE ALABAMA BOYS INDUSTRIAL SCHOOL.	
-		
ı	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Х
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
 - -	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
t	the total expenses, and revenue, if any, for each program service reported.	
	Code:) (Expenses \$61,411. including grants of \$61,411.) (Revenue \$) MOUNTS PAID TO SUPPORT ALABAMA BOYS INDUSTRIAL SCHOOL	
-		
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b (Code:) (Expenses \$	
-		
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c ((Code:) (Expenses \$including grants of \$) (Revenue \$)	
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-		_
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-		
	other program services (Describe in Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$) otal program service expenses > 61,411.	
A 1 00	Form 990	(20

Page 3

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ļ	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ľ	
	Part III	5		Х
6	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	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	•		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	ا ۱۵ ا	İ	Х
		10		- <u>^</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		.	- 1
_	VII, VIII, IX, or X as applicable.		***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			7.7
	complete Schedule D, Part VI	11a		<u>X</u>
þ	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	11b		_X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ X
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		- 1	
	complete Schedule D, Parts XI and XII	12a		Χ
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	12b	1	Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b	l	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		寸	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	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	18	1	<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	 +	\dashv	
	If "Yes," complete Schedule G, Part III	19		X
		20a	\dashv	$\frac{\Lambda}{X}$
		20a		<u> </u>
D	in res to line zoa, oid the organization attach a copy of its addited infancial statements to this return?	200		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		Х
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		Х
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		Х
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		l
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I	25a		<u>X</u>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part 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):	\ \		i
а	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		<u>X</u>
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		<u>X</u>
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		ļ	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		**
	Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	77
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	ا 🚛 ا	., I	
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	Į	v
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	25	ļ	v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	<u>X</u>
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,	37]	X
20	Part VI Cabadula Cabadula Condensarida ambanatica in Cabadula Cofae Bart VI. lines 11b and	3/		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	197 Note. All Form 990 filers are required to complete Schedule O	_		(2014)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	,	25
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.		
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	**************************************	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			5,
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		X
b	If Yes, enter the name of the foreign country: ▶	, ,	, ,	S. 2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	,		1
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	6-	i	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		ĺ
7	gifts were not tax deductible?	00	- C	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7		
u	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			are and
	sponsoring organization have excess business holdings at any time during the year?	8		<u>X</u>
9	Sponsoring organizations maintaining donor advised funds.			***********
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>X</u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь	,.	Х
10	Section 501(c)(7) organizations. Enter: Instation fees and capital contributions included on Part VIII. line 12	`	1	-
	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	·		*, -,
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		_ }_	.,"
-	against amounts due or received from them.)			ء ڏ ا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	- 1
	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.	1	•]	100
b	Enter the amount of reserves the organization is required to maintain by the states in which	s '	- 2	
	the organization is licensed to issue qualified health plans		:: 1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

Fela	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			[x]
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>16</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	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?	3	l	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	X
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	_7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	İ		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_X_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u> _
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	()		l
а	The organization's CEO, Executive Director, or top management official	15a		_X_
b	Other officers or key employees of the organization	15b	_X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		_X_
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-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 int	erest p	oolicy	, 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 record	s: ▶		
	REGIONS BANK TEL: (205) 264-5754		000	
JSA	P O BOX 11647; BIRMINGHAM, AL 35202-1647	Form	990 ((2014)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne		I						T The state of the	1	
(A)	(B)				C)			(D)	(E)	(F)
(A) Name and Title	(B) Average	l (do	nat ch		ition	e than c	ne.	(D)	(E)	(F)
Name and Title	hours per					ıs both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trus		from	related	other
	hours for	95	5	0	~	9 =	7	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	below dotted line)	or atru	nalt	1	loye	6 CO 33		1		organizations
		stee	rustee		•	pensat				
	 	ļ	ļ. <u>"</u>		_	<u>e</u>				
(1) BOB BROOKS	1.00									
ADVISORY BOARD MEMBER		X		L	L			NONE NONE	NONE	NONE
(2) HON. MIKE HALE, SHERIFF	1.00	1				<u> </u>				
ADVISORY BOARD MEMBER		Х			_			NONE	NONE	NONE
(3) GINA R. LEVERT, ESQUIRE	2.00_									
ADVISORY BOARD MEMBER		X						NONE	NONE	NONE
(4) MIKE MCCORMICK, ESQUIRE	1.00									
ADVISORY BOARD MEMBER		X						NONE	NONE	NONE NONE
(5) SCOTT MYERS	1.00								i	
ADVISORY BOARD MEMBER		_ X						NONE	NONE	NONE NONE
_(6) ED_TRAVIS	1.00									
ADVISORY BOARD MEMBER		X	_					NONE NONE	NONE	NONE
_(7) WILLIAM L. AYDELETTE	2.00									
ADVISORY BOARD MEMBER		X						NONE	NONE NONE	NONE
_(8) VAN_PHILLIPS	5.00			ļ						
ADVISORY BOARD MEMBER		X					_	NONE	NONE	NONE
(9) BETTYE FINE COLLINS	NONE									
ADVISORY BOARD MEMBER	 	X						NONE	NONE	<u>NON</u> E
(10) PAT SEWELL	10.00						ļ			
ADVISORY BOARD MEMBER		X						NONE	NONE	NONE
(11) ROD WALLS	1.00		i							
ADVISORY BOARD MEMBER		Х			_			NONE	NONE	<u>NON</u> E
(12) VIRGINIA VINSON	2.00				- {			į		
ADVISORY BOARD MEMBER		X					\Box	NONE	NONE	NONE
(13) PAUL CARRUTH	1.00			İ				İ		
ADVISORY BOARD MEMBER	ļ	X			_			NONE	NONE	NONE
(14) DAVID_WILKINSON	1.00					. }	- }	ı	ŀ	
ADVISORY BOARD MEMBER		X						NONE	NONE NONE	NONE

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Par	Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	ligl	hest Compensat	ed Empl	yees (continued	"
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o	an	(D) Reportable compensation	(E Repor compensa	table	Estır	F) mated unt of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated	Former	from the organization (W-2/1099-MISC)	relat organız (W-2/109	ed ations	ot compe fron organ and r	her ensation in the lization elated zations
	LYORD WATSON	1.00											
(16)	ISORY BOARD MEMBER REGIONS BANK	2.00	X					_	NONE	<u> </u>	NONE		NONE
TRU (17)	STEE			Х		_			15,905.		NONE		NONE
(18)								_					
(19)					_								
(20)													
					_								
(21)													
(22)													
(23)													
(24)													
(25)													
c d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A	· · ·			• • •		A A A	15,905.		NONE		NONE
	Total number of individuals (including but no reportable compensation from the organization			e lis O	ted	abo	ove) w	vho	received more that	n \$100,0	00 of	-	_
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, oi ch inc	r tru	uste lual _.	е,	key e	emp	oloyee, or highest	compen	sated	3 Y	es No
4	For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab	ole o	om 00?	pen <i>If</i>	satior	n ai s,"	nd other compens	ation from	n the	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on '	fron	n any	un	related organization	on or indi	vidual • • •	5	X
1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Report of year.	pensated i	ndepe	ende the	nt cal	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$10 in the org	0,000 c janizatio	of n's tax	
	(A) Name and business addr	ess	•						(B) Description of serv	vices	Co	(C)	on .
	Total number of independent contractors received more than \$100,000 of compensation						ed to	o ti	hose listed abov	e) who			

	Check if Schedule O contains a respons		(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from ta under sections 512-514
and Other Similar Amounts To be on a get	Membership dues	4,433				
] 11	Total. Add lines 1a-1f		4,433.			
Program Service Revenue		Business Code	And Historical Management Advanced Assessment Assessmen		S. visiantina area a como de marco a como	- water-manual as a real and build follows and
Prog a	All other program service revenue L			^ · · · · ·	+	*
3 4 5	Investment income (including dividend and other similar amounts)	oroceeds .	42,249.			42,24
6a b c d	Gross rents	•	MANAGEMENT AND A SHARE A PROPERTY MANAGEMENT AND A SECOND AS A SEC	A STATE OF THE STA	, s	
7a		(ii) Other				
c d	and sales expenses		81,422.	and the second contract of the second price of	· · · · · · · · · · · · · · · · · · ·	81,42
Other Revenue	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			and a stand	**	
- I	Less direct expenses	>	* * * * *			**************************************
b	See Part IV, line 19					
10a	Gross sales of inventory, less returns and allowances a Less cost of goods sold b		* , ,			
b c	Net income or (loss) from sales of inventory	▶ Business Code				
11a b c	Allert					
d e	Total. Add lines 11a-11d	▶	128 104			123 67

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations mu	st complete all column	s All other organization	ns must complete colu	mn (A).
	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	61,411.	61,411.		
2	Grants and other assistance to domestic				
	indıvıduals. 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				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	15 005		15 005	
	trustees, and key employees	15,905.		15,905.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	,				
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying			· · ·	
	Professional fundraising services. See Part IV, line 17. Investment management fees	5,742.		5,742.	
	-	3,742.		3,742.	
9	Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule 0)				
13		· · · · · · · · · · · · · · · · · · ·			
14	Information technology				
15	Royalties				
	Occupancy				
	Travel				**
	Payments of travel or entertainment expenses				
•-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance				
24					
	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.)				
а					
b					
c					
d					
	All other expenses	1,019.	C	1,019.	
	Total functional expenses. Add lines 1 through 24e	84,077.	61,411.	22,666.	<u>NON</u> E
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here Inf following SOP 98-2 (ASC 958-720)				
		I	l l	1	

Form 990 (2014)
Part X Balance Sheet

Pa	irt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	42,597.	2	80,468
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	l	trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		5	
(s)	_	organizations (see instructions). Complete Part II of Schedulé L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	١.	other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	1 521 621	10c	1 505 051
	11	Investments - publicly traded securities	1,531,631.	11	1,537,371.
	12	Investments - other securities. See Part IV, line 11		12	·
	13	Investments - program-related. See Part IV, line 11	·	13	
	14	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11	1 574 220	15 16	1 (17 020
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	1,3/4,226.	17	1,617,839.
	18			18	
	19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
/ 0	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
igi		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	, , , , , , , , , , , , , , , , , , , ,	24	
	25	Other liabilities (including federal income tax, payables to related third	- ·· · · · · · · · · · · · · · · · · ·		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
es		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			<u></u>
Ü	27	Unrestricted net assets		27	
gai	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	1,574,228.	32	1,617,839.
S	33	Total net assets or fund balances	1,574,228.	33	1,617,839.
	34	Total liabilities and net assets/fund balances	1,574,228.	34	1,617,839.
					Form 990 (2014)

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Form 9	90 (2014)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)				104.
2	Total expenses (must equal Part IX, column (A), line 25)				077.
3	Revenue less expenses. Subtract line 2 from line 1				027.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				228.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				416.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	ĺ	1.6	17.8	839.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ı ın			
	Schedule O.		İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
h	Were the organization's financial statements audited by an independent accountant?		2ь і		Х
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited o				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	aht	l		
_	of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O.	' '''			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	, in			
Ju	the Single Audit Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		зь		

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Nan	ne of	the organiza	ition					Employer iden	tification number
AL	ABA	MA BOYS	INDUSTRIAL	SCHOOL ENDO	WMENT C/O			63-6	5087477
Pai	rt I	Reason	for Public Cha	rity Status (All o	rganizations must o	omplete	e this pa	art.) See instructions	s
The	org	anizatıon is	not a private four	ndation because it	is: (For lines 1 throug	h 11, ch	eck only	one box.)	
1		A church,	convention of ch	urches, or associat	ion of churches descr	ibed ın s	section 1	70(b)(1)(A)(i).	
2					. (Attach Schedule E.)				
3					ganization described				
4		A medical	research organiz	ation operated in o	conjunction with a hos	spital des	scribed i	n section 170(b)(1)(A)	(iii). Enter the
			name, city, and s						
5			zation operated 70(b)(1)(A)(iv). (C		a college or universi	ty owne	d or op∈	erated by a governme	ental unit described in
6		A federal,	state, or local go	vernment or gover	nmental unit describe	d in sect	ion 170	(b)(1)(A)(v).	
7		_		ally receives a sub		pport fr	om a go	vernmental unit or fr	om the general public
8					o)(1)(A)(vi). (Complete	Part II.)			
9	_							contributions, memb	ership fees, and gross
									ore than 331/3% of its
									tax) from businesses
					975. See section 509				
10	Г				sively to test for publi				
11	X								rry out the purposes of
		one or mo	re publicly suppo	rted organizations	described in section	509(a)(1)) or secti	ion 509(a)(2). See se	ction 509(a)(3). Check
					es the type of supporti				
a		Type I. A	A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
									tees of the supporting
				omplete Part IV, S					
b		Type II.	A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control o	or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	nage the supported
		organiza	tion(s). You must	complete Part IV	, Sections A and C.				
С	L	Type III [•]	functionally inte	grated . A supporti	ng organization opera	ited in c	onnectio	n with, and functiona	lly integrated with,
	_	its suppo	orted organization	n(s) (see instruction	ns). You must complet	te Part I	V, Section	ons A, D, and E.	
d	L	X Type III :	non-functionally	integrated . A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is no	ot functionally int	egrated. The organ	nization generally mus	t satisfy	a distribu	ution requirement and	l an attentiveness
		requirem	ent (see instructi	ions). <mark>You must c</mark> o	mplete Part IV, Secti	ons A aı	nd D, and	d Part V.	
е		Check th	is box if the orga	nization received a	written determination	n from th	he IRS th	at it is a Type I, Type I	I, Type III
		function	ally integrated, or	r Type III non-functi	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the num	ber of supported	organizations					1
g	Pro	vide the fo	llowing informati	on about the supp	orted organization(s).	,			T
	(i) N	ame of suppor	ted organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing		(vi) Amount of other support (see
					above or IRC section		ment?	instructions)	instructions)
					(see instructions))		T		
						Yes	No		
(A)		מתגם המס	n 11T						1
	i	SEE PART	r AT						
(B)									
(C)									
(D)									
,									
(E)									
Tota		: 							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						N/A
Cale	ndar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ	ļ			·
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>			
	tion B. Total Support			1 1 2 2 2 2 2	T	T	1 10 = 1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				<u> </u>		L
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2014 (li						<u>%</u>
15	Public support percentage from 2013						<u>%</u>
168	331/3% support test - 2014. If the o	•					ore, check
L	this box and stop here. The organization 331/3% support test - 2013. If the content is the state of the state			-			
	check this box and stop here. The organization	-					
17a	10%-facts-and-circumstances test - 2						
.,.	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			-	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		=				
	Explain in Part VI how the organization						
	supported organization				_	•	
18	Private foundation. If the organization						
	instructions	<u> </u>		<u> </u>		<u> </u>	▶
							90 or 990-F7) 2014

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.)

Sec	tion A. Public Support						N/A
Cale	ndar 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,")			_			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				1	1	1
	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 .		<u> </u>				
4	Tax revenues levied for the	I		1			
	organization's benefit and either paid	1	1		Ì	ĺ	İ
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	1			[•
	organization without charge						ļ
6	Total. Add lines 1 through 5					<u></u>	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
ь	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)						
Sect	tion B. Total Support						
Caler	ndar 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						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ļ					
	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	i's first, second,	third, fourth, or	fifth tax year as	s a section 501	(c)(3)
	organization, check this box and stop here .				· · · · · · · ·		· · · · •
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,					15	<u> </u>
16	Public support percentage from 2013 Scheo			· · · · · · · · ·	• • • • • • • • •	16	<u> %_</u>
	tion D. Computation of Investment						
17	Investment income percentage for 2014 (lin		· ·			17	<u> </u>
18	Investment income percentage from 2013 S					18	%_
19a	331/3% support tests - 2014. If the org						F 1
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2013. If the orga						
	line 18 is not more than 331/3%, check						. 1 1
20_	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b	, check this bo	x and see instr	uctions -

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.)

Secti	on A. All Supporting Organizations	<u>τ ν.)</u>		
	on 74 711 Oupporting O. gamzanono		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	х	
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		Х
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Х
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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	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.	4a		х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 Part VI 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.	4c		
5a	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 Part VI, 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).	5a		Х
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 Part VI.	5c		v
7	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).	6_ 7		X
8	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).	8		Х
9a	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 Part VI.	9a		Х
Ь	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 Part VI.	9b		Х
C	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 Part VI.	9с		Х
10a	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.	10a		_X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	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.	11c		Х
Section	on B. Type I Supporting Organizations N/A		I	T = 2
			Yes	No
1	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.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2.	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.	2		
Section	on C. Type II Supporting Organizations N/A			
			Yes	No
1	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).			
Carati		1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	140
	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?	1 1	Х	
2	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	ĺ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		X
3	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.			
		3	X	
	on E. Type III Functionally-Integrated Supporting Organizations N/A			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons):	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tionel		
·			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	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		1	
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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.	3a		
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 released by the organization in this regard	ا ء	l	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 4,921. 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 45,541. 42,249 4 Add lines 1 through 3 4 50,462. 42,249. 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 18,373. 18,133. 7 Other expenses (see instructions) 7 24,116. 8 32,089. 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1,746,530. 1,780,741. 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 1,746,530. 1,780,741 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 1,746,530. 1,780,741. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 26,198. 26,711. 1,720,332 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 1,754,030. 6 6 Multiply line 5 by .035 60,212. 61,391. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 61,391. 60.212. Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 32,089. 2 2 Enter 85% of line 1 27,276. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 60,212. 4 Enter greater of line 2 or line 3 4 60,212. 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 60,212. Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	Page
	ion D - Distributions	oupporting organiza	iono (commaca)	Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		61,411.
_ <u>·</u>	Amounts paid to perform activity that directly furthers exer		- · · · · · · · · · · · · · · · · · · ·	02/0220
-	organizations, in excess of income from activity	inpr purposes or support		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	4,533.
4	Amounts paid to acquire exempt-use assets	ses of supported organic		1,555.
<u>·</u>	Qualified set-aside amounts (prior IRS approval required)			
_ _	Other distributions (describe in Part VI). See instructions.	<u> </u>		
7	Total annual distributions. Add lines 1 through 6.			65,944.
- <u>-</u>	Distributions to attentive supported organizations to which	the organization is resp	onsive	00,511.
	(provide details in Part VI). See instructions,			61,411.
9	Distributable amount for 2014 from Section C, line 6	······································	· · · · · · · · · · · · · · · · · · ·	60,212.
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		1.000
	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			60,212.
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	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h				
i	Carryover from 2009 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section		· · · · · · · · · · · · · · · · · · ·	
	D, line 7: \$ 65,944.			
a				
b				60,212.
c		5,732.		
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	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.	5,732.		
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			······································
— <u>—</u>				

Schedule A (Form 990 or 990-EZ) 2014

QK9040 9155 08/12/2016 12:38:10

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). SCHEDULE A, PART I (q) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: AL BOYS INDUSTRIAL SCHOOL TYPE OF ORGANIZATION FROM PART I: 170(b)(1)(A)(ii) IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: 61,411. TOTAL SUPPORT: 61,411. ========== TOTAL OTHER SUPPORT: NONE

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

	is at www.irs.gov/form990
to Form 990.	nd its instructions
▶ Attach to	I (Form 990) and its inst
	about Schedule
	► Information

•			:
2014	Open to Public	Inspection	tification mountain

OMB No. 1545-0047

Employer Identification number 63-6087477 ŝ

Par	Part I General Information on Grants and Assistance	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Yes to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Org t received n	anizations and	d Domestic Gov	e duplicated if a	olete if the organizadditional space is r	ation answered Yes	to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT 1							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							

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

Enter total number of other organizations listed in the line 1 table.

(12)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

4E1288 1,000

24

Schedule 1 (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	Domestic Indivi	duals. Complete	if the organizati	on answered "Yes" to For	rm 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informati	on required in P	art I, line 2, Part I	ll, column (b), and any of	ther additional information.
EXPLANATION FOR FORM 990, SCHEDULE	I, PART	1, LINE 2			
THE USE OF THE GRANT FUNDS IS C	OVERSEEN BY T	THE ENDOWMENT TRUST	r trust		
ADVISORY BOARD. THE TRUST ADV	ADVISORY BOARD	HELPS MANAGE TRUST	E TRUST		
PROPERTY AND MAKES RECOMMENDATIONS TO THE	- 1	ALABAMA DEPARTMENT OF	ARTMENT OF		
YOUTH SERVICESBOARD FOR THE EX	EXPENDITURE OF MONIES		FROM THE ALABAMA	T.	
BOYS SCHOOL ENDOWMENT TRUST FU	FUND.				
					Schedule I (Form 990) (2014)

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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. Name of the organization Employer identification number

ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O 63-608/4//
GOVERNANCE
PART VI, SECTION B, POLICIES, LINE 12A, 13, AND 14
WHILE THE ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT TRUST DOES NOT HAVE
A WRITTEN CONFLICT OF INTEREST POLICY, A WRITTEN WHISTLEBLOWER POLICY
OR A WRITTEN RETENTION AND DESTRUCTION POLICY, REGIONS BANK, THE CORP
ORATE TRUSTEE, DOES HAVE 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 8a
THE AMOUNTS PAID TO THE ALABAMA BOYS INDUSTRIAL SCHOOL ARE DOCUMENTED
IN THE BOOKS AND RECORDS OF THE ENDOWMENT TRUST.
EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b
NO COMMITTEES ARE AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING
BODY.
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 THE
INTERNAL REVENUE SERVICE.
DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O	Employer identification number 63 - 6087477
	1 03-000/4//
FORM 990, PAGE 6, PART VI, LINE 15b	
THE CORPORATE TRUSTEE FEES ARE BASED UPON PUBLISHED FEE SCH	EDULES.
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 18	
DOCUMENTS ARE PROVIDED UPON REQUEST. PAPER COPIES WILL BE	PROVIDED.
DESCRIPTION FOR MAKING DOCUMENTS PUBLIC	
FORM 990, PAGE 6, PART VI, LINE 19	
DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST. PAPER COPIES	WILL BE
	WILL DE
PROVIDED.	
ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION	<u>)NS</u>
FORM 990, PAGE 7, PART VII, SECTION A	
AVG HOURS PER WEEK DEVOTED TO POSITION: 1	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
TIMING ADJUSTMENT FOR MUTUAL FUND POSTINGS, ACCRUED INTEREST	NO DIAT
U.S. TREAS AND CORP BONDS, AND RETURN OF CAPITAL TRANSACTIO	ONS.
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

Internal Revenue Service Name of the organization Department of the Treasury

ALABAMA BOYS INDUSTRIAL SCHOOL ENDOWMENT C/O

Part I

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.

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

2014	Den to Dublic
(N)	č

OMB No 1545-0047

Employer identification number

63-6087477

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f) Direct controlling entity å Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income (c) Legal domicile (state or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization SUPPLEMENT (1) SEE PART VII Part II (3) 4 (2) (2) Ξ (2)9 3 (4) 5 9 E

JSA 4E1307 1.000

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.

	io olio ppi vi ocpanos	pecause it lian olie of mole felated olyamizations	HIZALIO	s treated as a partnership during the tax year.	Silino diligialia	lile tax year.			5-7-	7477	
Country Coun	(a) Name, address, and EIN of	(b) Primary activity	(c) Legal		(e) Predominant	(f) Share of total	-		(i) Code V-UBI	(j) General or	(k) Percentage
The control of Related Organizations Taxable as a Corporation of Trust Complete if the organization answered "Ves" on Form 990, Part IV, line 34 because it hald one or more related Organizations treated as a corporation of trust during the tax year. Inc. 34 because it hald one or more related Organizations treated as a corporation of trust during the tax year. The organization answered "Ves" on Form 990, Part IV, line 34 because it hald one or more related Organizations treated as a constraint of trust during the tax year. The organization answered "Ves" on Form 990, Part IV, line 34 because it hald one or more related Organizations that we have been declared as a contraction of trust during the tax year. The organization answered "Ves" on Form 990, Part IV, line 34 because it hald one or more related Organizations that we have been declared as a contraction of trust during the tax year. The organization answered "Ves" on Form 990, Part IV, line 34 because it hald one or more related Organizations that we have been declared as a contraction of the organizat	related organization		(state or foreign country)	entity	unrelated, excluded from tax under sections 512-514)		year assets	ellocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Ves" on Form 990, Part IV, Inter a dorest and SIN of related organizations treated as a corporation or trust during the tax year. Interest decrease and SIN of related organizations from the second or more related organizations treated as a corporation or trust during the tax year. Interest decrease and SIN of related organizations from the second organization answered "Ves" on Form 990, Part IV, Interest decrease and SIN of related organizations treated as a corporation or trust during the tax year. Interest decrease and SIN of related organizations from the second organization or more related organizations and SIN of related organizations are a Corporation or Trust Complete if the organization answered "Ves" on Form 990, Part IV, Interest decrease and SIN of related organizations from the second organization or trust during the tax year. Interest decrease and SIN of related organizations from the second organization or trust during the tax year. Interest decrease and SIN of related organizations from the second organization or trust during the tax year. Interest decrease and SIN of related organizations from the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or trust during the second organization or t								Yes No		Yes No	
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Inc. 34 because it had one or more related organizations frazable 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. (b)											
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Name, address, and ElN of related organization	_	ted Organizations d one or more rela	Taxable ted organ	as a Corporatio	on or Trust Con as a corporation	nplete if the org n or trust durin	janization answe g the tax year.	red "Yes"	on Form 990,	Part IV,	
COUNTRY TUASI)	(a. Name, address, and EIN	a) I of related organization		(b) Primary acti			(e) Type of entity (C corp, S corp, or	(f) Share of tota income			ntage Sections Section Section Section Section State Section S
					country)		trust)				entity
(2) (3) (4) (5) (6) (7)	(1)									<u> </u>	Yes
(2) (3) (4) (5) (6) (7)											
(3) (4) (5) (6) (7)	(2)				-						
(4) (5) (6) (7)	(3)										
(5) (6) (7)	(4)					į				-	
(5) (6) (7)	14.1										
(7)	(5)										ļ
(7)											
(2)	(0)										
	(7)										

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes.	8 N
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?	ted organizations list	ted in Parts II-IV?			- 1
a Receipt of (i) interest, (ii) annunties, (iii) royalties, or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			1b	X	_
c Gift, grant, or capital contribution from related organization(s)	•		- -	×	
d Loans or loan guarantees to or for related organization(s)			19	_	×
e Loans or loan guarantees by related organization(s)			-1-		*
			1 34 34 h		
f Dividends from related organization(s),			11		×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			=		×
i Exchange of assets with related organization(s),			<u>-</u>		×
j Lease of facilities, equipment, or other assets to related organization(s)			<u> </u>		×
			- Park	٠- ÷	1 6
K Lease of facilities, equipment, of other assets from related organization(s)			 : :		×
I Performance of services or membership or fundraising solicitations for related organization(s)			1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	•		1m	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		•	=		×
o Sharing of paid employees with related organization(s)			2		×
				<u> </u>	ļ
p Reimbursement paid to related organization(s) for expenses			<u>.</u>	š	; ×
					4 >
	•		*] : :		٠
r Other transfer of cash or property to related organization(s)				:	* >
s Other transfer of cash or property from related organization(s).			: :		< >
If the answer to any of the above is "Yes," see the instruction	ine inclination earl	or concert base such income	tion through] -	∢
1	(4)	(c)	ייוטון וווופאווסו	9	
Name of related organization	Transaction	Amount involved	Method of determining	terminir	<u>g</u> u
	(A.De (a.s)		amount	Davio	
(1) ALABAMA BOYS INDUSTRIAL SCHOOL	р	61,411.	CASH		1
New Time Will a will a drub (6)	•		į		
CHAR IN U/W EMILL S.	D	4,433.	CASH		
(3)					
(4)					
(5)					
(9)					
JSA 4E1309 1.000		Sche	Schedule R (Form 990) 2014	990) 2	2014

63-6087477 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

		: 1	6		:					
(e) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionale allocations?	Code V - UBI amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No	(600)	Yes No	
(1)										
(2)										
(3)										
(4)										
				_						
(5)										
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(42)										
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(15)										
(16)										
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Schedule R (Fo	rm 990) 2014	Page 5
Schedule R (Fo	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
	Provide additional information for responses to questions on Schedule R (see instructions).	
•		
		

Schedule R (Form 990) 2014

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Part VII Supplemental Information

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

Supplement to Schedule R, Part II, Form 990

Name of entity: ALABAMA BOYS INDUSTRIAL SCHOOL

Address of Entity: 8950 ROEBUCK BLVD, BIRMINGHAM, AL 35206

Primary Activity: JAIL ALTERNATIVE FOR YOUNG JUVENILES

Legal domicile state:AL

Exempt code section:501(c)(3)

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

DEPARTMENT OF YOUTH SERVICES

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

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

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

Employer ID Number: 63-6019574

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

Legal domicile state:AL

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

Public charity status: PF

Direct controlling entity: REGIONS BANK, TRUSTEE

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