Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

, 20 14

<u>De</u>c 31

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

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.

, 2014, and ending

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

jan 01

B	Check it	f applicable:		D Employer identification number					
		s change	Doing business as				26-4355458		
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telepho	one number		
	Initial re	eturn	300 81st Street South			205-202-5124			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Birmingham, Al 35206			G Gross	receipts \$	607973	
	Applicat	•	F Name and address of principal officer: Jerome Simpson		H(a) Is this a gro	up return fo	r subordinates? Yes	√ No	
		i i	300 81st Street South, Birmingham, AL 35206		•		es included? 🔲 Yes		
5	Tax-exe	empt status:	· · · · · · · · · · · · · · · · · · ·	527	If "No	," attach	a list. (see instruction	ons)	
J	Website	e: > www	v.cotsforvets.org		H(c) Group	exemption	n number 🟲		
K	Form of	organization:	Corporation ☐ Trust ✓ Association ☐ Other ► L. Year o	of formation	2009	M State	e of legal domicile:	AL	
	art I	Summ	ary			 			
	4	Briefly de	scribe the organization's mission or most significant activities:						
ce		Provide h	ousing and services to homeless veterans						
ng Ta				·				, _	
Veri	2	Check th	is box $ ightharpoonup$ \square if the organization discontinued its operations or disp	osed of r	nore than	25% of	its net assets.		
Ö	3	Number o	of voting members of the governing body (Part VI, line 1a)	, , ,		3		<u> </u>	
∞ ŏ	4	Number of	of independent voting members of the governing body (Part VI, lin	ne 1b) .	у и в	4		Ç.	
ties	5	Total nun	nber of individuals employed in calendar year 2014 (Part V, line 2	a)		5			
Activiti	6	Total nun	nber of volunteers (estimate if necessary)		, .	6	<u> </u>	25	
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12	e = 3		7a			
	b	Net unrel	ated business taxable income from Form 990-T, line 34	u 6 2	5 H T	7b			
					Prior Yea	3f'	Current Y	ear	
ne	8	Contribut	ions and grants (Part VIII, line 1h)	·		784990		420669	
านอ	9	Program	service revenue (Part VIII, line 2g)	"		,			
ev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			8385		- Charles	
ш	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			26928		187303	
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line	12)		811918		607973	
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	- J					
	14	Benefits _l	oaid to or for members (Part IX, column (A), line 4)	•	<u> </u>				
ŝ	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-	10)	<u></u>	22707	·	153592	
ns(16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				· · · · · · · · · · · · · · · · · · ·	······································	
×	b	Total fund	draising expenses (Part IX, column (D), line 25) 🕨		· · · · · · · · · · · · · · · · · · ·			··	
Ω	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	· · · · · · · · · · · · · · · · · · ·	434279		440604	
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	•		456986		594196	
	19	Revenue	less expenses. Subtract line 18 from line 12	-		364932	<u></u>		
or Ces	20 21 22			Beg	inning of Cur	rent Year	End of Ye	ear	
sets efen	20	Total ass	ets (Part X, line 16)			1031447	, <u> </u>	1145376	
et As nd B	21	Total liab	ilities (Part X, line 26)		·	11699		45091	
			ts or fund balances. Subtract line 21 from line 20			1019748		1100287	
By Comme	art II		ure Block						
Ur	nder pena	alties of perjui	ry, I declare that I have examined this return, including accompanying schedules ar ete. Declaration of preparer (other than officer) is based on all information of which p	nd statemer preparer ha	nts, and to th	e best of dae	my knowledge and	I belief, it is	
——	ie, correc	T.	ete. Declaration of preparer (other than onicer) is based on an information of which	properor ma	- I				
~								·· ···································	
Sig		Signa	ature of officer		Date	2/	2/20/5	gangar —	
He	ere			0 24 / -	· €31/4/€ .5 - 23 6 445				
				1 Date	<i>y</i>		7-7-12 I		
Pa	id	Print/Tyr	preparer's name Preparer's signature	Date		Check	hammed 1		
	epare	er				self-em	ployed		
	e On	I	ame >		Firm	s EIN ►		<u></u>	
		Firm's a	ddress ▶		Phor	ne no.			
Ma	y the If	RS discuss	s this return with the preparer shown above? (see instructions) .	* H E		1 4	Yes	s 🗌 No	

		nse or note to any line in this Fart iii .	4 4 E B 4 E E B A B E E B A B E B A B E B A B B E B A B B B B	
4	Briefly describe the organization's mission:	er we the first of		
	Providing housing and services to homeless ve	terans of the UD Willary		
			·	
473	Did the organization undertake any significar	of program services during the year which	were not listed on the	
2	prior Form 990 or 990-EZ?	1: program our mode or on the program of the progra		✓ No
	If "Yes," describe these new services on Sch			
2	Did the organization cease conducting, or	make significant changes in how it co	onducts, any program	
•	services?		· · · · · Tes	☑ No
	If "Yes," describe these changes on Schedule			
₫	Describe the organization's program service	accomplishments for each of its three lai	rgest program services, as meas	sured by
4	expenses. Section 501(c)(3) and 501(c)(4) or	ganizations are required to report the arm	ount of grants and allocations to	others,
	the total expenses, and revenue, if any, for ea	ach program service reported.		
	the total expended, and reverse, we are			
A a	(Code:) (Expenses \$ 278	342 including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ 2/5 Occupancy - providing housing and services to	hampless velerans		
	Occidation - Biominio morphism of a per acrea in			


	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	**************************************			~ <u>-</u>
	***************************************			###### <b>#</b>
			·	
		* # = # = # # # # = = = # # #		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
<u> </u>		as in aludina aranto of &	) (Revenue \$	)
4b	(Code:) (Expenses \$9	3077 including grants of \$	/ \	/
	Contract labor - to provide maintenance for ele	ven nomes operated in suppuit of research	ina arenderente at IIA hasita Tiil	êr and
	To provide van transportation services to get v	eterans to and from medical and sucidi scivi		
	other social agencies		- La Sammanite kappainee seventee	
	To provide skilled labor in renovations of hous	ing to provide permanent arrordable nutsing		
		***		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		**************************************	
) (Dayrania ¢)
4c	(Code:) (Expenses \$ 4 Salaries for two key employees	7015 including grants of \$) (meveriue φ)
	Salaries for two key employees			
	***	***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		·		
			~~==~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		······································		
		·		
			*	

	***********************************	- x		
4d	Other program services (Describe in Schedu	ıle O.)		
_ 	Other program services (Describe in Schedu (Expenses \$ 147841 including grant	ts of \$ (Revenue \$)	
	Total program service expenses ►	569375		Managarangan (183) at terupakan pengabahan kelalah di pengapagan di
	I Utal PIUGIAIII SCIVICE EXPENSES	والمراوا والمتحد والمهادية والمراوا والمحدد والمراوا والمحدد والمراوا والمحدد والمراوا والمحدد	Form	990 (2014)

Form 990 (2014)

Part	M Checklist of Required Schedules		V	NIa	
			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-41			
	complete Schedule A		٧	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			V	
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		1	
A	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		<u></u>	<u> </u>	
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1	
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,				
	Part III	5		Α	
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		V	
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		V	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		1	
_	complete Schedule D, Part III	O		*	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1	
10	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	10		1	
11	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.				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
-	complete Schedule D, Part VI	11a	V		
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	11b			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1113		Y	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1	
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		/	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√	
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	_	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		1	
1-	Schedule D, Parts XI and XII	128			
IJ	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 1 1 1			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	□ غر مي			
يسخ اور	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		¥	
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		1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		V	
4 ~	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1	
17	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)	17		1	
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		V	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40			
00	If "Yes," complete Schedule G, Part III	19 20a		V	
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		¥	
IJ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	toVV			

Part	Checklist of Required Schedules (continued)		Yes	No
	nous un accompanie and the de annual formation or other assistance to any demestic organization or		103	
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		1
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		√
	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		√
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		√
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
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		War.
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	√	
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		1
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):			4
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
38	Part VI	37		V
	19? Note. All Form 990 filers are required to complete Schedule O	38		
		For	m 990	J (2014

Form **990** (2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			-
0-	reportable gaming (gambling) winnings to prize winners?	10		
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		:	,
Ø	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		√
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
~ ~ *******	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: >	762		
	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		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
	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		\checkmark
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
la.	and services provided to the payor?	7a		···
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	M-6;		
ď		7c		······································
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		·····
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			· ····································
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			· ·,
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders			
R.	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	<u> </u>	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		················
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	49		·
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		·· • · · · · · · · · · · · · · · · · ·
			<u> </u>	

orm 990	Governance Management and Disclosure For each "Yes" response to lines 2 through 7b below,	and for	or a	"No"					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response or note to any line in this Part VI		, ace	<i>√</i>					
Sectio	n A. Governing Body and Management		Yes	No					
	The sumbor of voting members of the governing body at the end of the tax year 1a 9			<u></u>					
	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.								
2	Enter the number of voting members included in line 1a, above, who are independent . 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?	2	✓						
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?								
Δ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>√</u>					
6 7a	Did the organization have members or stockholders?	6 7a		✓					
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,						
a	The governing body?	8a	<u>/</u>						
a	Each committee with authority to act on behalf of the governing body?	8b							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 C	nde)	<u> </u>					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		Yes	No					
.a.es _	Did the organization have local chapters, branches, or affiliates?	10a		1					
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	_						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	./						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	1						
b	Were officers, directors, or trustees, and key employees required to disclose arridary interesto that south given the policy? If "Yes," Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		1						
.a# a#5a.	Did the organization have a written whistleblower policy?	13		V					
13 14	Did the organization have a written document retention and destruction policy?	14		V					
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?								
а	The organization's CEO, Executive Director, or top management official	15a		√					
b	Other officers or key employees of the organization	15b							
	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		/					
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		1					
Sect	on C. Disclosure	——————————————————————————————————————	<u> </u>						
17 18	List the states with which a copy of this Form 990 is required to be filed Alabama Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	s only)					
19	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	s: >						
	Jerome D Simpson 300 81st Street South, Birmingham, AL 35206			0 (2014)					
 		ror	III 33	(∠۱۱۹) حب (∠۱۱۹)					

Form **990** (2014)

FOM 990 (2014		ار برو سه انتخب جنري بر
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	s, 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.

				(C)					
(A) Name and Title	(B) Average hours per	box, u	unles	eck i s pei	ition more than one rson is both an lirector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	ndívidua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jerome D Simpson								<i>ಐವಲಾಗು</i>		
President & CEO		v		Ą				6500		······································
(2) Richard Cislak	59							17710		
/ice President & CFO	sign, stan	∀	-	V						
(3) Lynette Simpson	<u>20</u>									
Secretary & COO		A		Y	<u> </u>		<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>
(4) David Burford			:							
Chairman of the Board		V		¥			-			<u></u>
(5) Lehman Harris										
Board Wember										<u> </u>
(6) George Winslow										
Board Member		/	-				<u> </u>			<u> </u>
(7) Michael Rudulph	<u>-</u>									
Board Niember		 	ļ	-			-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(8) Thomas Stanfield	5									
Board Member		V	_	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	<u> </u>				
(9) Joe Wildmon	5	,								
Board Wiember		1		-	<u> </u>	1	-			
(10) Vick Springston		-								
Operations				-	 /	\ <u>\</u>		31305		
(11)										
(12)										
(13)										
(14)		-	1							

		(B) Average hours per week (list any hours for related organizations below dotted	b of individual true	unles	Pos leck ss pe	mor rson irect Key employ	e than is both or/trus employee	h an tee)	Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo comp from organ and	(F) mated ount of ther ensation m the nization related
/+ 5 \		line)	lstee	rustee		ree	mpensated				organ	izations
(10)	······································											
(10)												
(17)												
(18)												
(19)	**************************************									· · · · · · · · · · · · · · · · · · ·		<u></u>
(20)	·											
(21)									<u></u>			-
(22)										· · · · · · · · · · · · · · · · · · ·		
(23)												
(24)												· · · · · · · · · · · · · · · · · · ·
(25)												
C	Sub-total	/II, Section	Α.		· •	.	.)	Wh	55515 o received mo	re than \$100,00	0 of	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete So	cer, directo chedule J f	or, or	tru ch ir	stee ndiv	e, k	ey er	npl	oyee, or highe	st compensate	d 3	Yes No
	For any individual listed on line 1a, is the solution organization and related organizations gindividual	reater than	n \$15	50,0	00?	lf.	"Yes	, ⁵⁷ C	omplete Sche	dule J for suc	e h	
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue cor	npens	atic	on fi	om	any	unre	elated organiza	tion or individua		
Sectio	n B. Independent Contractors			 				· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	3	
	Complete this table for your five highest concernsation from the organization. Repoyear.	mpensated rt compens	d indesation	per for	nder the	nt co	ontra lenda	ctor r ye	s that received ar ending with	more than \$100 or within the org	0,000 of ganization	ı's tax
	(A) Name and business addres	SS							(B) Description of ser	vices	(C) Compensat	ion
								. <u></u>				
						······································						
2	Total number of independent contractors received more than \$100,000 of compensations.	(including	but	not	lim	iite	d to	tho	se listed abov	e) who	······································	