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

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Or call the IRS Identity Theft Hotline at 1-800-908-4490

990

tment of the Treasury
al Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

For the 2011 calendar year, or tax year beginning 10/01/11 , and ending 09/30/12

heck if applicable
ddress change
lame change
nitial return
erminated
mended return
pplication pending

C Name of organization: THE ISRAEL & SYLVIA GOLDBERG FAMILY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address): P.O. Box 990

Room/suite

City or town, state or country, and ZIP + 4: MOBILE AL 36601-0990

D Employer identification number: 63-1268283

E Telephone number: 251-438-5591

G Gross receipts$ 49,359

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

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

Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

Website ▶ N/A

H(c) Group exemption number ▶

Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2000

M State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

The Goldberg Foundation's purpose is the promotion of cultural, social and educational awareness and enrichment in the community through grants to charitable organizations located in the area.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
b	Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,666	49,359
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,666	49,359
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,000	50,071
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,028	16,991
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	57,028	67,062
19	Revenue less expenses Subtract line 18 from line 12	-4,362	-17,703

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,295,677	1,467,118
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	1,295,677	1,467,118

Part II Signature Block

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

Signature of officer — Date 2/5/13

Type or print name and title

Preparer	Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Use Only	Paul L. Jernigan	Paul L. Jernigan	1/30/13		P00141131
	Firm's name ▶ Paul L. Jernigan CPA			Firm's EIN ▶	63-1154088
	Firm's address ▶ P.O. Box 16545 Mobile, AL 36616			Phone no	251-471-6770

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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art III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

Briefly describe the organization's mission

The Goldberg Foundation's purpose is the promotion of cultural, social and educational awareness and enrichment in the community through grants to charitable organizations located in the area.

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

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

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

If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

a (Code) (Expenses $ 50,071 including grants of $ 50,071) (Revenue $)

Various cash grants to charitable organizations.

b (Code) (Expenses $ including grants of $) (Revenue $)

c (Code) (Expenses $ including grants of $) (Revenue $)

d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

e **Total program service expenses ▶** 50,071

Part IV Checklist of Required Schedules

		Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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
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		X
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		X
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		X
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		X
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
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		X
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		X
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 25? If "Yes," complete Schedule D, Part X	11e		X
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional	12b		X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

		Yes	No
Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
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 25	24a		X
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Section 501(c)(3) and 501(c)(4) 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		X
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
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
	Organizations that may receive deductible contributions under section 170(c).				
7a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
	Sponsoring organizations maintaining donor advised funds.				
9a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
	Section 501(c)(7) organizations. Enter				
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter				
11a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
13a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI [X]

ction A. Governing Body and Management

			Yes	No
Enter the number of voting members of the governing body at the end of the tax year 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	1a	5		
Enter the number of voting members included in line 1a, above, who are independent	1b	4		
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		X	
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			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
Did the organization have members or stockholders?	6		X	
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		X	
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
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?	8a		X	
Each committee with authority to act on behalf of the governing body?	8b		X	
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

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

		Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		X
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		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
Describe in Schedule O the process, if any, used by the organization to review this Form 990			
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
Did the organization have a written whistleblower policy?	13		X
Did the organization have a written document retention and destruction policy?	14		X
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?			
The organization's CEO, Executive Director, or top management official	15a		X
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)			
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
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		

ction C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶ AL

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

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Alvertha Penny 212 St. Joseph St.

obile AL 36602 251-438-5591

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

Check if Schedule O contains a response to any question in this Part VII [X]

:tion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the anization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of npensation 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) o received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the anization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than 00,000 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 anization, more than $10,000 of reportable compensation from the organization and any related organizations

persons in the following order· individual trustees or directors, institutional trustees, officers, key employees, highest npensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
)Alvertha Penny rector	40.00	X						0	97,913	22,579
)Norman Pitman rector	0.00	X						0	0	0
)Dr. B.A. Eichold rector	0.00	X						0	0	0
)Max Goldberg rector	0.00	X						0	0	0
)Audrey Goldberg rector	0.00	X						0	0	0
)										
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art VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sub-total ▶									97,913	22,579
Total from continuation sheets to Part VII, Section A ▶										
Total (add lines 1b and 1c) ▶									97,913	22,579

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

		Yes	No
Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

ction B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f $					
h **Total.** Add lines 1a–1f ▶					
	Busn Code				
2a					
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶					
3 Investment income (including dividends, interest, and other similar amounts) ▶		33,607	33,607		
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental exps					
c Rental inc or (loss)					
d Net rental income or (loss) ▶					
7a Gross amount from sales of assets other than inventory	(i) Securities 15,752	(ii) Other			
b Less cost or other basis & sales exps					
c Gain or (loss)	15,752				
d Net gain or (loss) ▶		15,752	15,752		
8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Busn Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶					
12 **Total revenue.** See instructions ▶		49,359	49,359	0	0

art IX Statement of Functional Expenses

tion 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not uired to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U S See Part IV, line 21	50,071	50,071		
Grants and other assistance to individuals in the U S See Part IV, line 22				
Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees				
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				
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
Other employee benefits				
Payroll taxes				
Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
Investment management fees				
g Other				
Advertising and promotion				
Office expenses				
Information technology				
Royalties				
Occupancy				
Travel				
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance				
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Administrative fees	16,346		16,346	
b Legal and accounting	645		645	
All other expenses				
Total functional expenses. Add lines 1 through 24e	67,062	50,071	16,991	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

art X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			1	
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		1,295,677	11	1,467,118
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,295,677	16	1,467,118
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
26	**Total liabilities.** Add lines 17 through 25		0	26	0
	Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		1,295,677	27	1,467,118
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,295,677	33	1,467,118
34	Total liabilities and net assets/fund balances		1,295,677	34	1,467,118

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

Total revenue (must equal Part VIII, column (A), line 12)	1	49,359
Total expenses (must equal Part IX, column (A), line 25)	2	67,062
Revenue less expenses Subtract line 2 from line 1	3	-17,703
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,295,677
Other changes in net assets or fund balances (explain in Schedule O)	5	189,144
Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,467,118

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

HEDULE A
rm 990 or 990-EZ)

irtment of the Treasury
nal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

e of the organization: THE ISRAEL & SYLVIA GOLDBERG FAMILY FOUNDATION

Employer identification number: 63-1268283

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

organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [X] Type I **b** [ ] Type II **c** [ ] Type III–Functionally integrated **d** [ ] Type III–Other

- [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- [ ] If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
The Community Foundation of South Alabama	63-0695166	8	X		X		X		

al

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
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)						
Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. Add lines 7 through 10						

Gross receipts from related activities, etc. (see instructions) 12

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
Public support percentage from 2010 Schedule A, Part II, line 14	15	%

33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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)

ction A. Public Support

endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5						
a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
Public support (Subtract line 7c from line 6)						

ction B. Total Support

endar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 6						
a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. (Add lines 9, 10c, 11, and 12)						

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

ction C. Computation of Public Support Percentage

Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
Public support percentage from 2010 Schedule A, Part III, line 15	16	%

ction D. Computation of Investment Income Percentage

Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

'art IV **Supplemental Information.** Complete this part to 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 I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: THE ISRAEL & SYLVIA GOLDBERG FAMILY FOUNDATION

Employer identification number: 63-1268283

Part I General Information on Grants and Assistance

1 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? [X] Yes [ ] No

2 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

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) Congregation Ahavas Chesed P.O. Box 850804 Mobile AL 36685	63-0340855	501c3	8,000				General support
(2) University of South Alabama 650 Clinic Dr. Mobile AL 36688	63-0477348	501c3	7,000				General support
(3) Univ. of South Alabama Jaguar Club 1209 Mitchell Center Mobile AL 36688	63-0477348	501c3	9,921				General support
(4) Sr. Citizens Svcs: Via Health Ctr. 1717 Dauphin Street Mobile AL 36604	63-0590039	501c3	10,000				General support
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Grant Committee of the Community Foundation of South Alabama (Supported Organization) monitors grant requests to ensure that grant recipients are qualified charitable organizations. Evaluation reports are provided by certain recipients and are reviewed by the Grant Committee to measure impact and determine that criteria are followed.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2011 Open to Public Inspection
Name of the organization	THE ISRAEL & SYLVIA GOLDBERG FAMILY FOUNDATION	Employer identification number 63-1268283

Form 990, Part VI - Additional Information

The organization is a supporting organization of the Community Foundation of South Alabama (Community Foundation). Many of the Community Foundation's policies, such as those regarding conflicts of interest, whistleblower, and document retention are also applied to the activities of the organization because a majority of the organization's directors also serve in administrative and governance capacities to the Community Foundation.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Max Goldberg	Audrey Goldberg
Director	Director
Married	

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The organization is a not-for-profit corporation. There are two classes of members: Community Foundation of South Alabama (Community Foundation) Member and, Donor Member. The Community Foundation Member class has the voting majority.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Directors of the organization are divided into two classes as follows: The Community Foundation Director Class and, The Donor Director Class. The Community Foundation Class consists of at least one more Director than the Donor Member Class. There are currently five directors: Three are elected

e of the organization | Employer identification number

THE ISRAEL & SYLVIA GOLDBERG FAMILY | 63-1268283

›y the Community Foundation Member and two are elected by the Donor ſember.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is presented to the finance committee of the Community Foundation ›f South Alabama (Supported Organization) for review. The Community Foundation retains a copy of the return and notifies the Directors of the ıvailability of the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

)irectors who are elected by the Community Foundation of South Alabama are :equired to disclose annually any conflict of interest under the Foundation's policy.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization's governing documents are on file at the administrative ›ffice of the Community Foundation of South Alabama. The documents are ıvailable for public inspection to any interested party.

Form 990, Part VII - Related Organizations

Alvertha Penny is the current director for the Community Foundation of South Alabama (Supported Organization). Her position with the Supported)rganization is a full-time salaried position. She also serves as a lirector of the Israel & Sylvia Goldberg Family Foundation without :ompensation.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: THE ISRAEL & SYLVIA GOLDBERG FAMILY FOUNDATION

Employer identification number: 63-1268283

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)	Community Foundation of So. Alabama 212 St. Joseph Street 63-0695166 Mobile AL 36602	Charity	AL	501c3	8	N/A		X
(2)								
(3)								
(4)								
(5)								

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

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)								
(2)								
(3)								
(4)								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Sale of assets to related organization(s)	1f		X
g Purchase of assets from related organization(s)	1g		X
h Exchange of assets with related organization(s)	1h		X
i Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n Sharing of paid employees with related organization(s)	1n		X
o Reimbursement paid to related organization(s) for expenses	1o		X
p Reimbursement paid by related organization(s) for expenses	1p		X
q Other transfer of cash or property to related organization(s)	1q		X
r Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

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

art VII Supplemental Information

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