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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning and	ending					
	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres		_					
	Name change	Doing Business As		63-0	833692			
	Instal return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	Termin ated	3966 MONTCLAIR ROAD		205-879-0416				
	Ameno	city or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,558,201.				
	Application	DIKMINGRAM, AD 33213-2413		H(a) Is this a group return				
	pendin	F Name and address of principal officer: SALLY FRIEDMAN		for subordinates? Yes X No				
		3966 MONTCLAIR ROAD, BIRMINGHAM, AL 3	5213	H(b) Are all subordinates in	nctuded? Yes No			
<u> </u>	Tax-exe	mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)		If "No," attach a	list (see instructions)			
		FOUNDATION.BJF.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	<del></del>	A State of legal domicile: AL			
	art I	Summary						
_	1	Bnefly describe the organization's mission or most significant activities: THE	BIRMIN	GHAM JEWISH	FOUNDATION			
Activities & Governance		IS DEDICATED TO NURTURING AND PROMOTING						
raa	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	27			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26			
ဆွ	i	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0			
Ìŧ	1	Total number of volunteers (estimate if necessary)		6	30			
ई	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	16,907.			
				Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)	<del> </del>	1,460,551.	1,724,485.			
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.			
ķ		nvestmentane(mat/viii Column(A), lines 3, 4, and 7d)		805,369.	833,716.			
æ		Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		0.00,000.	0.			
		Totalvevenue, add lines & through 1 (must equal Part VIII, column (A), line 12)	•	2,265,920.	2,558,201.			
-		Grants and similar amounts paid (Par IX, column (A), lines 1-3)		660,940.	1,022,910.			
		Remefits paid to or for members (Part IX, column (A), line 4)		0.00,540.	0.			
/۵	I		-	210,635.	217,873.			
Şe	160	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	loa i	otal fundraising expenses (Part IX, column (D), line 25) 88, 3	26					
찣	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	116,422.	123,285.			
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		987,997.	1,364,068.			
	1	Revenue less expenses Subtract line 18 from line 12		1,277,923.	1,194,133.			
<u></u>		nevenue less expenses Subtract line 10 front line 12	Pa	ginning of Current Year	End of Year			
ance		otal assets (Part X, line 16)		22,516,006.	25,901,084.			
SSS.	20	,	-	44,181.	45,289.			
Net Assets or Fund Balances	21	otal liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	_	22,471,825.	25,855,795.			
	art II	Signature Block		<u>44,411,045.</u>	23,033,133.			
_		ties of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ante and to the heet of my	knowledge and helief it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of wi		· · · · · · · · · · · · · · · · · · ·	kilowicaye alla bellet, it is			
uuc	, contec		ised					
C	_	Signature of officer / Successor, Wileeline C	L JUNE	Date	<u> </u>			
Sig		SALLY FRIEDMAN, EXECUTIVE DIRECTOR		- Q11	2114			
Her	e	Type or print name and title		——————————————————————————————————————	1211			
				Date Check	X PTIN			
Da:		Print/Type preparer's name  JAMES W. MOODY, CPA  Preparer's signature  Lower W. MOODY, CPA		ا بالمام	~~			
Paid	1		UTI					
		Firm's name DENT, BAKER, & COMPANY, LLP ()		Firm's EIN	63-0352192			
use	Only	Firm's address P.O. BOX 59726		Dh 2.0	E 071 1000			
		BIRMINGHAM, AL 35259-9726	<del></del> -	I Prione no. ∠ U	5-871-1880			

	990 (2013) BIRMINGHAM JEWISH FOUNDATION, INC. 63-0833692 Page	2
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>]</u>
1	Bnefly describe the organization's mission:	
	THE BIRMINGHAM JEWISH FOUNDATION IS DEDICATED TO NURTURING AND	_
	PROMOTING JEWISH LIFE IN BIRMINGHAM, NATIONALLY, IN ISRAEL AND	_
	THROUGHOUT THE WORLD; IS INVOLVED IN BUILDING A BETTER BIRMINGHAM	_
	THROUGH ALLIANCES AND PARTNERSHIPS WITH OTHER COMMUNITY GROUPS, AND IS	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	,
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code) (Expenses \$ 1,070,718. including grants of \$ 1,022,910.) (Revenue \$ 2,558,201.	)
	THE BIRMINGHAM JEWISH FOUNDATION IS DEDICATED TO NURTURING AND	_
	PROMOTING JEWISH LIFE IN BIRMINGHAM, NATIONALLY, IN ISRAEL AND	_
	THROUGHOUT THE WORLD; IS INVOLVED IN BUILDING A BETTER BIRMINGHAM	_
	THROUGH ALLIANCES AND PARTNERSHIPS WITH OTHER COMMUNITY GROUPS, AND IS	_
	COMMITTED TO HELPING ALL PEOPLE IN NEED IN TIMES OF CRISIS.	_
		_
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	(Code) (Expenses \$) (Revenue \$)	_
4b	(Code) (Expenses \$) (Revenue \$)	,
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
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	Other program services (Describe in Schedule O)	-
→u		
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,070,718.	-
<del>-10</del>	Form <b>990</b> (2013	-
	roin 330 (2013	1

BIRMINGHAM JEWISH FOUNDATION, INC. 63-0833692 Form 990 (2013) 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 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I ... Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect dunng the tax year? If "Yes," complete Schedule C, Part II X 4 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 Х 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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 X 15 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 X 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013)

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20a

19

complete Schedule G, Part III

Form 990 (2013) BIRMINGHAM JEWISH FOUNDATION, INC. 63-0833692 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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,	}		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			•
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
þ	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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	ļ		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	;		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		- 1	v
32	If "Yes," complete Schedule N, Part I	31	-+	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00	-	v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
<b></b>	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>-</b>	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
_	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-charitable related organization?	- COD		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"	$\dashv$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>,</del>		
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (	2013)

Form 990 (						63-0833692	Page 5
Part V	Statements F	Regarding Other II	RS Filings	and Tax Complian	се		

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
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			
	(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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
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
	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).			
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		Х
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?	71		
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		ļ	:
	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.			Ì
а	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		
10	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		ł	ı
а	Gross income from members or shareholders		İ	ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against		İ	
	amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	ŀ		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	l	

BIRMINGHAM JEWISH FOUNDATION. Form 990 (2013) INC. 63-0833692 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.  $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a 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. 26 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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 Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 X Another's website X Upon request Other (explain in Schedule O) 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; KIMBERLY PATTERSON - 205-879-0416

35213

3966 MONTCLAIR ROAD, BIRMINGHAM,

Form 990 (2013)	BIRMINGHAM	JEWISH FOUNDATION,	INC.	63-0833692
				10 00000

# 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)	Juga		((	C)		11341	(D)	(E)	(F)
Name and Title	Average hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week (list any hours for	Individual trustee or director						from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations	ul trustee	nal trust		loyee	ошрепо		(W-2/1099-MISC)		organization and related
	below line)	Individua	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Роттег</b>		;	organizations
(1) AMY SAAG	1.00	x							0	0
PAST PRESIDENT	2.00	<u> </u>	_		┢	┢	$\vdash$	0.	0.	0.
(2) LISA ENGEL PRESIDENT	2.00	x		X				0.	0.	0.
(3) GINGER HELD	2.00									<del></del>
VICE-PRESIDENT		x		X				0.	0.	0.
(4) RICHARD PIZITZ, JR.	2.00					l				
TREASURER		X		X			L.	0.	0.	0.
(5) MELBA EPSMAN	1.00									
BOARD MEMBER		Х			<u> </u>			0.	0.	<u> </u>
(6) SIMMY BARROCAS	1.00				ŀ					
BOARD MEMBER		Х			ļ			0.	0.	0.
(7) BARBARA BONFIELD	1.00							_	_	
BOARD MEMBER		X						0.	0.	0.
(8) JULIAN BROOK	1.00									
BOARD MEMBER	4-00	X				_		0.	0.	0.
(9) STEVEN CORENBLUM	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(10) CATHY O. FRIEDMAN	1.00									_
BOARD MEMBER	1 00	X				_	-	0.	0.	0.
(11) SUSAN GREENE	1.00	3.5							_	•
BOARD MEMBER	2 00	X		$\dashv$			-	0.	0.	0.
(12) SCOTT GEWANT	2.00	x		x				o.	0.	0
SECRETARY (13) SHERYL KIMERLING	1.00	≏	$\dashv$	^		$\vdash$		0.	<u> </u>	0.
EX-OFFICIO	1.00	x		Í				0.	0.	0.
(14) JACK LEVY	1.00									
BOARD MEMBER		x	ı					0.	0.	0.
(15) JOEL MENDLER	1.00									
BOARD MEMBER		$\mathbf{x}$		ĺ				0.	0.	0.
(16) MICKY RUBENSTEIN	1.00									
BOARD MEMBER		$\mathbf{x}$		_	_			0.	0.	0.
(17) CYNTHIA TOBIAS	1.00									
BOARD MEMBER		X						0.	0.	0.
332007 10-29-13										Form <b>990</b> (2013)

Page 7

Part VII Section A. Officers, Directors, True		ploy	<u>ees</u>			ighe	st (				
, (A)	(B)			•	C)	_		(D)	(E)		(F)
Name and title	Average	(do			sitior more	า ethan	опе	Reportable	Reportable		Estimated
	hours per week					is bot or/trus		1	compensation		amount of
	(list any		T		T		T T	┤ ""	from related organizations		other
	hours for	Individual trustee or director				_		the organization	(W-2/1099-MISC		from the
	related	0.0	ige			sate		(W-2/1099-MISC)	(***2 1000 111100	'	organization
	organizations	truste	Institutional trustee		9	mper		(** 2) 1000 111100)			and related
	below	qua	utton		96	Stc					organizations
	line)	Indiv	thst	Officer	Key	Highest compensated employee	S E			$\perp$	
(18) ALAN WEINTRAUB	1.00										•
BOARD MEMBER	<b>_</b>	X			<b> </b> _	<b> </b>	<u> </u>	0.	'	0.	0.
(19) SETH WOLNEK	1.00	ļ									
BOARD MEMBER		X	<u> </u>	_		<u> </u>	_	0.		0.	0.
(20) GARY SCHIFF	1.00	Į								- }	
BOARD MEMBER		X						0.		0.	0.
(21) AARON NELSON	1.00										
BOARD MEMBER		X						0.		0.	0.
(22) HAROLD KUSHNER	1.00					1					
BOARD MEMBER		X					<u> </u>	0.	•	0.	0.
(23) LYNN RAVIV	1.00										
EX-OFFICIO		X						0.	(	o .	0.
(24) DIANE SLAUGHTER	1.00										
BOARD MEMBER	·	X						0.	(	o.	0.
(25) JERRY HELD	1.00										
BOARD MEMBER		X						0.	(	o .	0.
(26) DREW WEIL	1.00										
BOARD MEMBER		X					<u> </u>	0.	(	0.	0.
1b Sub-total							ightharpoonup	0.		0.	0.
c Total from continuation sheets to Part V	II, Section A						<b></b>	0.	103,579	€.	9,555.
d Total (add lines 1b and 1c)							<b></b>	0.	103,579	€.	9,555.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	ho r	received more than \$100	,000 of reportable		
compensation from the organization											0
										_	Yes No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	у е	mplo	оуее	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for	such individual									L	3 X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization	į	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete :	Sch	edul	e J	for such individual		. L	4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y uni	relat	ted organization or indivi	dual for services		
rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or s	uch	per	son					5 X
Section B. Independent Contractors									_		
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comp	ensat	tion from
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	/ithi	n the organization's tax	/ear.		
(A)								(B)			(C)
Name and business	address	N	INC	3				Description of s	ervices	Co	mpensation
									į		
							_				
							$\dashv$				
		-									
2 Total number of independent contractors (	including but n	ot lu	mıte	d to	tho	se li	stec	Ld above) who received m	ore than		
\$100,000 of compensation from the organ	-					0					

BIRMINGHAM JEWISH FOUNDATION, INC. Form 990 63-0833692 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week organizations the compensation Highest compensated employee Individual trustee or director (list any organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Institutional trustee related and related Key employee organizations organizations below Officer line) 40.00 (27) SALLY FRIEDMAN X 0. 103,579. 9,555. EXECUTIVE DIRECTOR

103,579.

<u>9,555.</u>

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns b Membership dues 1b 10 c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1f 1,724,485 similar amounts not included above 1,162,531 g Noncash contributions included in lines 1a-1f \$\_ 724,485 Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 136,839. 136,839. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 696,877 assets other than inventory b Less: cost or other basis and sales expenses 696,877. c Gain or (loss) 696,877. 696,877. 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 . . . 833,716 558,201 0

Total revenue. See instructions.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	polete all columns. All oth	er organizations must co	molete column (A)	——————————————————————————————————————
555.	Check if Schedule O contains a respon			impiete column (7 y.	
	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
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,022,910.	1,022,910.		<del></del>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 500	20 716	41 422	41 422
_	trustees, and key employees	103,580.	20,716.	41,432.	41,432.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	66,090.	12,727.	45,689.	7,674.
8	Pension plan accruals and contributions (include	00,050.		43,003.	7,074.
Ů	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,271.	8,568.	8,568.	17,135.
10	Payroll taxes	13,932.	3,483.	3,483.	6,966.
11	Fees for services (non-employees)		37.2001	372031	0/5001
	Management				
b	Legal				
С	Accounting	8,000.		8,000.	
d	Lobbying	•			
е	Professional fundraising services. See Part IV, line 17				····
f	Investment management fees .				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	61,292.	1,265.	58,438.	1,589.
12	Advertising and promotion				
13	Office expenses	1,661.		1,661.	
14	Information technology	10,500.		5,250.	5,250.
15	Royalties				
16	Occupancy				
17	Travel .	790.	174.	47.	569.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 501			4 504
19	Conferences, conventions, and meetings	1,501.			1,501.
20	Interest				<del></del>
21	Payments to affiliates .  Depreciation, depletion, and amortization	9,294.		9,294.	<del></del>
22 23	Insurance	6,500.		6,500.	
23 24	Other expenses. Itemize expenses not covered	0,300.	•	0,500.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)				
а	OTHER EXPENSES	12,185.		12,185.	
b	PROMOTIONS	5,134.		2,567.	2,567.
c	MISCELLANEOUS	2,238.	112.	336.	1,790.
d	TELEPHONE	1,500.	300.	200.	1,000.
	All other expenses	2,690.	463.	1,374.	853.
25	Total functional expenses. Add lines 1 through 24e	1,364,068.	1,070,718.	205,024.	88,326.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	i			
	Check here rf following SOP 98-2 (ASC 958-720)	<u> </u>			

63-0833692 Page 11 BIRMINGHAM JEWISH FOUNDATION, INC. Form 990 (2013) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 497,196. 2,140,002. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 44,916. 80,104. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 5 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 Assets Notes and loans receivable, net 7 7 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 27,882. basis Complete Part VI of Schedule D 10a 27,882 9,294. 0. 10c b Less: accumulated depreciation 10b 30,166. 11 11 Investments - publicly traded securities 19,260,891. 24,344,341. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 995,549. 1,014,631. Other assets See Part IV, line 11 15 15 22,516,006. <u>25,901,084.</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 16 45,289. 44,181 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 Schedule D 44,181 45,289. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,117,611 8,868,839. 27 Unrestricted net assets ... 27 10,361,636. 11,798,912. 28 Temporarily restricted net assets 4,992,578. 5,188,044. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 25,901,084. Form **990** (2013)

> 25,855,795.

30

31

32

33

22,471,825.

22,516,006.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	1 390 (2013) BIRMINGHAM OEWISH FOUNDATION, INC.	<u> </u>	<u> </u>	<u> 74</u>	Pag	<u> 18 12</u>
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>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	558	, 2	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	364	, 0	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	194	, 1	33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,	471	, 8:	25.
5	Net unrealized gains (losses) on investments	5	2,	189	, 8	37.
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	25,	855	,79	95.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
			_	1	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	l		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:				ı	
	Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?		L	2b	X L	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both:			1		
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ĺ			
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt				
	Act and OMB Circular A-133?		. L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 9	90 (2	2013)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

		BIRMING	HAM JEWISH I	OUND	MOITA	INC.	<u></u>		6	3-0833	692	2
Part I	Reason	for Public Char	ity Status (All organi	zations mu	ıst comple	te this par	t.) See ins	tructions.				
he organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	oox.)					
1 🖳	A church, co	onvention of churche	s, or association of chui	rches desc	cribed in se	ection 170	)(b)(1)(A)(i	).				
2	A school de	scribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach So	chedule E.	)							
3 🖳			tal service organization									
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170	)(b)(1)(A)(i	ii). Enter	the hospital	's nar	ne,
	city, and sta		<del></del>									
5 🗀	_		benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	ıt describ	ed in		
		<b>0(b)(1)(A)(iv).</b> (Compl	•									
6			ent or governmental un									
7 📖			eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	e general	public desc	nbed	ın
		<b>(b)(1)(A)(vi).</b> (Comple										
8			section 170(b)(1)(A)(vi).									
9 📖			eives: (1) more than 33							-		
			nctions - subject to certa							-		
			axable income (less sec	tion 511 ta	ax) from bu	isinesses :	acquired b	y the orga	anization	after June 3	0, 19	75.
		509(a)(2). (Complete	•									
10 L			perated exclusively to te					-				
11 LX.			perated exclusively for the						-			or
			ations described in secti organization and compl				2) See se	ction 509(	( <b>a)(3).</b> ∪⊓	eck the box	tnat	
	a X Type	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ne trilougi inctionally		ر ا	TVD	o III. No	n-functional	lu mta	
e X		•	it the organization is not			-					•	-
			han one or more publicly									
f			ten determination from						S(a)(1) 01	36011011 303	(a)(£).	
•		rganization, check th			u u y	pc 1, 13pc	п, от тур	<i>-</i>				
g	• • •	•	organization accepted ar	nv aift or c	ontribution	n from anv	of the foll	Owing per	sons?			
3	-		rectly controls, either al					• .		_	Yes	No
			upported organization?		,			(,	,	11g(i)	100	X
	_	= -	n described in (i) above?	1					••	11g(ii)		X
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) abov	e?		•	_	•	11g(iii)		X
h	Provide the f	following information	about the supported or	ganization	(s).				·			
				-								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did you	notify the	(vi) Is	the	(vii) Amount	of mo	netary
- •	inization	(,	(described on lines 1-9		sted in your		ion in col.	organizáti (i) organiz	ed in the	sup		notal y
			above or IRC section (see instructions))	governing	document?	(i) of you	r support?	\` _ U.S	.?			
			(see manuchons))	Yes	No	Yes	No	Yes	No			
	NGHAM	İ			1							
<u>IEWIS</u>	H FEDER	63-1045456	LINE 7	X		Х		X		24	1,6	06.
									l i			
	<del> </del>											
		[		İ								
				<b></b>		<del></del>			<del>                                     </del>	<del></del> .		
				[								
		<del></del>										
otal	1									2.4	1.6	06.
_			·· · · · · · · · · · · · · · · · · · ·									

Schedule A	Δ (Form	990 or	990.E7	2013
scriedule /	A Iromi	990 or	99U-EZ	2013

Page 2

					170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	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						-
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		}				
	column (f)		:				
6	Public support. Subtract line 5 from line 4						<u> </u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on			1			
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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	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 sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2013 (li	ne 6, column (f) d	ivided by line 11, o	olumn (f))		14	<u>%</u>
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	<u> </u>
16a	33 1/3% support test - 2013. If the o	•			14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies a		-				▶□
Ь	33 1/3% support test - 2012. If the o	•			l line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization quali	•	• • •		·		▶∟
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the "faci			•	•	t IV how the organ	nization
	meets the "facts-and-circumstances"	_			-		▶∟
b	10% -facts-and-circumstances test	•					
	more, and if the organization meets th	e "facts-and-cırcu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test.	The organization of	jualifies as a publi	cly supported orga	inization	. ▶∐
18_	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s . ▶∟

# Schedule A (Form 990 or 990-EZ) 2013 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

Se	ction A. Public Support	now, please com	piete Fait II.j		<del></del>	<del></del>	
Cale	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 include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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				<u> </u>		
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u> </u>		l		
	ction B. Total Support		1	т	T		r · ·
	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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
i	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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)	Man ann a cart			<u></u>	- 501(-\(C\)	
14	First five years. If the Form 990 is for check this box and stop here	the organization's	s iirst, secona, thir	a, rourtn, or titth ta	ax year as a section	nı əu i(c)(3) organiz	ation,
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15				column (fl)		15	%
16			=	olariii (r))	• • • •	16	<u> </u>
	ction D. Computation of Inves			<u></u>	· · · · · ·	,	
	Investment income percentage for 20			ne 13, column (f))		17	%
18					•	18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and line	15 is more than :		
. • •	more than 33 1/3%, check this box an	-					▶□
ŀ	33 1/3% support tests - 2012. If the		_				and
	line 18 is not more than 33 1/3%, chec	=					▶□
20	Private foundation. If the organization		-				▶□

Schedule A	(Form 990 or 990-EZ) 2013	BIRMINGHAM J	EWISH FOUN	DATION, I	NC.	63-0833692 Page 4
Part IV	Supplemental Inform	<b>ation.</b> Provide the exp	lanations required t	y Part II, line 10; P		
	Also complete this part for a	any additional information	n. (See instructions)	).		·
	<u></u>					
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### SCHEDULE D

(Form 990)

Department of the Treasury

### 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. Internal Revenue Service Name of the organization **Employer identification number** BIRMINGHAM JEWISH FOUNDATION, INC. 63-0833692 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 254 1 Total number at end of year 1,185,006. Aggregate contributions to (during year) 356,925. Aggregate grants from (during year) 5,859,978. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring X Yes impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		HAM JEWISH			_			33692	
3	Using the organization's acquisition, accessi	on, and other record	s, cneck any of the	following that	t are a s	signmoant	use of its	collection	items
	(check all that apply)	_	C-7.						
a	Public exhibition	d		hange progra	ıms				
þ	Scholarly research	е	Other						
C	Preservation for future generations						_		
4	Provide a description of the organization's co		· ·	_			ose in Par	t XIII.	
5	During the year, did the organization solicit o		•	· ·	er sımıla	r assets		٦	
Do	to be sold to raise funds rather than to be ma					<u>:</u>	<u>. L</u>	Yes	<u> </u>
Pai	reported an amount on Form 990, Par		ete if the organizatio	n answered "	Yes" to	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other ass	sets not	tincluded		_	
	on Form 990, Part X?					•		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.				·		
								Amount	
С	Beginning balance					1c			
d	Additions during the year .					1d			
е	Distributions during the year					1e			
f	Ending balance					. 11			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				. 🗀	Yes	No No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete it			m 990, Part I	V, line 1	10.			
		(a) Current year	(b) Pnor year	(c) Two years	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	5,322,444.	4,972,756.	5,101	923.	4,7	56,023.	5,0	98,168,
b	Contributions	229,465.	130,103.	143	760.	1	63,444.	1	42,616.
C	Net investment earnings, gains, and losses	703,819.	355,954,	<123	236.	> 3	65,615.	2	24,723,
d	Grants or scholarships	157,696.	75,954.	103	297.	1	17,677,	1	65,250.
е	Other expenditures for facilities								
	and programs	82,216,	60,414.	46	394,		65,482,	5	44,204.
f	Administrative expenses								
g	End of year balance	6,015,816,	5,322,444.	4,972	756.	5,1	01,923.	4,7	56,053.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 86.00	%							
С	Temporarily restricted endowment ▶ 1	<u>4.00</u> %							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administer	ed for t	he organız	ation	_	
	by.							<u>Y</u>	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		wment funds					··	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" to Form 990,					<del></del>		
	Description of property	(a) Cost or ot	1			ccumulate	d	(d) Book v	/alue
		basis (investm	ient) basis (	other)	dej	preciation			
	Land		<del>   </del>						
	Buildings								
	Leasehold improvements .			7.000	.—	0.5			
	Equipment		2	7,882.		27,88	32.		0.
	Other		<u> </u>				_		
<b>Total</b>	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	K, column (B), line 1:	0(c)					0.

Schedule D (Form 990) 2013

2. 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

(7) (8) (9)

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

Sche	dule D (Form 990) 2013 BIRMINGHAM JEWISH FOUNDAT:	ION,	INC.	63-	0833692 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents V	Vith Revenue per	Return	·
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a			
1	Total revenue, gains, and other support per audited financial statements			1	4,748,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a	2,189,837	.	
b	Donated services and use of facilities	2h	<u> </u>		
c	Recovenes of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d		<u> </u>	2e	2,189,837.
3	Subtract line 2e from line 1	• •		3	2,558,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	1	
h	Other (Describe in Part XIII )	4b	<del> </del>	1	
	Add lines 4a and 4b	45	1	4c	0.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,558,201.
Par	t XII Reconciliation of Expenses per Audited Financial Staten	ments '	With Expenses pe		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		mar Expended pe		•••
	· · · · · · · · · · · · · · · · · · ·	a.		7.1	1,364,068.
1	Total expenses and losses per audited financial statements	•••••		1	1,304,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔	1		
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments .	2b	<u> </u>	-	
C	Other losses	2c			
d	Other (Describe in Part XIII.)	. <u>2d</u>	<u> </u>	4 _ 1	^
е	Add lines 2a through 2d .	•		2e	1 264 262
3	Subtract line 2e from line 1			3	1,364,068.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII )	<u>4b</u>		-	
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			5	1,364,068.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad			94; Pan	x, line 2; Part XI,

SCHEDULE (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.

Open to Public Inspection OMB No 1545-0047

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

Employer identification number 63-0833692 X Yes 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 BIRMINGHAM JEWISH FOUNDATION, INC. Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	funds in the United	J 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	Governments an	d Organizations in the	• United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if additi	ional space is need	ed.			
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
							TO PROVIDE FINANCIAL
BIRMINGHAM JEWISH FEDERATION, INC.							SUPPORT TO JEWISH
3966 MONTCLAIR ROAD							ORGANIZATIONS TO CARRY
BIRMINGHAM AL 35213	63-1045456	501 (C)(3)	261,793.	0			OUT ORGANIZATION MISSION
							TO PROVIDE FINANCIAL
COLLAT JEWISH FAMILY SERVICES							SUPPORT TO JEWISH
AIR							ORGANIZATIONS TO CARRY
BIRMINGHAM, AL 35213	63-1015318	501 (C)(3)	108,337.	0			OUT ORGANIZATION MISSION
							TO PROVIDE FINANCIAL
LEVITE JEWISH COMMUNITY CENTER							SUPPORT TO JEWISH
3960 MONTCLAIR ROAD			_	-			ORGANIZATIONS TO CARRY
BIRMINGHAM AL 35213	63-0288848	501 (C)(3)	66,412,	0			OUT ORGANIZATION MISSION
							TO PROVIDE FINANCIAL
							SUPPORT TO JEWISH
							DRGANIZATIONS TO CARRY
N.E. MILES JEWISH DAY SCHOOL	63-0668984	501 (C)(3)	138,210.	0			OUT ORGANIZATION MISSION
							TO PROVIDE FINANCIAL
							SUPPORT TO ORGANIZATION
							TO CARRY OUT ORGANIZATION
UNITED WAY OF CENTRAL ALABAMA		501 (C)(3)	5,000.	0			MISSION IN THE COMMUNITY.
							TO PROVIDE FINANCIAL
							SUPPORT TO ORGANIZATION
							TO CARRY OUT ORGANIZATION
ALABAMA SYMPHONY		501 (C)(3)	5,000	0			MISSION IN THE COMMUNITY.
9 Enter total number of section 501(c)(3) and government organizations	nd government or	_	stod in the line 1 table				

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

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

Schedule I (Form 990) (2013)

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Schedule I (Form 990) BIRMINGHAM JEWISH FOUNDATION, INC.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	M JEWISH Assistance to Go	JEWISH FOUNDATION, istance to Governments and Organ	INC.	nited States (Sche	dule I (Form 990), Par		63-0833692 Page 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
BREAKTHROUGH COLLABORATIVE		501 (C)(3)	2000	0			TO PROVIDE FINANCIAL SUPPORT TO ORGANIZATION TO CARRY OUT ORGANIZATION MISSION IN THE COMMUNITY
GEORGE W BUSH PRESIDENTIAL CENTER		501 (C)(3)	7 ,000	0			TO PROVIDE FINANCIAL SUPPORT TO ORGANIZATION TO CARRY OUT ORGANIZATION MISSION IN THE COMMUNITY.
GIVING TREE MINISTRY		501 (C)(3)	50.000.	0			TO EDUCATE CONGRESSIONAL LEADERS ABOUT JEWISH CAUSES
KNESSETH ISRAEL		501 (C)(3)	210 000	0			TO PROVIDE FINANCIAL SUPPORT TO JEWISH ORGANIZATIONS TO CARRY OUT ORGANIZATION MISSION
TEMPLE BETH EL			17,000,	0	;		TO PROVIDE FINANCIAL SUPPORT TO JEWISH ORGANIZATIONS TO CARRY OUT ORGANIZATION MISSION
		501 (C)(3)		0			TO PROVIDE FINANCIAL SUPPORT TO JEWISH ORGANIZATIONS TO CARRY OUT ORGANIZATION MISSION
							Schedule I (Form 990)

Page 2 (f) Description of non-cash assistance 63-0833692 (e) Method of valuation (book, FMV, appraisal, other) 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. PREPARES AN EVALUATION FORM AND/OR PERSONALLY MONITORS THE USE OF THE FUNDS LETTERS STATING HOW THE GRANT WAS USED BY THE GRANTEE OR THE ORGANIZATION Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE ORGANIZATION RECEIVES FOLLOW-UP (d) Amount of non-cash assistance BIRMINGHAM JEWISH FOUNDATION, INC. (c) Amount of cash grant (b) Number of recipients EXPLANATION: FOR SIGNIFICANT GRANTS, (a) Type of grant or assistance Schedule I (Form 990) (2013) LINE GRANTED PART I Part III

SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION

INC. REPORTS GRANTS ON EXPLANATION: THE BIRMINGHAM JEWISH FOUNDATION,

SCHEDULE I TO THE BIRMINGHAM JEWISH FEDERATION, INC., WHICH IS A

332102 10-29-13

Schedule I (Form 990) BIRMINGHAM JEWISH FOUNDATION, INC.  Part IV   Supplemental Information	63-0833692 Page 2
501(C)(3) DOMESTIC U.S. CHARITY. THE BIRMINGHAM JEWISH FED	ERATION, INC.
REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF	NORTH AMERICA
(JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADD	ITION, JFNA,
AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA),	A SUBSIDIARY
OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMIT	TEE (JDC) -
BOTH 501(C)(3) ORGANIZATIONS - EACH FILE A SEPARATE FORM 9	90 AND
DETAILED SCHEDULES F.	
	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ 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

2013

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2013

Name of the organization							Emp	oloyer	ident	ificat	ion nu	ımber
F	BIRMINGHA	M JEWISH	I FC	DUND	ATION, INC	•	63	<u>-08</u>	336	92		
Part I Excess Bene	efit Transacti	ons (section 5	01(c)(	3) and :	section 501(c)(4) org	janizations only).						<u> </u>
Complete if the	organization ansv	wered "Yes" on	Form	990, Pa	art IV, line 25a or 25	b, or Form 990-EZ, Pa	art V, I	ine 40	)b			
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) F	Relationship bet			Irfied	.) D		_		(d)	Corre	cted?
(a) Name of disqualified p	person	person and o			(4	c) Description of tran	sactio	ก		Y	es	No
							_					
		· · · · · · · · · · · · · · · · · · ·								1		
2 Enter the amount of tax	incurred by the c	rganization mar	nagers	or disc	gualified persons du	ring the vear under						
section 4958		-					ı	<b>S</b>				
3 Enter the amount of tax,			ed by	the or				\$				
o Enter the amount of tar,	a.,, o., 2,	22010, 1024.1	,	4.00	g		······ •					-
Part II Loans to and	d/or From Int	erested Per	sons	·		·····						
					Part V line 38a or	Form 990, Part IV, lin	o 26· (	or if th	ne oras	nızəti	on	
•	ount on Form 990				, r art v, ime 30a or	1 Offit 330, 1 art 14, iiii	e 20, t	) II UI	o orga	u 112au	OII	
(a) Name of	(b) Relationship	(c) Purpose		oan to or	(e) Onginal	(f) Balance due	(g)	In	(h) Ap	proved	/i) \/	/ritten
interested person	with organization		fror	n the zation?	principal amount	(i) balance due	defa	***	by bo	ard or	10,00	ment?
·			To	From		i	Yes	No	Yes	No	Yes	
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Total Part III Grants or As	sistance Ber	ofiting Into	rocto	d Do	<u>▶ \$</u>	i						
		_										
	organization ansv											
(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance	(d) Type		ļ		) Purp assist	ose o	f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013 BIRMINGHAM JEWISH FOUNDATION, 63-0833692 Page 2 INC. **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No 0.GINGER AND GINGER AND JERRY HELD BOARD MEMBER X 0.SETH WOLNEK X SETH WOLNEK BOARD MEMBER X ALAN WEINTRAUB BOARD MEMBER O.ALAN WEINTR 0.DREW WEIL X BOARD MEMBER DREW WEIL 0.LISA ENGEL X LISA ENGEL BOARD MEMBER Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: GINGER AND JERRY HELD (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O (D) DESCRIPTION OF TRANSACTION: GINGER AND JERRY HELD ARE ON THE BOARD. THEIR SON, LAYNE HELD, IS AN EXECUTIVE AT SERVISFIRST BANK. THE FOUNDATION HAS A BANKING RELATIONSHIP WITH THIS FINANCIAL INSTITUTION. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: SETH WOLNEK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O (D) DESCRIPTION OF TRANSACTION: SETH WOLNEK IS A BOARD MEMBER WHO WORKS AT LINCOLN FINANCIAL. THE FOUNDATION HOLDS BROKERAGE ACCOUNTS AT LINCOLN FINANCIAL USED TO RECEIVE STOCK DONATIONS.

(A) NAME OF PERSON: ALAN WEINTRAUB

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schèdule L (Form 990 or 990-EZ) BIRMINGHAM JEWISH FOUNDATION, INC. 63-0833692 Page 2
Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O
(D) DESCRIPTION OF TRANSACTION: ALAN WEINTRAUB IS A MEMBER OF THE BOARD.
HE WORKS AT MORGAN STANLEY. THE FOUNDATION HAS BROKERAGE INVESTMENT
ACCOUNTS AT MORGAN STANLEY.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: DREW WEIL
(D) DESCRIPTION OF TRANSACTION: DREW WEIL IS A MEMBER OF THE BOARD. HE
WORKS AT MERRILL LYNCH. THE FOUNDATION HAS BROKERAGE INVESTMENT ACCOUNTS
AT MERRILL LYNCH.
(A) NAME OF PERSON: LISA ENGEL
(D) DESCRIPTION OF TRANSACTION: LISA ENGEL IS PRESIDENT OF THE
BIRMINGHAM JEWISH FOUNDATION. HER HUSBAND, ALAN, IS ON THE BOARD OF FIRST
COMMERCIAL BANK. THE FOUNDATION HAS A BANKING RELATIONSHIP WITH THIS
FINANCIAL INSTITUTION.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	BIRMINGHAM J	EWISH	FOUNDATIO	N, INC.		63-0	833	692	)
Pa	rt I Types of Property	•							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrit amounts report Form 990, Part VII	ed on	(d) Method of d noncash contnb	etermı		ts
1	Art · Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	22	1,162,5	31.	FMV AT GIFT	' DA	TE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or				i				
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	5 Real estate - Residential								
16									
17	Real estate - Other								
18	Collectibles .								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts		_		į				
23	Scientific specimens .								
24	Archeological artifacts								
25	Other ()								
26	Other				ĺ				
27	Other ()								
28	Other ( )	-							
29	Number of Forms 8283 received by the organiz	zation dunne	the tax year for c	ontributions					
	for which the organization completed Form 82		-		29				
				_				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property reg	orted in Part I, lines	s 1 - 28, th	at it must hold for			
	at least three years from the date of the initial of								
	the entire holding period?		•	•			30a		Х
ь	If "Yes," describe the arrangement in Part II			•		•			<b></b>
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard	d contribu	tions?	31	x	
	Does the organization hire or use third parties	-	-	-			<u> </u>	<del>-                                   </del>	
	contributions?		3	•			32a	x	
b	If "Yes," describe in Part II.			•••••		•			
33	If the organization did not report an amount in	column (c) f	or a type of prope	ty for which column	ı (a) ıs cha	ecked.			
	describe in Part II	-3.a(0) 1	,po oi piopoi	.,	. (4) 10 0110				
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Schedule N	4 (Form 990)	(2013) B	<u> IRMINGH</u>	AM JEV	VISH	FOUND	ATION,	INC	<u> </u>	63-0833692	Page 2
Part II	Suppler is reporting	<b>nental in</b> g in Part I, c	formation.	Provide the	e inform	ation requir	ed by Part I.	, lines 3	30b, 32b, and 33,	and whether the organizination of both. Also cor	zation nplete
SCHEDU	JLE M,	LINE :	32B:					•			
				PARTY	BROE	CERAGE	FIRMS	ΤО	COMPLETE	INVESTMENT	
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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BIRMINGHAM JEWISH FOUNDATION, INC. Employer identification number 63-0833692

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NATIONALLY, IN ISRAEL AND THROUGHOUT THE WORLD; IS INVOLVED IN BUILDING
A BETTER BIRMINGHAM THROUGH ALLIANCES AND PARTNERSHIPS WITH OTHER
COMMUNITY GROUPS, AND IS COMMITTED TO HELPING ALL PEOPLE IN NEED IN
TIMES OF CRISIS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMITTED TO HELPING ALL PEOPLE IN NEED IN TIMES OF CRISIS.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: SALLY FRIEDMAN, EXECUTIVE DIRECTOR OF BIRMINGHAM JEWISH
FOUNDATION IS MARRIED TO RICHARD FRIEDMAN, EXECUTIVE DIRECTOR OF BIRMINGHAM
JEWISH FEDERATION, A RELATED TAX-EXEMPT ENTITY
STEVEN CORENBLUM AND SUSAN GREENE - FAMILY RELATIONSHIP
GINGER HELD, JERRY HELD, AND AARON NELSON - FAMILY RELATIONSHIP
HAROLD KUSHNER AND JACK LEVY - BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE BOARD REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE ORGANIZATION ANNUALLY REVIEWS THE POLICY AND CONFIRMS WITH
ALL DIRECTORS AND EMPLOYEES THAT THERE ARE NO CONFLICTS
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: A COMMITTEE MEETS AND REVIEWS THE COMPENSATION POLICY

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

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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization BIRMINGHAM JEWISH FOUNDATION, INC.	Employer identification number 63-0833692
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: ALL INFORMATION IS AVAILABLE FOR INSPECTION	AT THE
ORGANIZATION'S OFFICE	
FORM 990, PART XII, LINE 2C:	
EXPLANATION: NO CHANGES FROM PRIOR YEAR.	
	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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instruction	
separate	
<b>▲</b> See	

Open to Public Inspection

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

Name of the organization	BIRMINGHAM JEW	BIRMINGHAM JEWISH FOUNDATION, INC.	IC.			Employer identification number 63-0833692	cation num 592	iber
Part I Identification of [	Disregarded Entities Complete	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 33.					
Name, address, a	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ne End-of-year assets		(f) Direct controlling entity	
Part II Identification of I	Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.		if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	more related tax-exer	mpt	
Name, add of related	(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	Section 512(b)(13) controlled entity?	(b)(13)
BIRMINGHAM JEWISH FEDERATION 63-1045456 3966 MONTCLAIR R AL 35213	ERATION, INC CLAIR ROAD, BIRMINGHAM,	NURTURING AND PROMOTING JEWISH LIPE	ALABAMA	501(C)(3)	LINE 7			×
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2013	(Form 990)	2013

Page 2 63-0833692

INC. Schedule R (Form 990) 2013 BIRMINGHAM JEWISH FOUNDATION, 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. Part III

General or Percentage managing ownership partner? Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ Disproportionate Yes allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>•</u> Legal domicile (state or foreign country) Direct controlling entity **©** Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EiN of related organization Part IV

# Schedule R (Form 990) 2013 BIRMINGHAM JEWISH FOUNDATION, INC.

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

)	is with one or more re	elated organizations listed in Pa	irts II-IV?	3
<ul> <li>receipt of (i) interest (ii) annutries (iii) royarties of (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>		-		d ×
				-
d Loans or loan guarantees to or for related organization(s)			:	Td X
e Loans or loan guarantees by related organization(s)		:		1e X
f Dividends from related organization(s)				× =
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)		:	•	th X
i Exchange of assets with related organization(s)			. : :	<b>×</b>
<ul><li>j Lease of facilities, equipment, or other assets to related organization(s)</li></ul>				i.
k Lease of facilities, equipment, or other assets from related organization(s)				*
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	:		= X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	•		T X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			후 ×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>		:		10 X
p Reimbursement paid to related organization(s) for expenses				÷
				to X
. Other transfer of each or prepared to related eventuation(e)				÷
s Other transfer of cash or property from related organization(s)				- t
s for inform	who must complete the	his line, including covered relati	ation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) BIRMINGHAM JEWISH FEDERATION, INC.	ф	261,793.		
(2) BIRMINGHAM JEWISH FEDERATION, INC.	N	13,958.		
(3) BIRMINGHAM JEWISH FEDERATION, INC.	0	47,334.		
(4) BIRMINGHAM JEWISH FEDERATION, INC.	Д	238,862.		
(5)				
(9)				
332163 00-12-13			Schedul	Schedule R (Form 990) 2013

63-0833692

Page 4

Schedule R (Form 990) 2013 BIRMINGHAM JEWISH 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.

THE THE THE TOTAL OF THE THE THE THE THE THE THE THE THE THE	structions regarding excit	SIOII 101 CHILAIN INV	estment partnerships.						
(a)	(a)		(d) (e)		(b)	E	<b>(3)</b>	S	ક
of entry	Primary activity	(state or foreign	redominant income partners sec (related, unrelated, 501(c)(3) excluded from tax	Share of total	Share of end-of-year	Uispropor- tionate allocations?	Uspropor Code V-UBI General or Percentage bonate amount in box 20 managing ownership alloations? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
			Ulider Section 3 12-3 14) Yes N		goodlo	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	BIRMINGHAM	<u>JEWISH</u>	FOUNDATION,	INC.	<u>63-0833692</u>	Page 5
Part VII	Supplemental Inf	BIRMINGHAM formation					
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