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EXTENDED TO AUGUST 17, 2015

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

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.lrs.gov/form990.

Open to Public Inspection

| A F | or the | 2014 calendar year, or tax year beginning | and | ending | | | | | | |
|--------------------------------|------------------------|---|---------------------------------------|------------------|--|--------------|----------------------------------|--|--|--|
| В | Check of applicable | C Name of organization | | | D Employer ide | entificati | on number | | | |
| | Addre chang | BIRMINGHAM JEWISH FEDER | RATION, INC. | |] | | | | | |
| | Name chang | Doing business as | | | 63 | -104 | 5456 | | | |
| | initial return | Number and street (or P.O. box if mail is not deli | vered to street address) | Room/suite | E Telephone nu | | | | | |
| F | Final return. | 3966 MONTROLATE BOAD | , | | • | 5879 | 0416 | | | |
| | term:n | | | | | | | | | |
| Г | Amen | | | | G Gross receipts \$ H(a) Is this a gro | un retur | 2,626,390. | | | |
| F | _lreturn ∏Applic | | | | for subordir | | Yes X No | | | |
| L | ⊥tión pend⊪ | SAME AS C ABOVE | HAND INTEDITURE | | | | · — — | | | |
| | | | ◀ (insert no.) | or 527 | H(b) Are all subordin | | | | | |
| | | te: NWW · BJF · ORG | (insert no.) 4947(a)(1) | 01 321 | 1 : | | (see instructions) | | | |
| | | | sociation Other | I Voor | H(c) Group exen | | ate of legal domicile; AL | | | |
| | art I | organization: X Corporation Trust Ass | Sociation United | L Teal | orionnation: 197 | 0 M 3 | ate of legal doffliche, AL | | | |
| | 1 | Briefly describe the organization's mission or most | significant activities THE | BIRMIN | IGHAM JEWI | SH F | EDERATION | | | |
| Activities & Governance | | IS DEDICATED TO NURTURING | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Ë | | Check this box 🕨 🔲 if the organization discon | | | | | | | | |
| Š | l . | Number of voting members of the governing body (| | | | 3 | 42 | | | |
| ŏ | | Number of independent voting members of the gov | • | | | 4 | 41 | | | |
| တ္ | L | Total number of individuals employed in calendar ye | | | | 5 | 13 | | | |
| ij | 1 | Total number of volunteers (estimate if necessary) | | | • | 6 | 55 | | | |
| 훒 | | Total unrelated business revenue from Part VIII, col | umn (C) line 12 | | | 7a | 0. | | | |
| Ă | | Net unrelated business taxable income from Form- | | | | 7b | 0. | | | |
| _ | | Not diliciated basilloss taxable floorile from Fortier | (-) , (1) (-, -) | | Prior Year | ' | Current Year | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | 2,766,27 | 6 | 2,623,878. | | | |
| Revenue | 1 | | 1 | - ا ان | 2,100,21 | 0. | 0. | | | |
| § § | 40 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, | | 나 | <6,07 | | 2,512. | | | |
| . | | | ia raj | <u>₩</u> | <u> </u> | 0. | 2,312. | | | |
| } | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | and the second of | ` } | 2 760 20 | | 2,626,390. | | | |
| : | | Total revenue - add lines 8 through 11 (must equal | 15.27 | | 2,760,20 | | | | | |
| | | Grants and similar amounts paid (Part IX, column'(| | i | 2,077,57 | | 2,533,624. | | | |
| | 1 | Benefits paid to or for members (Part IX, column (A) | • | | 264 12 | 0. | 0. | | | |
| Expenses | 1 | Salaries, other compensation, employee benefits (F | | <u> </u> | 364,13 | | 364,729. | | | |
| ä | | Professional fundraising fees (Part IX, column (A), III | • | - | | 0. | 0. | | | |
| 꼾 | | Total fundraising expenses (Part IX, column (D), line | · · · · · · · · · · · · · · · · · · · | 13. | 00 50 | | 100 216 | | | |
| | 1 | Other expenses (Part IX, column (A), lines 11a-11d, | | <u> </u> | 98,76 | | 107,316. | | | |
| | 1 | Total expenses Add lines 13-17 (must equal Part I) | | | 2,540,47 | | 3,005,669. | | | |
| . (0 | | Revenue less expenses Subtract line 18 from line | 12 | | 219,72 | | <u> <379,279.</u> > | | | |
| Net Assets or Fund Balances | | | | Be | ginning of Current Y | | End of Year / | | | |
| Sset | 20 | Total assets (Part X, line 16) | | | 3,348,22 | | 2,783,064. | | | |
| ₩ <u>₩</u> | 21 | Total liabilities (Part X, line 26) | | <u> </u> | 1,263,39 | | 1,059,125. | | | |
| _ | • | Net assets or fund balances. Subtract line 21 from | line 20 | | 2,084,83 | 5. | 1,723,939. | | | |
| | art II | Signature Block | | | | | | | | |
| | • | Ities of perjury, I declare that I have examined this return, | | | • | - | owledge and belief, it is | | | |
| true, | correc | t, and complete. Declaration of preparer (other man office) |) is based on all information of wi | hich preparer | has any knowledge. | | | | | |
| | | - / Wara / / wara | <u> </u> | | | <u>4//3</u> | <u> </u> | | | |
| Sig | n | Signature of officer | | | Date / | • • | | | | |
| Her | е | RICHARD FRIEDMAN, EXECUTIVE OF Print name and title | JTIVE DIRECTOR | | | | | | | |
| | | | | 11 | Date Che | 4 (4-) | DTIN | | | |
| | | Print/Type preparer's name | Preparer's signature | (29D | | للقفا | PTIN | | | |
| Paid | | DAMED W. MOODI, CIA | | U'H | | | P01298585 | | | |
| | arer | Firm's name DENT, BAKER & COM | MPANY, LLP () | | Firm's EIN | <u> </u> | 3-0352192 | | | |
| Use | Only | Firm's address P.O. BOX 59726 | | | | | 084 4000 | | | |
| | | BIRMINGHAM, AL 3 | | | Phone no | .205- | 871-1880 | | | |
| May | the If | RS discuss this return with the preparer shown about | | | <u> </u> | | X Yes No | | | |
| 4320 | 01 11-0 | 7-14 LHA For Paperwork Reduction Act Notice | e, see the separate instructi | ons. | | | Form 990 (2014) | | | |

| | n 990 (2014) BIRMINGHAM JEWISH FEDERATION, INC. 63-1045456 | 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 | \mathbf{x} |
| 1 | Brefly describe the organization's mission. | |
| | THE BIRMINGHAM JEWISH FEDERATION IS DEDICATED TO NURTURING AND | |
| | PROMOTING JEWISH LIFE IN BIRMINGHAM, NATIONALLY, IN ISRAEL AND | |
| | THROUGHOUT THE WORLD; IS INVOLVED IN BUILDING A BETTER BIRMINGHAM | |
| | | T.C. |
| | THROUGH ALLIANCES AND PARTNERSHIPS WITH OTHER COMMUNITY GROUPS, AND | <u> 12</u> |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | |
| | the prior Form 990 or 990-EZ? | X No |
| | 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? | X No |
| | 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, a | |
| | · · · · · · · · · · · · · · · · · · · | anu |
| | revenue, if any, for each program service reported. | 070 |
| 4a | (Code) (Expenses \$2,631,019. including grants of \$2,533,624.) (Revenue \$2,623, | 8/8. |
| | THE BIRMINGHAM JEWISH FEDERATION 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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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$ | <u> </u> |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 40 | Total program service expenses 2 631 019 | |

Form **990** (2014)

| | rt 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)? | | 1.00 | 1,10 |
| | If "Yes," complete Schedule A | 1 | х | |
| 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 | | X |
| 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 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ļ | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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 |
| a | 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 | | | v |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | X |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | |
| f | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 445 | | X |
| 1 2 2 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | ^ |
| IZU | Schedule D, Parts XI and XII | 12a | | Х |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | - | - 22 |
| _ | 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 |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 "Vec." complete Schodule E. Borte I and IV | 445 | | v |

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

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

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

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

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

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** (2014)

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16

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18

19

20a

Form 990 (2014) BIRMINGHAM JEWISH FEDERATION, INC.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|---|--------|-------------------|-----------|
| 21 | Dig the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 1 | 1 | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1 | | |
| | 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 |
| | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | <u>X</u> |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | : | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | ! |
| | complete Schedule L, Part II | 26 | | _X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | . | l |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u> X</u> |
| 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 | _ <u>X</u> | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | _X_ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | [| |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | 7.5 |
| •• | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | _ | ı | 7.7 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | . l | |
| | Part V, line 1 | 34 | <u> </u> | - V |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | ا ہے ا | Ì | |
| 00 | 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? | | ŀ | v |
| - | 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 | _ | | v |
| | 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? | _ | Ţ | |
| | Note, All Form 990 filers are required to complete Schedule O | 38 J | <u>X</u> 990 (| 2014 |
| | | rorm | サブレ () | ZU 141 |

| Pai | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
|-----|---|-----|-----|--|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable | 1 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| Ū | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | l | |
| | filed for the calendar year ending with or within the year covered by this return 2a 13 | | 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? | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 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 |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | Ì |
| | were not tax deductible? | 6b | | <u> </u> |
| 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 | | |
| C | 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. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | 35 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | l |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | İ |
| 11 | Section 501(c)(12) organizations. Enter: | | | ļ |
| | Gross income from members or shareholders | | | l |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | ĺ |
| | 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 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | L |
| 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 | | | |
| 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 | | | |
| c | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Form 990 (2014) BIRMINGHAM JEWISH FEDERATION, INC. 63-1045456 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

| | 3 | | | |
|-----|---|---------|----------|-----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 42 | 1 | | |
| | 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 0. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 41 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | ** |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | <u> X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 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? | 6 | | <u>X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | l / | v | |
| | more members of the governing body? | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | l I | . | |
| _ | persons other than the governing body? | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | х |
| 202 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | |
| 000 | tion D. I Oncies (this Section B requests information about policies not required by the internal nevertiee code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 104 | | |
| • | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | • |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | _==== | | |
| | in Schedule O how this was done | 12c | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | X |
| | if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | _X_ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | j | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 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) a | ıvaılab | le | |
| | 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) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | - | |
| | KIM PATTERSON - 205-879-0416 3966 MONTCLAIR ROAD BIRMINGHAM AL. 35213 | | | |
| | SYNN MUNITURALK KUALI BIKMINGHAM AL SSZIS | | | |

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| | | | |

BIRMINGHAM JEWISH FEDERATION, INC.

3-1045456

Page 7

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

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

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

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) | | | ((| C) | | | (D) | (E) | (F) | | | |
|----------------------------|------------------------|--------------------------------------|-----------------------|---------|---|------------------------------|------------|---------------------------------|-----------------|--------------------------|--------------|--------------|-----------|
| Name and Title | Average | Position (do not check more than one | | | | 000 | Reportable | Reportable | Estimated | | | | |
| | hours per | box, unless per | | | box, unless person is both an officer and a director/trustee) | | | | ıs bot | h an | compensation | compensation | amount of |
| | week | — | ceran | lo a c | irecto | or/trus | itee) | from | from related | other | | | |
| | (list any hours for | irecto | | | | _ | | the | organizations | compensation | | | |
| | related | 9 | tee | } | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | | | |
| | organizations | trust | al frus | | yee | шbе | | (** 27 1033 141100) | | and related | | | |
| | below | Individual trustee or director | institutional trustee | <u></u> | Key employee | ost co | 5 | | | organizations | | | |
| | line) | | Instit | Officer | Key e | Highest compensated employee | Former | | | | | | |
| (1) JIMMY FILLER | 1.00 | | | | | | | | | | | | |
| PAST PRESIDENT | | X | | Х | | | | 0. | 0. | 0. | | | |
| (2) RANDI LANDY | 1.00 | | | | | | | | | | | | |
| VP GOVERNANCE | | Х | | X | | | | 0. | 0. | 0. | | | |
| (3) SCOTT GEWANT | 1.00 | | | | | | | | | , .= | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (4) HARRY BROWN | 1.00 | | | | | | | | | | | | |
| VP PERSONNEL | | X | | X | | | | 0. | 0. | 0. | | | |
| (5) LISA ENGEL | 1.00 | | | | | | | | | | | | |
| FOUNDATION PRESIDENT | | X | | X | | | | 0. | 0. | 0. | | | |
| (6) JERRY HELD | 1.00 | | | | | | | | | | | | |
| CO PRESIDENT/VP FUNDRAISIN | | X | | X | | | | 0. | 0. | 0. | | | |
| (7) GINGER HELD | 1.00 | | | | | | | | | | | | |
| CO PRESIDENT/VP FUNDRAISIN | | X | | X | | | | 0. | 0. | 0. | | | |
| (8) BETH SCHAEFFER | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (9) ROBERT ALAND | 1.00 | | | | | | | | | | | | |
| VP FINANCE | | X | | X | | | | 0. | 0. | 0. | | | |
| (10) HILTON BERGER | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (11) GARY CUTTER | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (12) BOB CENTOR | 1.00 | | | | l | | | | | | | | |
| BOARD_MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (13) CARRIE PIZITZ | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (14) SCOTT GOLDBERG | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | | _ | | | | 0. | 0. | 0. | | | |
| (15) CHERYL COLLAT | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | _ | | | | | 0. | 0. | 0. | | | |
| (16) MIRIAM BLEICH | 1.00 | | ł | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| (17) BRITTANY SAAG | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. | | | |
| 432007 11-07-14 | | | | | | | | | | Form 990 (2014) | | | |

| (A) Name and title | (B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/frustee) | | | | | | | | | | ition amou | | |
|---|--|-----------------|----------|----------|--|--|--------------|--|--|--------|------------|---|----------------------------|
| | week (list any hours for related organizations below line) | tee or director | | | | | itee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MIS | itions | | other opensation the ganizated d related anizat | ation ie tion ted |
| (18) JOSH MANDELL | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | | X | ļ | | | <u> </u> | | 0. | | 0. | | | <u> </u> |
| (19) KEN GRODNER | 1.00 | | l | | | l | | | | | | | • |
| BOARD MEMBER | 1 00 | X | <u> </u> | H | ├ | <u> </u> | <u> </u> | 0. | | 0. | | | 0. |
| (20) LENORA PATE | 1.00 | ₹. | | ŀ | | ļ | | | | _ | | | ^ |
| BOARD MEMBER | 1 00 | X | 1 | | - | ├— | | 0. | | 0. | | | 0. |
| (21) JOEL PIASSICK | 1.00 | x | 1 | i | 1 | } | | 0. | | 0. | | | ^ |
| BOARD MEMBER | 1.00 | ^ | \vdash | | ├ | | | 0. | | 0. | | | 0. |
| (22) DREW WEIL | 1.00 | X | | | | | | 0. | | 0. | | | 0. |
| BOARD MEMBER (23) HILARY GEWANT | 1.00 | ^ | | \vdash | | | | · · · · · · · · · · · · · · · · · · · | | • | | | <u> </u> |
| BOARD MEMBER | 1.00 | X | | ł | | 1 | | 0. | | 0. | | | 0. |
| (24) ELISA NELSON | 1.00 | - | | - | | | | | | • | | | <u> </u> |
| BOARD MEMBER | | x | | | | | ļ | 0. | | 0. | | | 0. |
| (25) LOUISE ABROMS | 1.00 | | Γ- | | | | | | | | | | |
| BOARD MEMBER | | X | | l | l | | l | 0. | | 0. | | | 0. |
| (26) MICHAEL TUCKER | 1.00 | | | | | | | | | | | | |
| BOARD MEMBER | <u></u> | X | | | | | | 0. | | 0. | | | _0. |
| 1b Sub-total | | | | | | | ightharpoons | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 222,168. | | 0. | | 6,2 | |
| d Total (add lines 1b and 1c) | | | | | | | | 222,168. | | 0. | 2 | 6,2 | <u>75.</u> |
| Total number of individuals (including but n | ot limited to th | iose | liste | ed al | bove | e) wt | no re | eceived more than \$100, | 000 of reportable |) | | | _ |
| compensation from the organization | | | | | | | | | | | | Vaa | 2 |
| Out the everywhen but any favor officer | 4 | | | | 1- | | | hhh | ! | 1 | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | ste | e, ke | y er | npio | yee, | ori | nignest compensated en | nployee on | | 2 | | x |
| 4 For any individual listed on line 1a, is the su | | la co | mn | anes | atıor | nanc | l otk | er compansation from t | he organization | ŀ | _3_ | | |
| and related organizations greater than \$150 | · · | | | | | | | * | io organization | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | dual for services | ļ | - | | |
| rendered to the organization? If "Yes," com | • | | | | • | | | | | | 5 | | х |
| Section B. Independent Contractors | | | | | | | | | | | | | - |
| 1 Complete this table for your five highest co. | mpensated inc | depe | ende | nt c | ontr | acto | rs t | hat received more than \$ | 100,000 of comp | ens | ation f | rom | |
| the organization. Report compensation for | the calendar y | ear (| endı | ng v | vith | or w | ıthın | the organization's tax y | ear | | | | |
| (A) | | | | | | | | (B) | | _ | |) | |
| Name and business | address | N | INC | 3 | | | 4 | Description of se | rvices | | ompe | nsatio | n |
| | | | | | | | ı | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | _ | | | | | | | | | |
| 2 Total number of independent contractors (ii | ncluding but n | ot lii | mite | d to | tho | se lis | sted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organiz | zation > | | | | (|) | | | | | | | |

Form 990 (2014)

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 (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,528,624 2,528,624 Grants and other assistance to domestic 5,000. 5,000 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 222,168. 44,434. 88,867. 88,867. 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) 101,664. 20,333. 30,499. 50.832. Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 30,945. 6,189. 12,378. 12,378. Other employee benefits 9 9,952. 1,990. 3,981. 3,981. Payroll taxes 10 Fees for services (non-employees): a Management Legal 6,800 6,800 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,029. 154. 515. 360. Office expenses 13 4,272. 1,424. 1,424. 1,424. 14 Information technology Royalties 15 Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 2,669. 8,007. 2,669. 2,669. Depreciation, depletion, and amortization 22 12,852. 6,426. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,923. 11,192. 3,731. a EXPENSES FROM RESERVE F CAMPAIGN EXPENSES 11,885. 11,885. c PROFESSIONAL ENRICHMENT 6,419. 9,875. 3,456. 7,240 3,258. d SERVICE CONTRACTS 1,086. 2,896. 13,520. 30,433. 4,468. 12,445. e All other expenses Total functional expenses. Add lines 1 through 24e 3,005,669. 2,631,019. 170,337. 204,313. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

| - | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
|-----|--|--|---|--|---|
| ٠ | | | l I | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 1,582,007. | 1 | 1,697,412 |
| 2 | Savings and temporary cash investments | | | 2 | |
| 3 | | | 1,341,932. | 3 | 640,505 |
| | | | | | |
| | • | rmer officers, directors | | | |
| • | | · | | 1 | |
| | | | | 5 | |
| 6 | | fied persons (as defined under | | | |
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| 7 | | Complete Fait if of Come | | | |
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| | • | | 20 203 | 40- | 12 105 |
| | · | 100 221,200. | | | 12,195 355,121 |
| | | · 1 | 332,310. | | |
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| | | • • | | | |
| | • | | E0 E07 | | 77 021 |
| | ŕ | ol line 24) | | | 77,831 2,783,064 |
| | | at III le 34) | 3,340,443. | | 4,163,004 |
| | | | 852 740 | | 678,060 |
| | , , | 1 | 032,740. | | 070,000 |
| | | | | | |
| | • | Part IV of Schedule D | | | |
| | • | | | | |
| | | | | | |
| | | s, and disqualified persons | | 22 | |
| 22 | • | ted third parties | | | |
| | | | | | |
| | | • | ·- | 24 | |
| 20 | | | | | |
| | | 17 24). Complete Falt X Of | 410 650 | 25 | 381,065 |
| 26 | | | | | 1,059,125 |
| 20 | | check here X and | 1,203,330. | 20 | |
| | - | | | | |
| 27 | | a 04. | 1 108 139 | 27 | 1,038,750 |
| | | | | 685,189 | |
| | • | • | 370,030. | | |
| | | SC 958) check here | | -3 | |
| | | 50 500), check here | | | |
| 30 | • | | | 30 | |
| | • | | - | | |
| 32 | | | | 32 | |
| JZ | Retained earnings, endowment, accumulated in | oome, or other fullus | 0.004.005 | | 1,723,939 |
| 33 | Total net assets or fund balances | | 2,084,835. | 33 | |
| | 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities See Part IV, line 1 Investments - program-related See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal assets. Add lines 1 through 15 (must equal accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Fee Loans and other payables to current and former key employees, highest compensated employees Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, payarties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and Unrestricted net assets Permanently restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (Asc and complete lines 30 through 34. Capital stock or trust principal, or current funds<td>2 Savings and temporary cash investments 3 Pledges and grants receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D 10a 233, 463. 10b 221, 268. 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 12 Secured mortgages and notes payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Chef 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 15 Total liabilities. Add lines 17 through 25 16 Organizations that follow SFAS 117 (ASC 958), check here 17 Total liabilities. Add lines 30 through 34. 17 Captal stock or tr</td><td>2 Savings and temporary cash investments 3 Pledges and grants receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - other securities See Part IV, line 11 1 Intrangible assets 10 Other assets. See Part IV, line 11 1 Intrangible assets 10 Other assets. See Part IV, line 11 1 Intrangible assets 10 Grants payable and accrued expenses 10 Grants payable and accrued expenses 11 Grants payable and accrued expenses 12 Escrow or custodial account liabilities 12 Escrow or oustodial account liability Complete Part IV of Schedule D 10 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 10 Secured mortgages and notes payable to unrelated third parties 11 Unsecured notes and loans payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Unsecured notes and loans payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Organizations that follow SFAS 117 (ASC 958), check here 16 Total liabilities (including federal income tax, payables to related third parties 17 Temporarily restricted net assets 17 Temporarily restricted net assets 17 Perion or capital surplus, or land, building,</td><td>2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 4 Accounts receivable, ret 5 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(e)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees and section 601(c) voluntary employees and formation of section 601(c) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees and formation formation formation formation formation formation formation formation formation formation formation formation formation formatio</td> | 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part IV of Schedule D 10a 233, 463. 10b 221, 268. 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 12 Secured mortgages and notes payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Chef 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 15 Total liabilities. Add lines 17 through 25 16 Organizations that follow SFAS 117 (ASC 958), check here 17 Total liabilities. Add lines 30 through 34. 17 Captal stock or tr | 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - other securities See Part IV, line 11 1 Intrangible assets 10 Other assets. See Part IV, line 11 1 Intrangible assets 10 Other assets. See Part IV, line 11 1 Intrangible assets 10 Grants payable and accrued expenses 10 Grants payable and accrued expenses 11 Grants payable and accrued expenses 12 Escrow or custodial account liabilities 12 Escrow or oustodial account liability Complete Part IV of Schedule D 10 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 10 Secured mortgages and notes payable to unrelated third parties 11 Unsecured notes and loans payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Unsecured notes and loans payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Organizations that follow SFAS 117 (ASC 958), check here 16 Total liabilities (including federal income tax, payables to related third parties 17 Temporarily restricted net assets 17 Temporarily restricted net assets 17 Perion or capital surplus, or land, building, | 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 4 Accounts receivable, ret 5 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(e)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees and section 601(c) voluntary employees and formation of section 601(c) voluntary employees beneficiary organizations that of loans of section 501(c)(9) voluntary employees and formation formation formation formation formation formation formation formation formation formation formation formation formation formatio |

| om | 1990 (2014) BIRMINGHAM JEWISH FEDERATION, INC. | 63- | 1045 | 456 | <u>Pa</u> | ge 12 |
|----|--|----------|------|-----|-----------|----------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | • | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2 | ,62 | 6,3 | 90. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3 | ,00 | 5,6 | 69. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | <37 | 9,2 | 79. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2 | ,08 | 4,8 | 35. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 1 | 8,3 | 82. |
| 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 | | | | 1. |
| 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 | ,72 | 3,9 | 39. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | <u>x</u> |
| | | | | | 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 | Ο. | | | | |
| 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 | f 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 | L |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis | | İ | | |
| | consolidated basis, or both: | | | ł | | |
| | 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 | e audıt, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | <u> </u> |
| | 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 Si | ngle Au | dıt | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | ired aud | iit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3h | } | |

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

| Nam | e of | the organization | | | | - | | Employe | r identification number | |
|-------|---|---|-------------------------|--|-------------|-------------------------|----------------------|---------------|---|--|
| | | | | ISH FEDERATI | | | | | 3-1045456 | |
| Pa | t I | Reason for Public | Charity Status (| All organizations must c | omplete th | nis part.) Si | ee instruction | s | | |
| The c | organ | ization is not a private found | dation because it is | (For lines 1 through 11, | check only | one box) | | | | |
| 1 | \square | A church, convention of ch | nurches, or association | on of churches describe | d ın sectio | on 170(b)(| 1)(A)(i). | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E.) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service org | anızatıon described ın s | ection 17 | 0(b)(1)(A)(i | ii). | | | |
| 4 | | A medical research organiz | zation operated in co | njunction with a hospita | ıl descnbe | d ın sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and state | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | |
| _ | _ | section 170(b)(1)(A)(iv). (0 | • | | | =00.2424 | | | | |
| 6 | | A federal, state, or local go | | | | | | | | |
| 7 | X | An organization that norma | | intial part of its support | rom a gov | /ernmentai | unit or from t | ne generai | public described in | |
| _ | | section 170(b)(1)(A)(vi). (C | | | | | | | | |
| 8 | ᅱ | A community trust describe | | | | | | | | |
| 9 | | An organization that norma | | | | | | | - | |
| | | activities related to its exer | | | | | | | - | |
| | | income and unrelated businesses seeking 500(a)(0) | | (less section 511 tax) if | om busine | esses acqu | iirea by the or | ganization | aner June 30, 1975 | |
| 40 | \neg | See section 509(a)(2). (Co | • | welv to toot for public or | ofatu Caa | ti E(| 20/-1/41 | | | |
| 10 | ᆿ | An organization organized an organization organized a | | - | • | | | om and the | nurnaces of ano ar | |
| | | more publicly supported or | | - | • | | | • | | |
| | | lines 11a through 11d that | - | | | | | | SHECK THE DOX III | |
| а | | Type I. A supporting orga | | | | • | | • | , alvina | |
| _ | _ | the supported organization | · · | = | | - | | | | |
| | | organization You must o | • | | a majomy | o,o ao. | 0.0.0 | | apporting | |
| b | | Type II. A supporting org | • | | tion with i | ts support | ed organizatio | n(s), by ha | ivina | |
| _ | | control or management of | • | | | | • | • • • | • | |
| | | organization(s) You mus | | | Д | | | .g | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| С | | Type III functionally inte | | | ın connec | tion with, a | and functional | lv integrate | ed with. | |
| | | its supported organizatio | • | ' | | | | , | | |
| d | | Type III non-functionally | | • | - | • | - | ted organi | zation(s) | |
| | | that is not functionally int | • | | | | | - | • • | |
| | | requirement (see instruct | - | | - | | - | | | |
| е | | Check this box if the orga | | | | | | II, Type III | | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi | zation. | | • | | |
| f | Ente | r the number of supported o | organizations | | | | | | | |
| g | Prov | ride the following information | n about the supporte | ed organization(s). | | | | | | |
| | (|) Name of supported | (ii) EIN | (iii) Type of organization | | organization in your | (v) Amount of | • | (vi) Amount of | |
| | | organization | | (described on lines 1-9 above or IRC section | | document? | support Instructi | - | other support (see Instructions) | |
| | | | | (see instructions)) | Yes | No | mstructi | | mstructions) | |
| | | | | | | | | | | |
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| Total | | | | | | | ,-,,, | | | |

Schedule A (Form 990 or 990-EZ) 2014 BIRMINGHAM JEWISH FEDERATION, INC. 63-1045456 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 2509962 3821393. 2482472. 2766276. 2623878.14203981. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2509962. 3821393. 2482472. 2766276. 2623878.14203981. 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2087551. 12116430. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 2509962. 3821393 2482472. 7 Amounts from line 4 2766276. 2623878.14203981. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 3,319. 4,128. 4,723. <6,072.b 2,512. 8,610. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 14212591. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 85.25 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 85.55 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | • | |
|------|--|--------------------|---|--|---------------------|-------------------------|-----------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | - | | | | | - |
| | membership fees received (Do not | | | | | | |
| | include any "unusua! grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | 1 | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | j | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness 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 | | | | | İ | |
| | Amounts included on lines 1, 2, and | | | | • | | |
| | 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | ļ | | ' | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | - | | | | |
| | Public support (Subtractline 7c from line 6) | | | | · | | |
| | ction B. Total Support | <u></u> | | ······································ | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Amounts from line 6 | (4) | (2) = | 197-51- | (4) 20.0 | (0/20.1 | (1) 10141 |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | i | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | _ | | - |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carned on | | | | | | |
| 12 | Other income Do not include gain | | | | | | <u></u> - |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for | the organization's | first, second, thir | d. fourth, or fifth ta | x vear as a sectio | n 501(c)(3) organiz | ation |
| | check this box and stop here | | | u, rountry or mar to | or your ao a ocoilo | oo i (o)(o) oi gai iizi | ▶ □ |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | ****** | | -: | |
| | Public support percentage for 2014 (I | | | olumn (f)) | | 15 | % |
| | Public support percentage from 2013 | , | | | • | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | | | e 13. column (fl) | | 17 | % |
| 18 | Investment income percentage from 2 | • | • • | , | • | 18 | <u>/</u> 6 % |
| | 33 1/3% support tests - 2014. If the | | = | on line 14, and line | 15 is more than 3 | | |
| | more than 33 1/3%, check this box a | | | | | | ▶□ |
| h | 33 1/3% support tests - 2013. If the | • | - | - | | | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | ▶□ |
| 20 | Private foundation. If the organization | | - | | | - | |

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A

and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Section A. All S | Supporting | Organizations |
|------------------|------------|----------------------|
|------------------|------------|----------------------|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | - | |
|------|----------|---------------------|------|
| | | Yes | No |
| | | | |
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| n 04 | 90 or 99 | اـــــــا ۱۰-۶۷۱ | 2014 |

| | dule A (Form 990 or 990 EZ) 2014 BIRMINGHAM JEWISH FEDERATION, INC. 63-10 | 4545 | b Pa | age 5 |
|-----|---|----------|--|--------------|
| ra | rt IV Supporting Organizations (continued) | | Va- | A 1 ~ |
| 11 | Has the organization accounted a gift or contribution from any of the following persons? | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| a | | 11a | | |
| L | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11b | | |
| | | | - | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations | 11c | L ! | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities of the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | <u> </u> | | |
| - | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | i |
| Sec | tion C. Type II Supporting Organizations | | 1 | |
| | ton or type it outporting organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| Ť | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s) | 1 | | |
| Sec | tion D. Type III Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | ĺ | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): | | | |
| а | The organization satisfied the Activities Test Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst | ructions |) <u>. </u> | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b _ | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | } | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | <u> </u> | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | _3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | 03-1045456 Page 6 |
|-------|--|------------|---------------------------------------|--------------------------------|
| 1 | The state of the s | | | 40 |
| ' | Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containin | | | uctions. All |
| Sect | ion A - Adjusted Net Income | Implete Se | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | ζοραστία |
| 2 | Recovenes of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | · · · · · · · · · · · · · · · · · · · | |
| 4 | Add lines 1 through 3 | 4 | | · · |
| | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | <u> </u> | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | ···· | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | <u></u> | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | , <u> </u> |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Secti | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | _ 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | vantegrate | d Type III supporting ora | anization (coo |

Schedule A (Form 990 or 990-EZ) 2014

instructions).

| | rt V Type III Non-Functionally Integrated 509 | | | 3-1045456 Page 7 |
|---------------|--|--|------------------------|------------------|
| | Type mitten t alled and mitegratea eee | (a)(3) Supporting Org | anizations (continued) | |
| | ion D - Distributions | | | Current Year |
| | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | <u> </u> |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | ns | |
| | Amounts paid to acquire exempt-use assets | | | <u> </u> |
| 5 | Qualified set aside amounts (pnor IRS approval required) | | | |
| <u>6</u> | Other distributions (describe in Part VI). See instructions | | | |
| _7_ | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsiv | е | |
| | (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | <u> </u> |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| _ | Distributable amount for 2014 from Section C. line C | | Pre-2014 | Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| _ | | | - | |
| 3 | Excess distributions carryover, if any, to 2014. | | | |
| <u>a</u> b | | | | |
| C | | | | |
| d | | | | |
| | From 2013 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Carryover from 2009 not applied (see instructions) | | | |
| <u>-</u> - | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| • | line 7 \$ | | | |
| а | Applied to underdistributions of prior years | - · · · · · · · · · · · · · · · · · · · | | |
| | Applied to 2014 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| | Remaining underdistributions for years prior to 2014, if | | | |
| | any Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7 | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014

| Part VI | (Form 990 or 990-EZ) 2014 I Supplemental Inform | ation Provide the arr | Planations recorded | EKATION, I | NU • 53 | 3-1045456 Page 8 |
|---------------------------------------|--|--------------------------|---------------------|------------|---------------------------------------|--|
| | Also complete this part for a | | | | art II, line 17a of 17b | , and Part III, line 12 |
| • | , and complete the part for a | any additional informati | on (edo mondono | 10) | | |
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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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Pa | RIRMINGHAM JEWISH F rt I Organizations Maintaining Donor Advised | | or Accou | 03-1045456 |
|------------|--|--|---------------|---------------------------------|
| га | | | JI ACCOL | III.S. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | (a) Donor advised funds | /h\ Eun | ids and other accounts |
| | | (a) Donor advised lunus | (D) Full | ius and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | L | | |
| 5 | Did the organization inform all donors and donor advisors in w | · · | d funds | |
| | are the organization's property, subject to the organization's e | | | L Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | • • | • | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose co | onferring | [] |
| | impermissible private benefit? | | | Yes No |
| Pa | | · · · · · · · · · · · · · · · · · · · | t IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | · | | |
| | Preservation of land for public use (e.g., recreation or ed | lucation) Preservation of a histori | cally impor | tant land area |
| | Protection of natural habitat | Preservation of a certific | ed historic | structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form of | a conserva | ation easement on the last |
| | day of the tax year. | | | |
| | | | | Held at the End of the 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 structure | cture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired af | fter 8/17/06, and not on a historic structure | • | |
| | listed in the National Register | | <u>2d</u> | |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by the o | rganization | n during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation ease | | | |
| 5 | Does the organization have a written policy regarding the pend | odic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it h | • | | └─ Yes └─ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, a | _ | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and er | - | | \$ |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170(h) | (4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | L Yes L No |
| 9 | In Part XIII, describe how the organization reports conservation | • | - | · |
| | include, if applicable, the text of the footnote to the organization | on's financial statements that describes the | e organizat | tion's accounting for |
| D - | conservation easements. | A A LIST OF THE STATE OF THE ST | 0: !! | |
| Pa | t III Organizations Maintaining Collections of | · · · · · · · · · · · · · · · · · · · | ier Simil | ar Assets. |
| | Complete if the organization answered "Yes" to Form 9 | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC | | | |
| | historical treasures, or other similar assets held for public exhibitions. | | e of public | service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describe | | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | • | | |
| | treasures, or other similar assets held for public exhibition, edu | ucation, or research in furtherance of public | c service, p | provide the following amounts |
| | relating to these items: | | _ | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | 🕨 | \$ |
| | (ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, historical treas | - | aın, provid | е |
| | the following amounts required to be reported under SFAS 116 | 6 (ASC 958) relating to these items: | | |
| а | Revenue included in Form 990, Part VIII, line 1 | | > : | \$ |
| ь | Assets included in Form 990, Part X | | > : | \$ |

| | rt III Organizations Maintaining C | Collections of A | | | | | er Si | | 104545 | | |
|-----|---|-----------------------|-------------|----------------|---------------|---------------|--------------|-------------|------------------|-------------|-------------|
| 3 | Using the organization's acquisition, accession | | | | | | | | | | |
| J | (check all that apply): | on, and other record | JS, CHEC | k ally of the | TOROWING UT | ai ait a | signine | ant use of | i its collection | ווע ווענוו | is |
| а | Public exhibition | | | Loan or ove | hange prog | rome | | | | | |
| b | Scholarly research | | | Other | mange prog | iailis | | | | | |
| c | Preservation for future generations | • | · | Other | | | | | | | |
| 4 | Provide a description of the organization's co | llections and evals | n how t | hav furthar t | ho organizat | hanla av | amat n | | Dod VIII | | |
| 5 | During the year, did the organization solicit or | | | | | | | | rait Alli. | | |
| 3 | to be sold to raise funds rather than to be ma | | | | | iei Siiiliid | ai asse | ເຈ | Yes | |] No |
| Pa | rt IV Escrow and Custodial Arrang | | | | | "Voe" to | Form | 990 Part | | <u></u> | JNO |
| | reported an amount on Form 990, Par | | ete ii tiit | Organizatio | iii alisweled | 165 (| , , 0,,,,, | 330, Fait | 17, 1116 3, 0 | | |
| | Is the organization an agent, trustee, custodia | | diany for | contribution | e or other a | ecate no | t includ | | | | |
| | on Form 990, Part X? | an or ource intermet | alary loi | Contribution | is or other a | 33613 110 | i i iolac | Jeu - | Yes | |] No |
| h | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing | tahla | | • | • | • | 1es | <u> </u> | 7 IAO |
| | 1 100, explain the artangement in that Ame | and complete the ic | mownig | lable | | | | | Amour | | |
| С | Beginning balance | | | | | | _ - | lc | Ainoui | | |
| d | Additions during the year | • | | | | | | id | | | |
| - | Distributions during the year | | | • | | | | le | | | |
| f | Ending balance | • | | | • | | | lf | | | |
| | Did the organization include an amount on Fo | orm 990 Part X line | 21 for | escrow or c | ustodial acc | ount liab | _ | <u>l</u> | Yes | $\neg \neg$ | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | ์ וֹ |
| | t V Endowment Funds. Complete if | | | | | | | • | <u>-</u> | | |
| L | | (a) Current year | | nor year | (c) Two year | | | ree years b | ack (e) Fou | r vears | hack |
| 1a | Beginning of year balance | (a) carront your | 107. | nor your | (0) 1.110 700 | iio buok | (0) | ioo youro D | <u> </u> | , yours | Duoix |
| | Contributions | | | | - | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | - | |
| • | and programs | | | | | | | | | | |
| f | Administrative expenses | ******* | • | | | | | | | | |
| | End of year balance | | | | | | - | | | | |
| 2 | Provide the estimated percentage of the curre | ent vear end balanc | e (line 1 | a. column (a | a)) held as | | | | | | |
| a | Board designated or quasi-endowment | | % | 9, 00.0 (| .,, | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| _ | Temporarily restricted endowment | % % | | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should | | | | | | | | | | |
| За | Are there endowment funds not in the posses | • | ation tha | at are held a | nd administe | ered for t | the ora | anization | | | |
| | by: | | | | | | 5.9 | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required of | n Sche | dule R? | | | • | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | · • | | | •• | | | • | 1 | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | | | | |
| | Complete if the organization answered | "Yes" to Form 990 | , Part IV | , line 11a. S | ee Form 990 |), Part X, | line 10 |). | | | |
| | Description of property | (a) Cost or o | | | or other | | ccumu | | (d) Boo | k value | |
| | , , , , , , , , , , , , , , , , , , , | basis (investr | | • • | (other) | | preciat | I | (4, -55 | | • |
| 1a | Land | | | | | | · | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | - | | | |
| d | Equipment | | | 23 | 3,463. | · | 221 | 268. | 1 | 2,1 | 95. |
| | Other | | | | | | | | | | |
| | . Add lines 1a through 1e (Column (d) must eq | ual Form 990, Part | X. colur | nn (B), line 1 | 0c) | | | • | 1 | 2,1 | 95. |

Schedule D (Form 990) 2014

| Schedule D (Form 990) 2014 BIRMINGHAM | JEWISH FEDE | RATION, INC. | <u> 53-1045455 Page (</u> |
|--|-------------------------|--|---------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) Financial derivatives | | | - |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| _ (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | · |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | <u> </u> |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | . |
| Part IX Other Assets. | 4. F 000 D 11/ I | 44 d O F 000 D V Iv 45 | |
| Complete if the organization answered "Yes" | Description | ine 11d. See Form 990, Part X, line 15 | (b) Book value |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | · · |
| (3) | | | |
| (4) | | | |
| (5) (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 151 | • | |
| Part X Other Liabilities. | | • | |
| Complete if the organization answered "Yes" | to Form 990 Part IV I | ine 11e or 11f. See Form 990. Part X. line | 25 |
| 1. (a) Description of liability | 101101111000,1 arc 17,1 | (b) Book value | |
| (1) Federal income taxes | | (4) | |
| (2) ACCRUED AND OTHER LIABILI' | TTES | 5,328. | |
| (3) DEFERRED COMPENSATION | | 375,737. | |
| (4) | | | |
| (5) | + | | |
| (6) | - | | |
| (7) | | | |
| (8) | | | |
| \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | |

381,065. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . 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.

| | dule D (Form 990) 2014 BIRMINGHAM JEWISH FEDERAT | | | | 1045456 Page 4 |
|----------|---|-------------------|--|---------------|-------------------|
| Par | • | | Revenue per F | Return |). |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | a <u>.</u> | | - | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,644,772. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 18,382. | <u>-</u> | |
| b | Donated services and use of facilities | 2b | | 4 1 | |
| C | Recovenes of prior year grants | 2c | | 4 | |
| d | Other (Describe in Part XIII) | _2d | | 4 | 10 200 |
| _ | Add lines 2a through 2d | - | • | 2e | 18,382. |
| 3 | Subtract line 2e from line 1 | | • | 3 | 2,626,390. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | 1 1 | | | |
| _ | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | - | |
| b | Other (Describe in Part XIII.) | 4b | | - 1 | 0 |
| | Add lines 4a and 4b | | | 4c | 0. |
| <u>5</u> | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | Evnences | 5 Doto | 2,626,390. |
| Par | t XII Reconciliation of Expenses per Audited Financial Stater | | Expenses per | Retu | m. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | a | | ТТ | 2 005 660 |
| 1 | Total expenses and losses per audited financial statements | • | | 1 | 3,005,668. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | 1 - 1 | | | |
| a | Donated services and use of facilities | 2a | | - | |
| þ | Prior year adjustments | 2b | | - | |
| С | Other losses | 2c | .1 | - 1 | |
| d | Other (Describe in Part XIII.) | 2d | <1. | <u>'</u> P 1 | |
| _ | Add lines 2a through 2d | | | 2e | <u> </u> |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,005,669. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 . 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | 1 | |
| b | Other (Describe in Part XIII.) | 4b | ······································ | - | • |
| | Add lines 4a and 4b | • | | 4c | 0. |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information. | | | 5 | <u>3,005,669.</u> |
| | 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ad | iditional informa | ation. | | |
| PAR | T XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| ROU | NDING | | | | -1. |
| | | | | | |
| | | | | | |
| | | | | | |
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Schedule D (Form 990) 2014

432054 10-01-14

SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

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Department of the Treasury Internal Revenue Service

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

| Open to Public | Employer identification numb |
|----------------|------------------------------|
| Inspection | 63 – 1045456 |
| | Employer |

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2 UT ORGINIZATION MISSION. UT ORGINIZATION MISSION. RGANIZATIONS TO CARRY RGANIZATIONS TO CARRY (h) Purpose of grant or assistance O PROVIDE FINANCIAL O PROVIDE FINANCIAL O PROVIDE FINANCIAL SUPPORT TO JEWISH UPPORT TO JEWISH UPPORT TO JEWISH X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 346 143 269,099 (d) Amount of cash grant INC. BIRMINGHAM JEWISH FEDERATION, (c) IRC section of applicable 501 (C) 3 501 (C) 3 63-0288848 63-0668984 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization LEVITE JEWISH COMMUNITY CENTER N.E. MILES JEWISH DAY SCHOOL or government BIRMINGHAM, AL 35213 BIRMINGHAM AL 35213 3960 MONTCLAIR ROAD 3960 MONTCLAIR ROAD Part Part

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

JEWISH CHILDREN REG SERVICES

6,493

501 (C)

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

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

Schedule I (Form 990) (2014)

OUT ORGINIZATION MISSION.

DRGANIZATIONS TO CARRY

OUT ORGINIZATION MISSION.

0

279,822

501 (C) 3

63-1015318

COLLAT JEWISH PAMILY SERVICES

JEWISH FEDERATIONS OF NORTH

TO PROVIDE FINANCIAL

SUPPORT TO JEWISH

RGANIZATIONS TO CARRY

OUT ORGINIZATION MISSION.

٥.

1,191,856

501 (C) 3

TO PROVIDE FINANCIAL

SUPPORT TO JEWISH

RGANIZATIONS TO CARRY

OUT ORGINIZATION MISSION,

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5 411

501 (C) 3

BIRMINGHAM HOLOCAUST EDUCATION

COMMITTEE

O PROVIDE FINANCIAL

SUPPORT TO JEWISH

DRGANIZATIONS TO CARRY

| Page 1 |
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Schedule I (Form 990) BIRMINGHAM JEWISH FEDERATION, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| | OD OI ADURISINA | Assistance to Governments and Organizations in the United States (Schedule (Form 950), Part II) | izations in the On | ited States (Scrie | аше і (гоглі ээо), Раг | (11) | |
|--|-----------------|---|--------------------------|-----------------------------------|---|--|--|
| (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 |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| ANTI-DEFAMATION LEAGUE | | 501 (C) 3 | 16,232. | 0 | | | OUT ORGINIZATION MISSION, |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| THE ISRAEL PROJECT | | 501 (c) 3 | 8,500. | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| FRIENDS OF YEMIN ORDE | | 501 (C) 3 | 5,000 | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| AMERICAN FRIENDS OF LEKET ISRAEL | | 501 (C) 3 | 10,000. | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | · | | | | SUPPORT TO JEWISH |
| AMERICAN JEWISH JOINT DISTRIBUTION | | | | | | | ORGANIZATIONS TO CARRY |
| COMMITTEE | | 501 (C) 3 | 75,000. | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| BIRTHRIGHT ISRAEL FOUNDATION | | 501 (C) 3 | 6,000 | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| CONEXX | | 501 (C) 3 | 7,500. | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| FRIENDS OF ISRAEL DEFENSE FORCE | | 501 (c) 3 | 10,000. | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | TO PROVIDE FINANCIAL |
| | | | | | | | SUPPORT TO JEWISH |
| | | | | | | | ORGANIZATIONS TO CARRY |
| OPERATION LIFESHIELD | | 501 (C) 3 | 37,000 | 0 | | | OUT ORGINIZATION MISSION. |
| | | | | | | | Schedule I (Form 990) |

| Page 1 | |
|----------------------|--|
| 63-1045456 | |
| | d States (Schedule I (Form 990), Part II.) |
| I, INC. | ganizations in the United |
| AM JEWISH FEDERATION | overnments and Or |
| JEWISH | sistance to G |
| BIRMINGHAM | of Grants and Other As |

| 63-1045456 Page 1 | (h) Purpose of grant or assistance | TO PROVIDE FINANCIAL SUPPORT TO JEWISH ORGANIZATIONS TO CARRY OUT ORGINIZATION MISSION. | | | | | Schedule I (Form 990) |
|---|---|---|--|--|--|--|-----------------------|
| | (g) Description of non-cash assistance | | | | | | |
| edule I (Form 990), Pa | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | |
| nited States (Sch. | (e) Amount of non-cash assistance | 0 | | | | | |
| INC. | (d) Amount of cash grant | 8,690, | | | | | |
| BIRMINGHAM JEWISH FEDERATION, Arants and Other Assistance to Governments and Organ | (c) IRC section if applicable | 501 (C) 3 | | | | | |
| M JEWISH Assistance to Go | (b) EIN | | | | | | |
| Schedule I (Form 990) BIRMINGHAM JEWISH FEDERATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | (a) Name and address of organization or government | SOUTHERN JEWISH HISTORICAL SOCIETY | | | | | |

Page 2

63-1045456

Schedule I (Form 990) (2014) BIRMINGHAM JEWISH FEDERATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---|---|--|
| YOSSI HAVIV, MD - GENETIC TESTING PROGRAM | 1 | . 000. 5 | .0 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in | luired in Part I, line | e 2, Part III, column | Part I, line 2, Part III, column (b), and any other additional information. | Iditional information. | |
| SCHEDULE I, PART IV, SUPPLEMENTAL INFORMATION | INFORMAT | ION | | ; | |
| THE BIRMINGHAM JEWISH FEDERATION, | INC. REP | ORTS GRANT | REPORTS GRANTS ON SCHEDULE I | ULE I TO | |
| THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) | ERICA (J) | FNA), WHIC | H IS A 501 | (C)(3) | |
| DOMESTIC U.S. CHARITY. IN ADDITION, | JFNA, | AND ITS BE | AND ITS BENEFICIARY AGENCIES | AGENCIES, | |
| UNITED ISRAEL APPEAL (UIA), A SUBS | SUBSIDIARY OF JFNA, | | AND THE AMERICAN | ICAN | |
| JEWISH JOINT DISTRIBUTION COMMITTEE | (JDC) | - BOTH 501(C)(3) | (C)(3) | | |
| ORGANIZATIONS - EACH FILE A SEPARATE | | 990 AND DE | FORM 990 AND DETAILED SCHEDULES | EDULES F. | |

SCHEDULE J (Form 990) .

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BIRMINGHAM JEWISH FEDERATION, INC. Part I Questions Regarding Compensation

Employer identification number 63-1045456

| | | | Yes | No |
|----|--|----|------|---------------------------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | 1.00 | 1,00 |
| _ | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | 1 | | Ì |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | • |
| | | ĺ | | |
| ь | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | x | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | 10 | -43 | |
| _ | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | х | |
| | trustices, and binders, moldding the OLO/Exceditive Director, regarding the items checked in line 14. | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | ļ | | |
| 3 | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | | | | |
| | | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | Durant the year did any newest letted in Form 000 Part VII Control A line 1 - with warment to the films | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| _ | organization or a related organization | | | . |
| a | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | ! |
| | Only position 504/aV(2) 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(2) 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(2) 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(2) 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(4) and 504/aV(9) agraptions much sound to 504/aV(4) and 504/aV(4) and 504/aV(4) are already agraptions and 504/aV(4) and 504/aV(4) are already agraptions and 504/aV(4) and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions and 504/aV(4) are already agraptions are already agraptions and 504/aV(4) are already agraptions are already agraptions and 504/aV(4) are already agraptions are alread | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | ĺ | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| _ | contingent on the revenues of The organization? | | | v |
| | · | 5a | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| D | Any related organization? | 5b | _ | |
| _ | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of | ^- | | v |
| a | The organization? | 6a | | <u> </u> |
| D | Any related organization? | 6b | | |
| _ | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | _ | | 1, |
| _ | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | <u>X</u> |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | <u>X</u> |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Populations agetian F2 40F9 6(a)2 | | | |

INC

63-1045456

Page 2

BIRMINGHAM JEWISH FEDERATION, Schedule J (Form 990) 2014

For each Individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (i) Base (ii) Bonus & (iii) Other compensation compensation compensation compensation 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. | | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|--------------------|-------------|--------------------------|--|-------------------------------------|--------------------|----------------|----------------------|---|
| MAN (i) Base (ii) Bonus & (iii) Other reportable compensation (iii) (ii) (ii) (ii) (ii) (ii) (ii) (i | | | (2) | | | other deferred | | (B)(A)(D) | in column (B) |
| (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii) | (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred in prior Form 990 |
| (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii) | | | | | 1 | | | | |
| | | (i) | | 0 | 0 | 13,278. | 12,997. | 248,443. | 0. |
| | XECUTIVE DIRECTOR | (ii) | | 0 | 0 | 0 | 0 | | 0 |
| | | Ξ | | | | | | | |
| | | (ii) | | | | | | | |
| | | Ξ | | | | | | | |
| | | (ii) | | | | | | | |
| | | (i) | | | | | | | |
| | | (ii) | | | | | | | |
| | | Θ | | | | | | | |
| | | (ii) | | | | | | | |
| | | (3) | | | | | | | |
| | | (ii) | | | | | | | |
| | | Θ | | | | | | | |
| | | (ii) | | | | | | | |
| | | (3) | | | | | | | |
| | | ⊞ | | | | | | | |
| | | Ξ | | | | | | | |
| | | (ii) | | | | | | | |
| | | Θ | | | | | | | |
| | | (!!) | | : | | | | | |
| | | Ξ | | | | | | | |
| | | ⊞ | | | | | | | |
| | | Ξ | | | | | | | |
| (0) | | (ii) | | | | | | | |
| (i) (ii) | | Ξ | | | | | | | |
| (i) (ii) (iii) | | ▣ | | | | | | | |
| (ii) | | Ξ | | | | | | | |
| (0) | | ▣ | | | | | | | |
| (0) | | Ξ | | | | | | | |
| (9) | | (II) | | | | | | | |
| | | Ξ | | | | | | | |
| (0) | | ⊞ | | | | | | | |

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.

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

OMB No 1545-0047

| Name of th | ne organization | | 2112 | IDIII (1 | | | | T.26 | • | | | | | ion nu | ımber |
|-------------------|------------------------------|--------------------------------------|--------------------|------------------|--------------|-----------|------------------|-------------|------------------------|----------|-----------|---------------------------|------------------|----------|--|
| Part I | Excess Rene | ofit Trans | <u>HAئ</u> acti | M JEWISH | 01/0// | DEK | ATTON, | TNC | 01(c)(29) organization | | | 454 | :56 | | |
| <u> </u> | | | | | | | | | b, or Form 990-EZ, P | | | nh. | | | |
| 1 | | | | Relationship bet | | | | 01 23 | b, 01 F01111 990-EZ, F | ait v, | 11116 40 | <i>.</i> | (4) | Corre | cted? |
| (a) Na | me of disqualified p | person | (0) | person and o | | | | (| c) Description of tran | sactio | on | | | es | No |
| | | | | | | | | | | | | - | - - | | .,,, |
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| | | incurred by | the o | rganization mar | agers | or disc | qualified perso | ons du | uring the year under | | | | | | |
| | n 4958 the amount of tax, | | | ahaya raimhiire | od by | the or | canization | | • ••• | | ▶ \$ ▶ \$ | | | | |
| 3 Line | the amount of tax, | ii aiiy, oii iii | 16 2, | above, reimburs | eu by | uie oi | yanization | | | | • | | | | |
| Part II | Loans to and | d/or Fron | ı Int | erested Per | sons | | | | | | | | | | |
| | Complete if the | organization | ansv | vered "Yes" on | Form 9 | 990-EZ | , Part V, line 3 | 8a or | Form 990, Part IV, lin | e 26, | or if th | e orga | anızatı | on | |
| | reported an amo | unt on Forn | n 990 | | | | | | , | | | | | | |
| |) Name of | (b) Relation | ' ' | (c) Purpose | | oan to or | (e) Origin | | (f) Balance due | |) In | (h) Ap I by bo | proved ard or | (i) V | /ritten |
| ınterested | estea person | d person with organization of lo | | of loan | organization | | principal am | npai amount | | default? | | cómn | nittee? | agree | ement? |
| | | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
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| Total Part III | Grants or As | sistance | Rer | efiting Inter | este | d Per | renne | \$ | | | | L | | L., | |
| · circ iii | Complete if the | | | • | | | | | | | | | | | |
| (a) N | ame of interested | _ | | b) Relationship | | | (c) Amou | int of | (d) Type | of | | le |) Purp | വ ഉള | f |
| (4) | | | ' | interested pers | | | assista | | assistan | | | • | assist | | • |
| | | | | the organiza | ation | | | | | | | | | | |
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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) 2014

| Schedule L Part IV | (Form 990 or 990 EZ) 2014 BIRMIN Business Transactions Involv | | ION, INC. | 63 | -1045 | <u>456</u> | Page 2 |
|-----------------------|---|--|--|-----------------------|---------|------------------|-------------------------------|
| • (| Complete if the organization answered a) Name of interested person | "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization | 3b, or 28c (c) Amount of transaction | (d) Descri transac | , | organiz rever | aring of zation's nues? |
| TTMMV | FILLER | DACT DESTREMM (BOAD | | TTMMV | DTT T D | Yes | No |
| LAYNE | <u> </u> | PAST PRESIDENT/BOAR BOARD MEMBER | | JIMMY LAYNE | | | X |
| DAINE | REDD | BOARD MEMBER | <u> </u> | LAINE | HELD | | X |
| | | | | | | | |
| | | | | | | | |
| Part V | Supplemental Information | | | | | | |
| | Provide additional information for response | onses to questions on Schedule L (see ii | nstructions). | | | | |
| | PART IV, BUSINESS T | | NG INTEREST | ED PER | SONS: | | |
| | ME OF PERSON: JIMMY | | <u></u> . | | | <u> </u> | |
| (B) RE | <u>CLATIONSHIP BETWEEN I</u> | NTERESTED PERSON AND | ORGANIZAT | ION: | | | |
| PAST F | RESIDENT/BOARD MEMBE | R | | | | | |
| (C) AM | OUNT OF TRANSACTION | \$ (D) DESCRIPTION O | | | | | |
| (D) DE | SCRIPTION OF TRANSAC | TION: JIMMY FILLER S | SERVES ON T | HE BOA | RD OF | | |
| SERVIS | FIRST BANK. THE FEDE | RATION HAS A BANKING | RELATIONS | HIP WI | TH TH | IS | |
| FINANC | LIAL INSTITUTION WHIC | H ORIGINATED PRIOR T | O THE PRES | IDENT' | S SER | VING | |
| ON THE | BOARD. | | | | | | _ |
| (E) SH | ARING OF ORGANIZATIO | N REVENUES? = NO | | | | | |
| | | | | | | | |
| (A) NA | ME OF PERSON: LAYNE | HELD | | · • | , | | |
| (B) RE | LATIONSHIP BETWEEN I | NTERESTED PERSON AND | ORGANIZAT | ION: | | | |
| BOARD | MEMBER | | | | | | |
| (C) AM | OUNT OF TRANSACTION | \$ (D) DESCRIPTION O | | | | | |
| (D) DE | SCRIPTION OF TRANSAC | TION: LAYNE HELD IS | AN EXECUTI | VE AT | | | |
| SERVIS | FIRST BANK. THE FEDE | RATION HAS A BANKING | RELATIONS | HIP WI | PH TH | <u>ıs</u> | |
| FINANC | IAL INSTITUTION WHIC | H ORIGINATED PRIOR T | O THE LAYN | E SERV | ING OI | N TH | E |
| מפגחפ | | | | | | | |

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990),

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

| | BIRMINGHAM J | EWISH | FEDERATIO | N, INC. | | | 63-1 | 045 | 456 | |
|-----|--|-------------------------------|--|--|-----------|----------|----------------------------------|---------|-----|------------|
| Pai | | | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribut amounts reported Form 990, Part VIII, II | on | | (d) ethod of do sh contrib | etermir | - | :s |
| 1 | Art - Works of art | | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | |
| 5 | Clothing and household goods | | | <u>.</u> | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | 62 | 353,56 | 3. | FMV OI | STO | KS_ | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities · Partnership, LLC, or | | | | | | | | | |
| | trust interests | | | | | | | | | |
| 12 | Securities · Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | |
| | Historic structures | | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | -,,- | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other () | | | | | | | | | |
| 26 | Other () | | | | | | | | | |
| 27 | Other () | | | | | | | | | |
| 28 | Other (| | | | _, \ | | | | | |
| 29 | Number of Forms 8283 received by the organic | zation dunn | g the tax year for c | ontributions | | | | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowledo | gement 25 | <u> </u> | | | | | |
| | | | | | | | | | Yes | No_ |
| 30a | During the year, did the organization receive by | | | | | | rt | | | |
| | must hold for at least three years from the date | e of the initia | al contribution, and | which is not required | l to be ι | used for | | ļ | | i I |
| | exempt purposes for the entire holding period' | ? . | | | | ٠ | | 30a | | <u>X</u> _ |
| b | If "Yes," describe the arrangement in Part II | | | | | | | | | |
| 31 | Does the organization have a gift acceptance p | policy that re | equires the review | of any non-standard o | ontnbu | tions? | | 31 | Х | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell no | ncash | | | | | ı |
| | contributions? | | | | - | | | 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 proper | ty for which column (a | a) is che | ecked, | | | | |
| | describe in Part II. | | | | | | | l | | |

| Schedule | M (For | m 990 | 0) (2014) | BIRM | NGHAM | JEWIS1 | H F | EDERATION | I, INC. | | 63-1045456 | Page 2 |
|----------|--------|--------|------------|-------------|---|-------------------------------|-------------------|---------------------------------------|-----------------------------------|---------------------------------------|--|------------------|
| Part II | ısre | eporti | ng in Part | : I, column | ation. Pro (b), the nur formation. | vide the info nber of cont | rmatio ributio | on required by Pa ns, the number o | rt I, lines 30b of items recei | o, 32b, and eved, or a co | 33, and whether the organion of both. Also con | zation mplete |
| | | | | | | | | | | | | <u> </u> |
| SCHEI | ULE | M, | LINE | 32B | | | | | | | | |
| USES | THI | RD- | PARTY | BROE | KERAGE | FIRMS | то | COMPLETE | INVES | TMENT | TRANSACTIONS | - |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization

Inspection Employer identification number

| BIRMINGHAM JEWISH FEDERATION, INC. | 63-1045456 |
|---|----------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | SION: |
| NATIONALLY, IN ISRAEL AND THROUGHOUT THE WORLD; IS INVOLVE | ED IN BUILDING |
| A BETTER BIRMINGHAM THROUGH ALLIANCES AND PARTNERSHIPS WIT | TH 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 MI | ISSION: |
| COMMITTED TO HELPING ALL PEOPLE IN NEED IN TIMES OF CRISIS | 3. |
| FORM 990, PART VI, SECTION A, LINE 2: | |
| HILARY AND SCOTT GEWANT - FAMILY RELATIONSHIP | |
| JERRY HELD, GINGER HELD, BRIAN HELD, LAYNE HELD, ELISA NEI | SON - FAMILY |
| RELATIONSHIP | |
| AMY SAAG, ANDY SAAG, BRITTANY SAAG, PAT WEIL - FAMILY RELAT | CIONSHIP |
| BETH SCHAEFFER AND GINGER HELD - FAMILY RELATIONSHIP | |
| CARRIE PIZITZ AND RICHARD PIZITZ JR FAMILY RELATIONSHIP |) |
| DREW WEIL AND JOSH MANDELL - FAMILY RELATIONSHIP | |
| RICHARD, SALLY, AND SAMMY FRIEDMAN - FAMILY RELATIONSHIP | |
| RICHARD FRIEDMAN, EXECUTIVE DIRECTOR OF BIRMINGHAM JEWISH | FEDERATION, IS |
| MARRIED TO SALLY FRIEDMAN, EXECUTIVE DIRECTOR OF BIRMINGHA | M JEWISH |
| FOUNDATION, A RELATED TAX-EXEMPT ENTITY | |
| | |
| FORM 990, PART VI, SECTION A, LINE 7A: | |
| THE GOVERNING BODY IS ELECTED BY ITS MEMBERS | |
| | |

FORM 990, PART XI, LINE 2C:

NO CHANGES FROM PRIOR YEAR

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. INC. BIRMINGHAM JEWISH FEDERATION, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047

20,14
Open to Public Inspection

Employer identification number 63-1045456

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

Part

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) S Direct controlling entity | ntrolling :y |
|---------|---|----------------------|---|------------------------|---------------------------|---------------------------------|-----------------|
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| Part II | Identification of Related Tax-Exempt Organizations Complete organizations during the tax year | | f the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt | art IV, line 34 becaus | e it had one or mor | e related tax-exemp | |
| | (3) | 1-1/ | 1-7 | 4.5 | | • | |

| (a) | (q) | (0) | (p) | (e) | E | (6) | |
|--|----------------------------|--------------------------|-------------|--------------------|--------------------|--------------------|--------------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | Section 512(b)(13) | (6)(13) |
| of related organization | | foreign country) | section | status (if section | entity | entity? | |
| | | | | 501(c)(3)) | | Yes | _S |
| BIRMINGHAM JEWISH FOUNDATION INC | THE BIRMINGHAM JEWISH | | | | | | |
| 63-0833692, 3966 MONTCLAIR ROAD, BIRMINGHAM, FOUNDATION IS | FOUNDATION IS DEDICATED TO | | | | | | |
| AL 35213 | NURTURING AND PROMOTING | ALABAMA | 501(C)(3) | LINE 11A I | | | × |
| RUTTENBERG FAMILY FOUNDATION - 63-1165558 | | | | | | | <u> </u> |
| 3966 MONTCLAIR ROAD | FOR JEWISH PEOPLE IN | | | | | | |
| BIRMINGHAM AL 35213 | BIRMINGHAM/WORLD | ALABAMA | 501(C)(3) | LINE 11A, I | | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

432161 08-14-14 LHA

63-1045456

Page 2

INC. BIRMINGHAM JEWISH FEDERATION, Schedule R (Form 990) 2014

Part

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.

General or Percentage managing ownership 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 Yes 9 Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) \equiv Yes No Disproportionate allocations? Ξ (g)
Share of
end-of-year
assets Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (C)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization <u>a</u> Part IV

| | €, | Section 512(b)(13) controlled entity? | Yes No | | <u> </u> | | | | | _ | | |
|-----|----------|---|----------|---|----------|------|--|--|--|---|---|--|
| | <u> </u> | Percentage s ownership c | Xe | - | | | | | | | | |
| - 1 | | Share of end-of-year | 99995 | | | | | | | | | |
| | € | Share of total income | | | | | | | | | - | |
| | <u>e</u> | Type of entity (C corp, S corp, | or stady | | | | | | | | | |
| | € | Legal domicile Direct controlling Type of entity (C corp. S corp, foreign | | | | | | | | | | |
| ; | <u>ပ</u> | Legal domicile (state or foreign | country) | | | | | | | | | |
| | (a) | Primary activity | | | | | | | | | | |
| • | (e) | Name, address, and EIN of related organization | | | | | | | | | | |

Schedule R (Form 990) 2014

Page 3

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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.

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
 - - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)

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- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s_Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) BIRMINGHAM JEWISH FOUNDATION, INC. | U | 689,525. | |
| (2) BIRMINGHAM JEWISH FOUNDATION, INC. | Z | 13,958. | |
| (3) BIRMINGHAM JEWISH FOUNDATION, INC. | 0 | 47,334. | |
| (4) BIRMINGHAM JEWISH FOUNDATION, INC. | O | 238,345. | |
| (6) RUTTENBERG FOUNDATION | υ | 39,265. | |
| (9) | | | |

Page 4

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.

| (b) (c) (d) (d) | (b) | (0) | (b) | | £ | (0) | (4) | 9 | 8 | 3 |
|----------------------------------|---------|------------|---|---|----------------|----------------------|-------------------------------|------------------------|-----------------------------------|----------------------------|
| Name, address, and EIN of entrty | ctivity | <i>를</i> 들 | Predominant income (related, unrelated, excluded from tax under | | Share of total | Share of end-of-year | Disproportionate allocations? | Cod amoun of Sch | General o managing partner? | Percentage ownership |
| | | country) | sections 512-514) Yes No | | | assets | Yes No | (Form 1065) | Yes No | |
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| | | : | | | | | | Schedule | R (For | Schedule R (Form 990) 2014 |

| Schedule R | (Form 990) 2014 BIRMINGHAM JEWISH FEDERATION, INC. 63-1045456 Pag | <u>e 5</u> |
|------------|---|------------|
| Part VII | (Form 990) 2014 BIRMINGHAM JEWISH FEDERATION, INC. 63-1045456 Page Supplemental Information | |
| - | Provide additional information for responses to questions on Schedule R (see instructions) | |
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63-1045456

| Form 990 BIRMING | HAM JEWI | ЭΠ | rı | וענ | 1KA | <u>11.</u> | LOI | N, INC. | 63-104 | 2420 |
|--|---|------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, | Trustees, Key Er | nplo | oyee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours | | | (Pos | C) ition | l | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) LAYNE HELD | 1.00 | _ | | | | | | | | • |
| BOARD MEMBER | 1 00 | X | | | | | | 0. | 0. | 0 |
| (28) ANDY SAAG | 1.00 | ₹, | | | | | | 0 | • | 0 |
| BOARD MEMBER | 1 00 | X | | | - | | | 0. | 0. | 0 |
| (29) SAMMY FRIEDMAN | 1.00 | v | | | | | | | 0 | ^ |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0 |
| (30) DONNA SCHIFF | 1.00 | x | | | | | | 0. | 0 | 0 |
| BOARD MEMBER | 1.00 | ^ | - | _ | - | | | U • | 0. | . 0 |
| (31) DRENNEN WILLIAMS | 1.00 | x | | | | | i | 0. | o. | 0 |
| BOARD MEMBER (32) PAT WEIL | 1.00 | Λ | | | | | | 0. | | 0 |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | o. | 0 |
| (33) AMY SAAG | 1.00 | - 22 | | | Н | | | 0. | <u> </u> | |
| VP COMMUNITY RELATIONS | 1.00 | х | | X | | | | 0. | 0. | 0 |
| (34) BRIAN HELD | 1.00 | | | | | | | | <u> </u> | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0 |
| (35) RICHARD PIZITZ, JR | 1.00 | | | | | | | | | <u> </u> |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0 |
| (36) CYNTHIA TOBIAS | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (37) MARC LOBOVITZ | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0 |
| (38) ROBIN BROMBERG | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | _ | | | | | 0. | 0. | 0 |
| (39) BRIAN KULBERSH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0 |
| (40) EDWARD GOLDBERG | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | X | | | | | | 0. | 0. | 0 |
| (41) DAVID ROMANOFF | 1.00 | | | | | | | | . | • |
| BOARD MEMBER | F0 00 | X | | | \dashv | | | 0. | 0. | 0 |
| (42) RICHARD FRIEDMAN | 50.00 | | | v | | | | 122 160 | _ | 26 275 |
| EXECUTIVE DIRECTOR | | | | X | | | | 222,168. | 0. | 26,275 |
| | | | | | | | | | | |
| | - | | | | | | - | | | |
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| | | | | | | _ | _ | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 222,168. | | 26,275 |

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No 1545-1709

| • If yo | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | | X | | | | |
|----------------------------------|--|--------------|--|--------------|-----------------------|-----------|--|--|--|--|
| If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II (on page 2 of | this form). | | | | | | |
| Do not | complete Part II unless you have already been granted | an automa | atic 3-month extension on a previous | sly filed Fo | rm 8868. | | | | | |
| Electro | nic filing (e-file) . You can electronically file Form 8868 if y | ou need a | a 3-month automatic extension of tin | ne to file (| 6 months for a corpo | oration | | | | |
| require | d to file Form 990-T), or an additional (not automatic) 3-mo | nth extens | sion of time. You can electronically f | ile Form 8 | 868 to request an ex | tension | | | | |
| | to file any of the forms listed in Part I or Part II with the ex | | | | | | | | | |
| | al Benefit Contracts, which must be sent to the IRS in pap | - | | | | | | | | |
| | w.irs gov/efile and click on e-file for Chanties & Nonprofits | | , | | | , | | | | |
| Part | Automatic 3-Month Extension of Time | e. Only s | submit original (no copies ne | eded). | | | | | | |
| A corpo | pration required to file Form 990-T and requesting an autor | | | | | | | | | |
| Part I o | | | | • | > | | | | | |
| All othe | r corporations (including 1120-C filers), partnerships, REM | IICs, and t | rusts must use Form 7004 to reques | st an exten | ision of time | | | | | |
| | come tax returns. | • | • | _ | er's identifying num | ber | | | | |
| Type o | Name of exempt organization or other filer, see instru | ctions | | | r identification numb | | | | | |
| print | | | | | | (, | | | | |
| • | BIRMINGHAM JEWISH FEDERATION | ON. II | NC. | | 63-104545 | 6 | | | | |
| | the due date for Number, street, and room or suite no. If a P O box, see instructions. Social security number (SSN) | | | | | | | | | |
| filing your | filing your return See 3966 MONTCLAIR ROAD | | | | | | | | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | | | | |
| | BIRMINGHAM, AL 35213-2413 | | | | | | | | | |
| | | | | | | | | | | |
| Enter th | Enter the Return code for the return that this application is for (file a separate application for each return) 0 1 | | | | | | | | | |
| Application Return Application R | | | | | | | | | | |
| Is For Code Is For Co | | | | | | | | | | |
| | 90 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | | | |
| Form 9 | | 02 | Form 1041-A | | | 08 | | | | |
| | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | | | |
| Form 9 | | 04 | Form 5227 | | | 10 | | | | |
| | 90-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | - | | 11 | | | | |
| | 90-T (trust other than above) | 06 | Form 8870 | | | 12 | | | | |
| | KIM PATTERSON | . 00 | 1011110010 | | | 1,2 | | | | |
| • The | books are in the care of 3966 MONTCLAIR | ROAD | - RIRMINGHAM AT. | 35213 | | | | | | |
| | phone No. ► 205-879-0416 | поно | Fax No D | <u> </u> | | | | | | |
| | e organization does not have an office or place of business | un the lin | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | s is for a Group Return, enter the organization's four digit (| | | f this is fo | r the whole group, of | hook this | | | | |
| box 🕨 | | | | | | | | | | |
| | request an automatic 3-month (6 months for a corporation | | | | ers the extension is | 101 | | | | |
| | | | tion return for the organization name | | The extension | | | | | |
| is | for the organization's return for. | | | | | | | | | |
| | X calendar year 2014 or | | | | | | | | | |
| | tax year beginning | an | d ending | | | | | | | |
| _ | | | | | _ · | | | | | |
| 2 If | the tax year entered in line 1 is for less than 12 months, c | heck reas | on Initial return | Final retur | n | | | | | |
| 3a If | this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6060 | enter the tentative tax loce and | | | | | | | |
| | | . Ji 0003, (| onter the terrative tax, less any | | . | Λ | | | | |
| _ | onrefundable credits. See instructions. | ontor an | refundable grades and | 3a | _\$ | 0. | | | | |
| | this application is for Forms 990-PF, 990-T, 4720, or 6069 | - | | | _ | Λ | | | | |
| _ | stimated tax payments made. Include any prior year overp | | | 3b | \$ | 0. | | | | |
| | alance due. Subtract line 3b from line 3a. Include your pa | - | • | | • | Λ | | | | |
| | y using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ 0070 50 6 | 0. | | | | |
| Cautio | n. If you are going to make an electronic funds withdrawal | (antect aei | uiu) wilin tinis Form 8868, see Form 8 | 403.EU ar | ia romi 88/9-EU for | payment | | | | |

instructions