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## Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Quen to Public

Open to Public Inspection

OMB No 1545-0047

A For the 2013 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Address change WOODLAWN FOUNDATION, INC. Name change 27-4051072 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-3800 COLONNADE PARKWAY, STE 430 205-259-2060 Amende return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1.230.752. Applica-BIRMINGHAM, AL 35243 H(a) Is this a group return pending F Name and address of principal officer: T. MICHAEL GOODRICH Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? ) (insert no.) 4947(a)(1) or I Tax-exempt status: ■ 501(c)(3) = 501(c) ( If "No," attach a list (see instructions) J Website: ► WOODLAWNUNITED.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 2010 M State of legal domicile: AL Part I Summary Briefly describe the organization's mission or most significant activities: THE TRANSFORMATION AND SEP 3 0 2010 Activities & Governance REVITALIZATION OF THE WOODLAWN COMMUNITY IN BIRMINGHAM. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary)\_ 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 g of the column (C). 7a b Net unrelated business taxable income from Form 990-1, line 34 0. SEP 1 5 2014 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 553,085 1,191,954. 9,552 38,664. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 788 134. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <6,569. 11 556,856 230. 752. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 202,295 51,300. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 197,378 328,873. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 38,124. 790,720 430,227. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,190,393 810,400. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <633,537. 420,352. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Total assets (Part X, line 16) 1,852,351 2,290,162. Total liabilities (Part X, line 26) 600,091 617,550. 21 252,260 672,612 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign SALLY MACKIN, EXECUTIVE DIRECTOR Here Type or print name and title Check X Print/Type preparer's name Preparer's signature Paid <u>JAMES W. MOODY, CPA</u> P01298585 Firm's name DENT, BAKER & COMPANY, Preparer 63-0352192 Firm's EIN Firm's address 2204 LAKESHORE DR, Use Only Phone no. 205-871-1880 B'HAM, AL 35209 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

617

Form 990 (2013)

	rt III   Statement of Program Service Ac	NDATION, INC.	27-4051072	Page 2
ra	<del></del>			
	Check if Schedule O contains a response or	note to any line in this Part III	<u>-</u>	
1	Briefly describe the organization's mission:	AC A CAMALUCE AND DACTITEMENT		
		AS A CATALYST AND FACILITATOR		
		LIZATION OF THE WOODLAWN COMMU		T C I I
	ITS RESIDENTS HAVE AN OPP	A VIBRANT AND SUSTAINABLE COMM	IONITY IN WH	ICH
2		gram services during the year which were not listed on	<u> </u>	
2	the prior Form 900 or 900 E72	•	□v₃	s X No
	If "Yes," describe these new services on Schedule		L1 Te	S LAL NO
3	•	o. gnificant changes in how it conducts, any program services?	) \_\v_0	s X No
٠	If "Yes," describe these changes on Schedule O.	grillicant changes in now it conducts, any program services:	те	SLALINO
4	•	nplishments for each of its three largest program services, a	s maggired by avnens	<b>ac</b>
•		equired to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported	report the distance of grants and ansocious to our	ord, the total expenses	, and
4a		93. including grants of \$ 51,300.) (Rever	38	,664.)
		VITALIZATION OF THE WOODLAWN C	OMMUNITY IN	, , ,
	BIRMINGHAM, ALABAMA.			
4b	(Code ) (Expenses \$	including grants of \$) (Rever	iue \$	)
		· · · · · · · · · · · · · · · · · · ·		
			<del> </del>	
			<del></del> -	
			<del></del>	
40	10.			<del></del>
4c	(Code) (Expenses \$	including grants of \$ ) (Reven	ue \$	)
			<del></del>	
				<del></del>
				<del></del>
			<del></del>	
			<del></del>	
		· · · · · · · · · · · · · · · · · ·	<del>-</del>	<del></del>
			<del></del>	
4d	Other program services (Describe in Schedule O.)			
-	(Expenses \$ including grain	nts of \$ ) (Revenue \$	١	
4e	Total program service expenses	449,493.		
			Form !	990 (2013)
22000	•		1 01111	(-010)

Form 990 (2013) WOODLAWN FOUNDATION, INC. 27-4051072 Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		х
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		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b	Х	
13	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	i		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		<u> </u>
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		X
19	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		
		Form	990 c	2013)

Form 990 (2013) WOODLAWN FOUNDATION, INC. 27-4051072 Page 4
Part IV Checklist of Required Schedules (continued)

تت	Section   Sect			
•	Did the account of the design		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	-
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	ł		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		•	
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ĺ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		Х
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 so,			į
	complete Schedule L, Part II	26	х	
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	!
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
•	contributions? If "Yes," complete Schedule M	20		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
02	Schedule N, Part II		ŀ	v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		v	
24	·	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
05-	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	9 <b>90</b> (2	2013)

Part V	Statements	Regarding	Other IRS	Filings and Ta	x Compliance
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	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 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		i	
	(gambling) winnings to prize winners?	1c	ı	
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 7		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	ļ	. 1	
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		ľ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	1		
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
٠	amounts due or received from them.)		Ì	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-+	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 504(a)(00) prolified account to be all the section in account to the section of the section			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
<b>h</b>	Enter the amount of reserves the organization is required to maintain by the states in which the			
D				
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	145	$\dashv$	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
			990 (	20131

Form 990 (2013) WOODLAWN FOUNDATION, INC. 27-4051072 Page Part Vi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to will all the second the should have be should be shou			
	Check if Schedule O contains a response or note to any line in this Part VI	•		X
Sec	tion A. Governing Body and Management			
10	Enter the number of voting members of the governing body at the end of the tax year 9		Yes	No
Id	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.			
ь				
2	Enter the number of voting members included in line 1a, above, who are independent  1b   9  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?		х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	^	
3	of officers, directors, or trustees, or key employees to a management company or other person?	_		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_ <del>5</del> 6		X
7a		0		Α_
, a	more members of the governing body?	7.		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a_		Α_
D	persons other than the governing body?	71		v
8		7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	٥-	· ·	
a		8a	X	
ь 9	· · · · · · · · · · · · · · · · · · ·	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u> </u>
	tion of Colored (This decition is requests information about policies not required by the internal nevenue code.)		V T	NI-
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	<b>- 10</b>	12a	$\mathbf{x}$	
b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZU		
•	in Schedule O how this was done	12c	$\mathbf{x}$	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?	Ì		
а	The organization's CEO, Executive Director, or top management official	15a	i	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailahl	<u></u>	
	for public inspection Indicate how you made these available. Check all that apply		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	finan	rial	
-	statements available to the public during the tax year.	ici l	Jiui	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	on: 🛌		
	DONNA HAMPTON - 205-259-2060			
	3800 COLONNADE PARKWAY, STE 430, BIRMINGHAM, AL. 35243			

Form 990 (2013)	WWA.1COOW	POINDAT

Page 7

#### 'ION, Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	l	A) 1),E.		C)	mpc	11341	(D)	(E)	(F)
Name and Title	Average	,,,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	(do not check more box, unless person officer and a direct			is bot	h an	compensation	compensation from related organizations	amount of
	week (list any	<del></del>	Ī				1	from the		other compensation
	hours for	- SE	i			2		organization	(W-2/1099-MISC)	from the
	related	tee	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	ll trus	nal tr		loyee	e e				and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	1		organizations
	line)	<u>=</u>	1	₩	<u>₹</u>	물통	Ē			
(1) T. MICHAEL GOODRICH	8.00	1						_	_	_
PRESIDENT & TREASURER	ļ <u>.</u>	X	_	X		_	<u> </u>	0.	0.	0.
(2) GILLIAN W. GOODRICH	8.00	ļ	ŀ						_	_
VICE-PRESIDENT	<del> </del>	X	<u> </u>	X	<u> </u>	1_	_	0.	0.	0.
(3) K. WOOD HERREN	1.00									_
SECRETARY		X	<u> </u>	X	_	<u> </u>	L	0.	0.	0.
(4) MARQUITA DAVIS	1.00						i			_
DIRECTOR	<del> </del>	X	<u> </u>	Ļ	_	ļ	L.	0.	0.	0.
(5) MYEISHA HUTCHINSON	1.00			ĺ						
DIRECTOR		X	<u> </u>				<u> </u>	0.	0.	0.
(6) JOHNNY JOHNS	1.00				İ		ŀ	_	_	_
DIRECTOR		X	_					0.	0.	0.
(7) STEVE SPENCER	1.00	ł								
DIRECTOR	<b></b>	X	_			1	_	0.	0.	0.
(8) DONTA WILSON	1.00						ļ		_	
DIRECTOR		X	_			ļ.,		0.	0.	0.
(9) DEBBIE VOLTZ	1.00				ŀ		١.,			
DIRECTOR		X	<u> </u>		-	1		0.	0.	0.
(10) SALLY MACKIN	40.00				ļ		l .			_
EXECUTIVE DIRECTOR				X		_		91,667.	0.	0.
			_		-	-				
			_	_		<del>  </del>	_			
									į	
			<u> </u>		<u> </u>	$\perp$				
	<b>_</b>	_	L.,			$\perp$				
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	<u> </u>									
	1		1			, [				

	990 (2013) WOODLAWN								<del>,</del>	27-4	0510	072	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	C) ition more rson		one h an	( <b>D)</b> Reportable compensation	(E) Reportable compensatio	n	Est amo	(F) imate ount	_
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	ons compe		m the nızatı relate	e ion ed
			_				_							
						_								
											$\dashv$			
С	Sub-total  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	91,667. 0. 91,667.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d al	bove	e) wh	10 re	·	,000 of reportabl		1.		0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y er	nplo	yee,	or I	highest compensated ei	mployee on		3	/es	No X
4	For any individual listed on line 1a, is the stand related organizations greater than \$150	um of reportab 0,000? If "Yes,	le co	mple	ete S	Sche	edule	J f	or such individual			4		х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors							elate	ed organization or indivi	dual for services		5		х
1	Complete this table for your five highest co the organization. Report compensation for										pensa	tion fro	m	
	(A) Name and business			ONE					(B) Description of s		Co	(C) mpens		1
_								+						
	<del></del>							+						
								+						
								$\dashv$	<del></del>					

Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check of Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d 102,959. Government grants (contributions) 1e f All other contributions, gifts, grants, and 088,995 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ ,191,954 Total. Add lines 1a-1f Business Code 2 a RENTAL INCOME 531390 38,664. Program Service Revenue 38,664. f All other program service revenue 38,664. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 134 other similar amounts) 134. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d ,230,752. 38,664 Total revenue. See instructions. 0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 51,300. 51,300 organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 91,667. 91,667 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) 199.70983,180. 82,737. 33,792. Other salanes and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,206. 7,603 7,603. Other employee benefits 2,898. 22,291. 7,133. 12,260. Payroll taxes 10 Fees for services (non-employees): 11 Management 55,388. 48,995 6,393. b Legal 5,547. 5,547. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6.104. 31,853 38,159. 202. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 6,188. 6,188 Office expenses 13 Information technology 14 15 Rovalties 43,502. 14.074. 29,428. 16 Occupancy 4,708. 4,708. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 2,039. 1.110. 929 22 Depreciation, depletion, and amortization 6,891. 6,891 23 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.) 103,220. 101,988 1,232. COMMUNITY DEVELOPMENT A 98,153. 98,153. **b MUSIC ARTS EXPENSE** 36,520. 36,520 c GRANT EXPENSES 18,007. 18,007. TRAINING 18,572. <6,667.b All other expenses 11,905. 810,400. 322,783. 38,124. 449,493 Total functional expenses. Add lines 1 through 24e 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 It following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 124,627. 323,137. Cash - non-interest-bearing 201,930. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4,094. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 1,005. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,963,910. basis. Complete Part VI of Schedule D 10a 1,524,114. 2,414. 1,961,496. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 1,680. Other assets See Part IV, line 11 430. 15 15 1,852,351 2,290,162. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 91. 15,509. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 202,041. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 600,000. Complete Part II of Schedule L 400,000. 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 600,091 617.550. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,252,260. 27 Unrestricted net assets 27 1,672,612. 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

1,672,612.

1,252,260.

1,852,351

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2013) WOODLAWN FOUNDATION, INC.	27-4051	072	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
			0.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	, 23		
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>52.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	, 25	<u>2,2</u>	<u>60.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	+			
	column (B))	10 1	,672	2,6	12.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.			
	consolidated basis, or both	<b>,</b>			
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?	accin,	2c	$\mathbf{x}$	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	 Jule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a	İ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	 ed audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_ 400	3h		
			Form	990	2013)
			. 0////	(	_0.0,

### SCHEDULE'A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of	the organizati	ion						E	Employer	identifica	tion nu	ımber
			N FOUNDATION							7-405	<u> 1072</u>	?
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.				
The organ	iization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	)(b)(1)(A)(i	).				
2	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.)											
з 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 🔲	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and stat	te:										
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or o	perated by	/ a govern	mental un	ııt describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 [X]	An organizat	on that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general	public des	cribed	ın
	section 170(	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	-	_	eives (1) more than 33 1						-	-	-	
	activities rela	ited to its exempt fu	nctions - subject to certa	un excepti	ons, and (	2) no more	than 33	1/3% of it	s support	from gross	s inves	tment
	income and t	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	ısınesses	acquired b	y the org	anızatıon	after June	30, 197	75.
		509(a)(2). (Complete										
10	-	-	perated exclusively to te		-			-				
11	•	-	perated exclusively for th		-				-			or
		•	ations described in section		-		2). See <b>se</b> e	ction 509	(a)(3). Ch	eck the bo	x that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		•			. 🗀 -				
	a Type		,,	ype III - Fu	•	•				n-functiona	-	-
e			at the organization is not									
			han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
f			tten determination from t	ine ino ina	анквату	pe i, Type	ii, or Type	<del>)</del>				
_		rganization, check th	ns box organization accepted ar	waft or c	ontribution	a from any	of the foll	owing nor	eone?	•••		Ш.
g	-		irectly controls, either al			-					Yes	No
			upported organization?	one or tog	eulei Willi	persons	zeschbeu	iii (ii) aitu	(III) Delow	, 11g(i)	1	140
			n described in (i) above?							11g(ii)		
		•	person described in (i) o		<u>-</u> ?					11g(iii		-
h	• •	•	about the supported org							rigui	ш	Ь
••		Cilowing innomication	about the cappenda of	ga2a	(0).							
(i) Nama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi)	s the	(vii) Amoun	nt of mo	netany
• •	anization	(11) C.114	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizati (i) organiz	on in col.   zed in the		pport	пошту
J				governing	document?	(i) of you	r support?	U.S	5.7	•	•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
								L				
									1 1			
								}	] [			
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							[					

# Schedule A (Form 990 or 990-EZ) 2013 WOODLAWN FOUNDATION, INC. 27-4051072 Page 2 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")			250,460.	559,325.	1191954.	2001739.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		B				
4	Total. Add lines 1 through 3			250,460.	559,325.	1191954.	2001739.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				į		
	on line 1 that exceeds 2% of the	ı			i		
	amount shown on line 11,	ı					
	column (f)						1418886.
6	Public support. Subtract line 5 from line 4			-			582,853.
	ction B. Total Support						302,033.
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	, L.,	(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)	250,460.	559,325.	1191954.	2001739.
8	Gross income from interest.				00270201		2001,330
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		41.	620.	788.	134.	1,583.
9	Net income from unrelated business			<u> </u>			<u> </u>
	activities, whether or not the						
	business is regularly carried on		İ				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						2003322.
	Gross receipts from related activities,	etc (see instruction	ons)		· · · · · ·	12	20033228
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ا ٠ Vear as a section يا		
	organization, check this box and stop	-		a, 1001111, 01 11111110	or your do a doorlor	1001(0)(0)	. <b>&gt; X</b>
Sec	tion C. Computation of Publi	c Support Per	centage			·	
14	Public support percentage for 2013 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2012	**	•	ν,,	·	15	%
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box or	line 13, and line 1	4		
	stop here. The organization qualifies a					,	▶□
ь	33 1/3% support test - 2012. If the o		~		line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qualif						▶□
17a	10% -facts-and-circumstances test	•			13. 16a. or 16b. a	 nd line 14 is 10% (	or more
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					non ale organi	
ь	10% -facts-and-circumstances test					 7a. and line 15 is 1	.0% or
_	more, and if the organization meets the						078 UI
	organization meets the "facts-and-circ						▶□
	Private foundation. If the organization						
10_	. Treate rougidation. If the organization	- GIO HOL CHECK & C	707 Oii III 10 10, 108	i, 100, 17a, 01 170	, check this box ar	iu see mstructions	

### 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.)

Se	ction A. Public Support	siow, picase com	picto v art ii j				<del></del>
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not					İ	
	include any *unusual grants *)					ŀ	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				·		
	ızation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 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	. <u>.</u>					
	Public support (Subtract line 7c from line 6)		1		<u> </u>	<u> </u>	ļ
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	· ·	1		
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		ļ				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						i
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is		1		]		
40	regularly carried on						
12	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>	504( )(0)	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	zation,
500	check this box and stop here	c Support Pe	rcentage			••••	
			<del></del>	(f)		145	
	Public support percentage for 2013 (lii Public support percentage from 2012			olumn (1))	••	15	% %
16 Sec	ction D. Computation of Inves		***			1 10 1	
	Investment income percentage for 20			ne 13. column (fi)		17	<del></del> %
18	Investment income percentage from 2	•	•	ic 10, colaitii (1 <i>))</i>	•	18	
	33 1/3% support tests - 2013. If the	•		on line 14, and line	a 15 is more than :		
.50	more than 33 1/3%, check this box an	•		•		•	<b>▶</b> □
ь	33 1/3% support tests - 2012. If the		-				. ► L
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization		-			=	▶□

Schedule .	A (Form 990 or 990-EZ) 2013	WOODLAWN_	FOUNDATION,	INC.	27-4051072 Page 4
Part IV	A (Form 990 or 990 EZ) 2013  Supplemental Inform	nation. Provide	the explanations requi	red by Part II, line 10; Part II, line	17a or 17b; and Part III, line 12.
	Also complete this part for	any additional inf	ormation. (See instruct	ions).	
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			·-		

## **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Nam	e of the organization					er identificati	
	WOODLAWN FOUNDATIO					<u> 27-4051</u>	
Pa			her Similar Fui	nds or A	ccounts	Complete if t	the
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Donor a	dvised funds	(	b) Funds a	ind other acco	unts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)	<u> </u>					
4	Aggregate value at end of year	L					
5	Did the organization inform all donors and donor advisors in	writing that the ass	ets held in donor a	dvised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal con	troi? .			. 🔲 Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing th	nat grant funds can	be used o	nly		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or	for any other purpo	ose confer	nng		
	impermissible private benefit?			·		Yes Yes	□ No
Pa	t II Conservation Easements. Complete if the org	janization answered	d "Yes" to Form 99	0, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that a	pply).				
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of an	historicall	y importar	nt land area	
	Protection of natural habitat		Preservation of a	certified his	storic struc	cture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ontribution in the fo	rm of a co	nservation	easement on	the last
	day of the tax year.						
					Hele	d at the End of t	he Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic stri	ucture included in (	a)	Ì	2c		
d	Number of conservation easements included in (c) acquired a	,		ucture			-
	listed in the National Register	•			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguishe	d, or terminated by	the organ		ing the tax	
	year▶		,	3			
4	Number of states where property subject to conservation eas	sement is located	•				
5	Does the organization have a written policy regarding the per			of			
	violations, and enforcement of the conservation easements it	•				Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing cons	ervation easement	s durina th	e vear ▶		
7	Amount of expenses incurred in monitoring, inspecting, and e	-		•	•		
8	Does each conservation easement reported on line 2(d) abov						_
	and section 170(h)(4)(B)(ii)?					Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expe	nse statem	· · · nent. and h		
_	include, if applicable, the text of the footnote to the organizat		-			·	
	conservation easements			J. 3.19	a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	accounting it	′'
Par	t III Organizations Maintaining Collections of	Art, Historica	Treasures, or	Other S	Similar A	ssets.	
	Complete if the organization answered "Yes" to Form		•				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to repo	rt in its revenue sta	tement an	d balance	sheet works o	f art
	historical treasures, or other similar assets held for public exh						
	the text of the footnote to its financial statements that describ		o. rooda.on in rain	0141100 01	Jabile 3014	ico, provido, ii	ii ait Aii,
b	If the organization elected, as permitted under SFAS 116 (AS		its revenue statem	ont and ha	lance che	at works of art	historical
-	treasures, or other similar assets held for public exhibition, ed						
	relating to these items	acadon, or resealt	ii iii lultiidialite Ol	haniic 26U	rice, provid	19 ILIA IOIIOMIU	y amounts
	•				•		
	(i) Revenues included in Form 990, Part VIII, line 1			•••	<b>5</b> *-		
•	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical trea			cial gain, p	rovide		
	the following amounts required to be reported under SFAS 11				_		
a	Revenues included in Form 990, Part VIII, line 1				<b>\$</b> _		
b	Assets included in Form 990, Part X			•	<b>&gt;</b> \$		

		N FOUNDATI				or Oth	or Simi		1510/2		ge Z
3	Using the organization's acquisition, access	on, and other record	s, cnec	k any of the	tollowing th	at are a s	significant	use of its	collection	items	•
	(check all that apply).		. <del>[</del>		_						
а	Public exhibition	C	<b>'</b>  -		change progr	rams					
b	Scholarly research	€	• 🗀	Other			_				
C	Preservation for future generations										
4	Provide a description of the organization's co							ose in Pa	rt XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımila	r assets		_	_	
	to be sold to raise funds rather than to be m								Yes	ليا	No
Pai	reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" to	Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets no	t included				
	on Form 990, Part X?								Yes		No
b	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
	-	•	_						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year		_				. 1e				
f	Ending balance		_			_	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			•	<del></del>		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	on has beer	provided in	Part XIII					
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Parl	IV, line	10.				
		(a) Current year		nor year	(c) Two year			years back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities			<del>, .</del>							
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:					•	
– a	Board designated or quasi-endowment		%	5,	-,,						
	Permanent endowment	%									
	Temporarily restricted endowment	^ %									
•	The percentages in lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posse		ation the	at are held a	ind administr	ared for t	he organi	zation			
-	by:	obion of the organiza				5,04,0,	no organii	Lanon	Г	'es	No
	(i) unrelated organizations								3a(i)	-	140
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R2					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		, Part IV	, line 11a S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		<del></del>	or other		ccumulate	ed	(d) Book	value	
		basis (investr		, , ,	(other)		preciation		(-,		
1a	Land		-		-						
	Buildings			1.95	4,716.		1,1	10.	1,953	.60	6.
	Leasehold improvements		-								<u> </u>
	Equipment				8,449.		1,1	05.	7	, 34	4.
	Other				745.			99.			6.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)				1,961		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ....

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) (9)

<u>Sche</u>	dule D (Form 990) 2013 WOODLAWN FOUNDATION, INC.		27-4051072 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	_
þ	Donated services and use of facilities	2b	<b>」</b>
С	Recovenes of pnor year grants	2c	_
d	Other (Describe in Part XIII.)	2d	_
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	-
C	Add lines 4a and 4b		4c
Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  It XII Reconciliation of Expenses per Audited Financial Statement	anto With Evanges no	5
rai	<del></del>	ents with Expenses pe	r neturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		_1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	<del> </del>
C	Other losses .	2c	-
d	Other (Describe in Part XIII ) Add lines 2a through 2d	2d	- · · · ·
3	Subtract line 2e from line 1	• •	2e 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b		4b	-
	Add lines 4a and 4b	70	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addi		e 4; Part X, line 2, Part XI,
		<del>-</del>	

SCHEDULE I (Form 990) Name of the organization

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.

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

2013	pen to Public Inspection
2	Ope In

OMB No 1545-0047

**2** Employer identification number 27-4051072 X Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. WOODLAWN FOUNDATION, General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	onal space is need	ompiete ii me orga led	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
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
CORNERSTONE SCHOOLS OF ALABAMA, INC 118 55TH STREET NORTH - BIRMINGHAM, AL 35212	63-0948472	501(C)(3)	6,800	0			SCHOLARSHIPS
YWCA OF CENTRAL ALABAMA 309 NORTH 23RD STREET BIRMINGHAM, AL 35203	63-0288882	501(C)(3)	24,050,	0			SUMMER AND AMERICORPS PROGRAMS
GIRLS ON THE RUN OF BIRMINGHAM PO BOX 530244 BIRMINGHAM, AL 35253	27-3439428	501(C)(3)	5,000	0			OPERATING SUPPORT OF ORGANIZATION
DESERT ISLAND SUPPLY CO. 5500 1ST AVENUE NORTH BIRMINGHAM, AL 35212	80-0611256	501(C)(3)	10.000	0			OPERATING SUPPORT OF
2 Enter total number of section 501(c)(3) and government organizations is 2 Enter total number of other organizations listed in the line 1 table	nd government org	l suoi:	sted in the line 1 table				4.

332101 10-29-13

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

Schedule I (Form 990) (2013)

27-4051072

INC.

WOODLAWN FOUNDATION,

Schedule I (Form 990) (2013)

Schedule i (Form 990) (2013)

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No 1545-0047

Open To Public Inspection

Schedule L. (Form 990 or 990-EZ) 2013

Name of the	e organization	IOODI AWAI	FOUNDATI	ON	TN	iC.				1	pl <b>oy</b> e - <b>4</b> 0			ion nu	mber
Part I			tions (section 50				c)(4) org	anizations	only).	141	<u> </u>	1510	14		·-
			swered "Yes" on I							art V,	line 40	0b			
1 (a) Non	ne of disqualified p	(b)	Relationship bety			lified		c) Description	on of tron	tic			(d)	Corre	cted?
(a) Nan	— usquailled p	JEISOII	person and or	ganız	ation			Description	on or trai	isactic	nı		<u> Y</u>	es	No
	<u>-</u> .							-							
_															
	<del></del>												+		
<del></del> .											<u>.                                    </u>		+		
									<del></del>				+		
2 Enter t	he amount of tax i	ncurred by the	organization man	agers	or disc	qualified pers	sons du	nng the yea	ır under						
section	n 4958										<b>&gt;</b> \$				
3 Enter t	he amount of tax,	ıf any, on lıne 2	, above, reimburs	ed by	the or	ganization					▶ \$				
Part II	Loans to and	t/or From In	iterested Per	cons	-	<del></del>									
raitii			swered "Yes" on I			Dort V line	200 01	000 E	Oort IV/ lim	26	ar if th			<b>.</b> n	
	•	-	owered ites on i 0, Part X, line 5, 6			., rait v, iiile	JOA UI I	-01111 990, F	art IV, III	le 20,	or ii ti	ie orga	mzau	OH	
(a)	Name of	(b) Relationship	<u> </u>	(d) La	an to or	(e) Origi	nal	(f) Balan	ce due	(q)	ln	(h) Ap	proved	(i) W	ritten
ıntere	sted person	with organization	n of loan		n the zation?	principal ar		(,,			ult?	comm	ard or nttee?	agree	ment?
					From					Yes	No	Yes	No	Yes	No
	HAEL GOOD				ļ .	200,			000.		X	X	<u> </u>	X	<u> </u>
T. MIC	HAEL GOOD	DIRECTO	RNON-INTE	X	<u> </u>	200,	000.	200	000.		X	X		X	<u> </u>
													<del> </del>	-	<del> </del>
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<u>rotal</u> Part III │	Grants or As	eietanca Ro	nefiting Inter	octo	d Da	reone	<b>&gt;</b> \$	400	000.			<u></u>			
r art iii			swered "Yes" on f												
(a) Na	ime of interested p		(b) Relationship			(c) Amo			(d) Type	of		10	) Purp	ose of	:
(4)	от пистоское р		interested pers	on an		assista			assistan			• •	assista		
			the organiza	tion											
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SEE PART V FOR CONTINUATIONS

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

(a) Name of interested person	(b) Relationship be person and the	etween interested	(c) Amount of transaction	(d	) Descript transacti		organiz	aring of zation's nues?
W MOOD HEDDEN	DIDECTOR A	ND OFFICE		ļ	****		Yes	No
K. WOOD HERREN	DIRECTOR A	MD OFFICE	<u>O</u> .	к.	WOOD	HER		Х
	<u> </u>			-				-
Part V Supplemental Information		<u> </u>		1				
Provide additional information for response	onses to questions o	n Schedule L (see i	nstructions).		<del></del>			
SCHEDULE L, PART II, LOANS	TO AND FR	OM INTERES	STED PERSON	ıs:				
(A) NAME OF PERSON: T. MIC	HAEL GOODR	ICH						
(B) RELATIONSHIP WITH ORGA			ND OPETOR	,		,,,		
(C) PURPOSE OF LOAN: NON-I	NTERSET BE	ARING, IN	TERIM FUNDI	NG	LOAN	TO :	PROV.	IDE
OPERATING FUNDS								
(A) NAME OF PERSON: T. MIC	HAEL GOODR	ICH				•		
(B) RELATIONSHIP WITH ORGA	NTZATTON•	DTRድሮጥOR 2	ND OFFICER	1		•		
(C) PURPOSE OF LOAN: NON-I	NTERSET BE	ARING, INT	ERIM FUNDI	NG	LOAN	TO I	PROV:	IDE
OPERATING FUNDS								
	-2							
SCH L, PART IV, BUSINESS T	RANSACTION	S INVOLVIN	G INTEREST	ED	PERSO	ons:		
			.0 4111211201		1 1110	<u> </u>		
(A) NAME OF PERSON: K. WOO	D HERREN							
(B) RELATIONSHIP BETWEEN I	NTERESTED	PERSON AND	ORGANIZAT	ION	<del>1</del> :			
DIRECTOR AND OFFICER								
(D) DESCRIPTION OF TRANSAC	TION: K. W	OOD HERREN	I, WHO IS A	DI	RECTO	OR AL	1D	
OFFICER OF THE ORGANIZATIO	N, IS A PA	RTNER WITH	BRADLEY A	RAN	T BOU	JLT		
CUMMINGS LLP. THE FIRM OF	BRADLEY A	RANT BOULT	CUMMINGS	LLF	PROV	/IDE	3	
	_							
LEGAL COUNSEL TO THE ORGAN	IZATION.							

## **SCHEDULE 0** (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 27-4051072

WOODLAWN FOUNDATION, INC.	27-4051072
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: DIRECTORS HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE 990 WAS REVIEWED BY THE FOUNDATION'S OFF	ICERS PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ON AN ANNUAL BASIS, MEMBERS OF THE BOARD OF	DIRECTORS ARE
REQUIRED TO PROVIDE AN ANNUAL STATEMENT OF RELATIONSHIPS	WITH FAMILY AND
OTHER PARTIES THAT COULD RESULT IN A CONFLICT OF INTEREST	ADDITIONALLY,
THE POLICY REQUIRES THAT EACH DIRECTOR DISCLOSE ANY POTEN	TIAL CONFLICT OF
INTEREST AT THE TIME IT ARISES.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: MATERIALS ARE AVAILABLE UPON REQUEST BY CONT	ACTING THE
ORGANIZATION.	
FORM 990, PART XII, LINE 1:	<del></del>
EXPLANATION: ACCOUNTING METHOD CHANGED TO THE METHODS PRO	VIDED IN FASB
ASC 958 IN ACCORDANCE WITH NOTICE 96-30.	
<del></del>	<del></del>
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRE	CTORS OVERSEES
THE SELECTION OF AN INDEPENDENT ACCOUNTANT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

2013

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

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

INC.

WOODLAWN FOUNDATION,

Name of the organization Department of the Treasury Internal Revenue Service

Part

Employer identification number 27 – 4051072 Open to Public Inspection

(f) Direct controlling entity	WOODLAWN FOUNDATION, INC.	WOODLAWN FOUNDATION,		related tax-exempt
(e) End-of-year assets	MODE 2,005,740,ENC.	• 0		it had one or more i
(d) Total income	37,974,	0		rt IV, line 34 because
(c) Legal domicile (state or foreign country)	ALABAMA	ALABAMA	_	lete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt
(b) Primary activity	AFFORDABLE HOUSING	AFFORDABLE HOUSING		tions Complete if the organization ans
(a) Name, address, and EIN (if applicable) of disregarded entity	WF REAL PROPERTY RESOURCES, LLC 3800 COLONNADE PARKWAY STE 430 BIRMINGHAM, AL 35243	WOODLAWN REDEVELOPMENT I GP, LLC 3800 COLONNADE PARKWAY STE 430 BIRMINGHAM, AL 35243		Part II Identification of Related Tax-Exempt Organizations Comp

(g) Section 512(b)(13) controlled entity?

Direct controlling entity

status (if section Public charity

Exempt Code section

Legal domicile (state or foreign country)

Primary activity

Name, address, and EIN of related organization

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**©** 

501(c)(3))

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Yes

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

Schedule R (Form 990) 2013

332181 09-12-13 LHA

Page 2

27-4051072

Schedule R (Form 990) 2013 WOODLAWN FOUNDATION, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tau under sections 512-514)	1	(f) Share of total income	(g) Share of end-of-year assets	(h) Olsproportonate allocations?	(i) Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing Partner?	General or Percentagé managing ownership
								•			<b>b</b>
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related or organizations treated as a corporation or trust during the tax year	anizations Taxable a poration or trust durin	s a Corpo g the tax y	ration or Trust Co ear	mplete if the org	janization ansv	wered "Yes" o	n Form 990, Pa	ırt IV, line 34	because it had	one or π	ore related
(a) Name, address, and EIN of related organization	Z _	Prima	(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		(9) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
				-							
										<u> </u>	
332162 09-12-13						i			Schedu	le R (For	Schedule R (Form 990) 2013

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		i		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?	with one or more re	lated organizations listed i	n Parts II-IV?	`
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a
b Gift, grant, or capital contribution to related organization(s)			: .	1b
c Gift, grant, or capital contribution from related organization(s)			٠	10
d Loans or loan guarantees to or for related organization(s)				10
e Loans or loan guarantees by related organization(s)				16
<ul> <li>Dividends from related organization(s)</li> </ul>				14
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				4
i Exchange of assets with related organization(s)				; <del>=</del>
j Lease of facilities, equipment, or other assets to related organization(s)				1;
k Lease of facilities, equipment, or other assets from related organization(s)				<del>*</del>
I Performance of services or membership or fundraising solicitations for related organization(s)	zation(s)		:	=
	zation(s)	•		£
	(s) <sub>L</sub>			1-
o Sharing of paid employees with related organization(s)				0
p Reimbursement paid to related organization(s) for expenses			٠	1p
q Reimbursement paid by related organization(s) for expenses				19
<ul> <li>Other transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>			-	
	o must complete th	is line, including covered r	elationships and transaction thresholds.	
(а) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved
	type (a.s)			
(1)				
(2)				
	_			
(2)				; ;
(4)				
(9)				İ
332163 06-12-13			Schedul	Schedule R (Form 990) 2013

Page 4

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Schedule R (Form 990) 2013 WOODLAWN FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

3	Percentage ownership						
9	General or managing partner?	1	 -	<u> </u>		-	
	-UBI box 20 Jle K-1 065)						
3	Disproportionate allocations?						
-	Ols all s	_		_	- <u></u> .		
3	(9) Share of end-of-year assets						
9	윤 , 로						
<b>(a</b>	Are all partners sec 501(c)(3) orgs?			,			
	t income related, om tax 512-514)						
Sion for certain inve	micile oreign ry)						
(b)	ctivity						
(a) (b) (c) (c)	Name, address, and EIN of entity						

Schedule R (Form 990) 2013