Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs gov/Form990PF for instructions and the latest information.

For	cale	ndar year 2017 or tax year beginning		, and e	nding		
Na	me o	f foundation				A Employer identification	number
7	HE	JOSEPH H & REVA ENGEL					
_E	<u>'OU</u>	NDATION				63-0989498	
		and street (or P.O. box number if mail is not delivered to street a	address)		Room/suite	B Telephone number	ı
_		. BOX 3128				(205)221-4	000
	-	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is pr	ending, check here
_		PER, AL 35502-3128	— 				
G	Check	call that apply:	Initial return of a f	former public o	harity	D 1. Foreign organizations	s, check here
		Final return	Amended return			2. Foreign organizations me	eting the 85% test.
	<u> </u>	Address change	Name change		~	2. Foreign organizations me check here and attach co	mputation
, H	_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	
1 5		ection 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Accounti	Other taxable private found in method: X Cash	Accr	<u> </u>	under section 507(b)(1)	
		· / /	ther (specify)	ACG	uai	F if the foundation is in a	
	- \$_	553,127. (Part I, colur		ıs.)		under section 507(b)(1)	(B), check here
_	art I		(a) Revenue and	(b) Net in	vastment	(a) Adjusted not	(d) Disbursements
ننا	<u></u> -	→ (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	Inco		(c) Adjusted net	for charitable pur poses (cash basis only)
_	1	Contributions, gifts, grants, etc., received	234,000.	1.3.2.3	11 11 11 1		
	2	Check if the foundation is not required to attach Sch. B	A S A L S A N S		1311		
	3	Interest on savings and temporary cash investments					*
	4	Dividends and interest from securities	8,039.		8,039.		STATEMENT, 1
	5a	Gross rents					
	b	Net rental income or (loss)		W W	<u> </u>	. 1 . 1	* 1 1 1 1 1 1 1
'A a		Net gain or (loss) from sale of assets not on line 10	<4,399.>	* * * * * *	<u> </u>		
	b	Gross sales price for all assets on line 6a 138,840.		7 " 1 4	<u>* ,* } ,</u>		
	7	Capital gain net income (from Part IV, line 2)		# * ·	0.	/-	
	8	Net short-term capital gain			* * * * *	N/A	
<u>[</u>]	9	Income modifications Gross sales less returns		**************************************	<u>, </u>	* * * * * * * * * * * * * * * * * * * *	
. •	1 .	and allowances			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
-	1	Gross profit or (loss)	<u> </u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* * * * * * * * * * * * * * * * * * * *
	111	Other income		<u> </u>	<u> </u>		
1	12	Total. Add lines 1 through 11	237,640.	 	8,039.	0.	
· —	13	Compensation of officers, directors, trustees, etc	0.	 	0.	0.	0.
2	14	Other employee salaries and wages					
3	15	Pension plans, employee benefits					
Ses	16a	Legal fees					
		Accounting fees STMT 2	3,250.		2,438.	0.	812.
Expe	C	Other professional fees STMT 3	122.		122.	0.	0.
ative	17	Interest				<u> </u>	
trat	18	Taxes STMT 4	183.	ļ	2.	0.	0.
Sic	19	Depreciation and depletion		 		ļ 	* * * * * * * * * * * * * * * * * * * *
Administr	20	Occupancy				ļ 	
		Travel, conferences, and meetings Printing and publications CEIVED	 				
and	100	Other expenses	 	 			
ii	24	Other expenses Total operation and all hintstrative 2018					
Operating		Other expenses. Total operating and administrative 2018 expenses. Applies 13 through 29	3,555.		2,562.	0.	812
ô	25	Contributions sittle assets and	78,663.		., 204.		812. 78,663.
	26	Total expenses and disbutsements.	J		* ` * *	** * * * **	,0,000.
_]	Add lines 24 and 25	82,218.) :	2,562.	0.	79,475.
	27	Subtract line 26 from line 12:		(×)	* ·		
	ŀ	Excess of revenue over expenses and disbursements	155,422.		1, 1,		
	l	Net investment income (if negative, enter -0-)			5,477.		1 12 1 1 1 1 1 1
	lc	Adjusted net income (if pensive enter -0.)		y %	\$4 8 ₄	0.	1 1 1 1 1 1 1 1 1

LHA For Paperwork Reduction Act Notice, see instructions. 723501 01-03-18

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FOUNDATION 63-0989498 Form 990-PF (2017) Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year (b) Book Value (c) Fair Market Value (a) Book Value 1 Cash - non-interest-bearing 103,097. 249,162. 2 Savings and temporary cash investments 3 Accounts receivable ► Less; allowance for doubtful accounts 4 Pledges receivable Less; allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations STMT 5 108,192. 130,620. b Investments - corporate stock STMT 6 141,229. 128,158. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 352,518. 507,940. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 352,518. 507,940 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 29 Retained earnings, accumulated income, endowment, or other funds 0 30 Total net assets or fund balances 352,518. 507,940 31 Total liabilities and net assets/fund balances 352,518. 507,940 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 352,51<u>8.</u> 2 Enter amount from Part I, line 27a 2 155,422. 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 940.

5

507,940.

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5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains and	Losses for Tax on In	vestment l	Income				
2-story brick warehou	nd(s) of property sold (for exar se; or common stock, 200 shs	. MLC Co.)		(b)	How acquired - Purchase - Donation	(c) Date acqu (mo., day,)	
	& TRUST COMPA	MY ACC	r# 8621	<u> </u>			
b STCG			-11 0 6 0 4	↓	P		12/31/17
c STATE STREET BANK	& TRUST COMPA	TNA VCC.	T# 8621	↓_			10/21/17
d LTCG				╂	P		12/31/17
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale			(h) Gain o ((e) plus (f)	
a							
b 43,254.			42,38	3.			871.
d 95,586.			100,85	6.			<5,270.>
Complete only for assets showing gain	in column (h) and owned by t	he foundation of	on 12/31/69.			(I) Gains (Col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)		c	òl. (k), but not le Losses (fror	ess than -0-) or
<u>a</u> <u>b</u>							871.
<u>c</u>				}			E 070
<u>d</u>							<5,270.>
2 Capital gain net income or (net capital lo 3 Net short-term capital gain or (loss) as	defined in sections 1222(5) an	- in Part I, line 7		}	2		<4,399.>
If gain, also enter in Part I, line 8, column If (loss), enter -0- in Part I, line 8 Part V Qualification Under	. ,	Doducod 1	Fav. on Not		3		871.
						ome	
(For optional use by domestic private found if section 4940(d)(2) applies, leave this par Was the foundation liable for the section 49 if "Yes," the foundation doesn't qualify under	t blank. 142 tax on the distributable amo	ount of any yea			-1		Yes X No
1 Enter the appropriate amount in each co			re making any er	itries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchar	itable-use asset	s (col.	(d) Distribution ratio (b) divided by col. (c))
2016	6	4,031.			352,32		.181736
2015		4,067.			368,48	B.	.336692
2014		1,807.			280,263		.327574
2013		5,107.			107,13		.701037
2012	13:	5,776.			46,21	5.	2.937921
2 Total of line 1, column (d)						2	4.484960
3 Average distribution ratio for the 5-year the foundation has been in existence if le		in line 2 by 5.0,	or by the numbe	er of y	ears	3	.896992
4 Enter the net value of noncharitable-use	assets for 2017 from Part X, I	ine 5				4	365,809.
5 Multiply line 4 by line 3						5	328,128.
6 Enter 1% of net investment income (1%	of Part I, line 27b)					6	55.
7 Add lines 5 and 6						7	328,183.
8 Enter qualifying distributions from Part 3	XII, line 4					8	79,475.
If line 8 is equal to or greater than line 7 See the Part VI instructions.	, check the box in Part VI, line	1b, and comple	ete that part using	g a 1%	% tax rate.		

Part VI Excise Tax Based on I	nvestment Income (Section 494	10(a) 4040(b) 4040(e) or 4	048 - See	
<u></u>			7 7	mad dodonaj
1a Exempt operating foundations described in			'.	(***)
	(attach copy of letter if n			110.
b Domestic foundations that meet the section	4940(e) requirements in Part V, check here	and enter 1%	1-1-	110.
of Part I, line 27b	1 - 07h 5 1 f		1 1	
c All other domestic foundations enter 2% of	_			
2 Tax under section 511 (domestic section 49	147(a)(1) trusts and taxable foundations only; o	others, enter -0-)	2	110
3 Add lines 1 and 2			3	110.
	947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4	110
5 Tax based on investment income. Subtract	t line 4 from line 3. If zero or less, enter -0-		5	110.
6 Credits/Payments:		1 1		
a 2017 estimated tax payments and 2016 over	· ·	6a 0.		
b Exempt foreign organizations - tax withheld		6b 0.	_ ;	
c Tax paid with application for extension of tin	ne to file (Form 8868)	6c <u>0</u> .	⊣ ,	
d Backup withholding erroneously withheld		6d 0.		
7 Total credits and payments. Add lines 6a thr			7	
	nated tax. Check here if Form 2220 is at	tached	8	0.
9 Tax due If the total of lines 5 and 8 is more			9	110.
	of lines 5 and 8, enter the amount overpaid	, ,	10	
11 Enter the amount of line 10 to be: Credited		Refunded >	11	
Part VII-A Statements Regardi				T.M. NV-al Na
1a During the tax year, did the foundation atten	npt to influence any national, state, or local leg	islation or did it participate or interven	e in	Yes No
any political campaign?				1a X
b Did it spend more than \$100 during the year			nition	1b X
·	detailed description of the activities and copies	s of any materials published or		
distributed by the foundation in connection is				
c Did the foundation file Form 1120-POL for t	•			1c X
d Enter the amount (if any) of tax on political e				
(1) On the foundation. > \$			_	
e Enter the reimbursement (if any) paid by the		diture tax imposed on foundation		
managers. ► \$0				
2 Has the foundation engaged in any activities		IRS?		2 X
If "Yes," attach a detailed description of the a				
3 Has the foundation made any changes, not p		instrument, articles of incorporation,)f	- 3 N <u>A</u> %
bylaws, or other similar instruments? If "Yes				3 X
4a Did the foundation have unrelated business	• • • •	ar?	37/3	4a X
b If "Yes," has it filed a tax return on Form 990	· · · · · · · · · · · · · · · · · · ·	_	N/A	4b
5 Was there a liquidation, termination, dissolu-		3		5 X
If "Yes," attach the statement required by Ge				
6 Are the requirements of section 508(e) (relative	* * *	either:		
By language in the governing instrument,				
	s the governing instrument so that no mandato	ory directions that conflict with the stat	e law	
remain in the governing instrument?				6 X
7 Did the foundation have at least \$5,000 in as	ssets at any time during the year? If "Yes," com	plete Part II, col. (c), and Part XV		7 X
		_		
8a Enter the states to which the foundation repo	orts or with which it is registered. See instruct	ions.		
AL				-
b If the answer is "Yes" to line 7, has the found	lation furnished a copy of Form 990-PF to the	Attorney General (or designate)		
of each state as required by General Instru				8b X
	e operating foundation within the meaning of s		endar	
	? See the instructions for Part XIV. If "Yes," co	•		$\frac{9}{x}$
10 Did any persons become substantial contrib	utors during the tax year? If "Yes," attach a sched	dule listing their names and addresses		10 X
				Form 990-PF (2017)

FOUNDATION 63-0989498 Form-990-PF (2017) Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 N/A Website address 14 The books are in care of MARK PFLAUM, CPA Telephone no. \triangleright (205)521-6311 Located at ▶ 505 20TH STREET NORTH, SUITE 1150, BIRMINGHAM, ▶35203 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank. securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)); a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 4 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b * c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <u>4a</u> b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? Form **990-PF** (2017)

THE JOSEPH H & REVA ENGEL FOUNDATION

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No 🏻 🖁	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		
any voter registration drive?		Y	es 🗓 No 🧏	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1	
4945(d)(4)(A)? See instructions		<u></u>	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?	,		es X No 🛚 🛪	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	ın Regulations		
section 53,4945 or in a current notice regarding disaster assistance? See instru	•	J	N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				# 1 × 1 V
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		- /	es 🗀 No 🍐	*
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		٠, ــــــــــــــــــــــــــــــــــــ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	oav nremiums on		[]	
a personal benefit contract?	say promining on	Γīν	es X No	, I., I., .
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	L ''		6b X
If "Yes" to 6b, file Form 8870.	ersonal penent Contract.		<u></u>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?	Г [—]] v .		
		TI		7b
b If "Yes," did the foundation receive any proceeds or have any net income attribu Part VIII Information About Officers, Directors, Truste		agers Highly		<u>'' </u>
Paid Employees, and Contractors	es, roundation ivial	iagers, riigiliy		
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.			
(-) No we and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
LISA R ENGEL	PRESIDENT/ DI	RECTOR		
3547 KINGSHILL ROAD		1	l	
BIRMINGHAM, AL 35223	7.50	0.	0.	0.
ALAN Z ENGEL	VP/ SECRETARY	DIRECTOR		
3547 KINGSHILL ROAD		1		
BIRMINGHAM, AL 35223	1.00	0.	0.	0.
		RECTOR		
1710 RIDGE ROAD				
HOMEWOOD, AL 35209	0.25	0.	0.	0.
		 		
		Į.		
		l		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(a) Composition	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
		1	l	
		1		
		1		_
	<u> </u>	1		_
		1		
		<u> </u>		<u> </u>
Total number of other employees paid over \$50,000			>	0
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Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none	, enter "NONE."	
' (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan	it statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	rear on lines 1 and 2.	Amount
1 N/A		
2		
		
All other program-related investments. See instructions.	Į.	
³		
Total. Add lines 1 through 3	•	0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	[,* <u>]</u>	
а	Average monthly fair market value of securities	1a	287,591.
b	Average of monthly cash balances	1b	83,789.
c	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	371,380.
е	Reduction claimed for blockage or other factors reported on lines 1a and	k	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	371,380.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,571.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	365,809.
6	Minimum investment return. Enter 5% of line 5	6	18,290.
P	art-XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ □ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	18,290.
1 2a	Tax on investment income for 2017 from Part VI, line 5	 -'\	10,250.
2a b	Income tax for 2017. (This does not include the tax from Part VI.)		
G	Add lines 2a and 2b	1 , 1	110.
3	Distributable amount before adjustments Subtract line 2c from line 1	2c 3	18,180.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	18,180.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,180.
_	art XII. Qualifying Distributions (see instructions)		10,100.
		1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		70 475
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	79, 4 75.
þ	Program-related investments - total from Part IX-B	16	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	70 475
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	79,475.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
	Income. Enter 1% of Part I, line 27b	5	70.475
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,475.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for th	ne section

Form **990-PF** (2017)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(6) 2017
1 Distributable amount for	2017 from Part XI,				
line 7					18,180.
2 Undistributed income, if any,				A ST BE BUTTER BOOTER STREET,	
a Enter amount for 2016 o	nly	<u> </u>		0.	\$ 23.33
b Total for prior years:		* .			
• Cucan distributions sorr		***	0.		
3 Excess distributions carr	133,509.				
a From 2012 b From 2013	69,750.				
c From 2014	77,794.				
d From 2015	105,643.				
e From 2016	46,596.				
f Total of lines 3a through		433,292.			
4 Qualifying distributions for					
Part XII, line 4: ► \$	79,475.				
a Applied to 2016, but not	more than line 2a			0.	
b Applied to undistributed i	income of prior				
years (Election required -	see instructions)		0.		
c Treated as distributions of	out of corpus				
(Election required - see in	nstructions)	0.			
d Applied to 2017 distribute					18,180.
e Remaining amount distrit	•	61,295.			
5 Excess distributions carryover (If an amount appears in column		0.	3 4 6 6 - 2 6 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8		0.
must be shown in column (a))					
6 Enter the net total of eac indicated below;	h column as				
& Corpus Add lines 3f, 4c, and 4	to Cubtrast lian E	494,587.			
b Prior years' undistributed		274,307.			
line 4b from line 2b	moonie. Oubtract		0.		
c Enter the amount of prior	vears'		<u></u>		1007-000 (1000)
undistributed income for	which a notice of				
deficiency has been issue the section 4942(a) tax ha	d, or on which as been previously				
assessed	ab boom providusty		0.		
d Subtract line 6c from line	6b Taxable				
amount - see instructions			0.		
e Undistributed income for					
4a from line 2a. Taxable a				0.	
f Undistributed income for the second					
lines 4d and 5 from line 1. be distributed in 2018	. Inis amount must				0
7 Amounts treated as distrib	outions out of	************			0.
corpus to satisfy requirem					
section 170(b)(1)(F) or 49					
may be required - see inst		0.			
8 Excess distributions carry	,				
not applied on line 5 or lin		133,509.			
9 Excess distributions carry			(, , , , , , , , , , , , , , , , , , ,		
Subtract lines 7 and 8 from		361,078.			
10 Analysis of line 9:				Kina Simoni	
a Excess from 2013	69,750.				
b Excess from 2014	77,794.				
c Excess from 2015	105,643.				
d Excess from 2016	46,596.				
e Excess from 2017	61,295.	<u> </u>			

Form 990-PF (2017) F	OUNDATI	ION	21(01)		63-09	989498 Page 10
Part XIV Private Op			structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has rece	ived a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling				•		/
b Check box to indicate who	ther the founda	ation is a private operatir	ng foundation described in	n section	4942(j)(3) or 4	942(1)(5)
2 a Enter the lesser of the adj	usted net	Tax year		Prior 3 years		
income from Part I or the	minimum [(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Pa	art X for					1
each year listed			<u> </u>			
b 85% of line 2a	[
c Qualifying distributions fro	om Part XII,					
line 4 for each year listed	L					
d Amounts included in line :	2c not					
used directly for active co	nduct of		})		
exempt activities	L					
e Qualifying distributions m	ade directly		1			
for active conduct of exen	pt activities.					
Subtract line 2d from line						<u> </u>
3 Complete 3a, b, or c for the						
alternative test relied upor a "Assets" alternative test - e			Ì		-	
(1) Value of all assets	L		/	L		<u> </u>
(2) Value of assets qualifunder section 4942()						
b "Endowment" alternative to	· · · · · · · -			 		
2/3 of minimum investme	nt return					
shown in Part X, line 6 for listed	each year					}
c "Support" alternative test -	enter:		<u>"</u>			
(1) Total support other th	(
investment income (ii			/			
dividends, rents, payr						
securities loans (secti 512(a)(5)), or royaltie					1	-
(2) Support from general					 	
and 5 or more exemp	t l					}
organizations as prov section 4942(j)(3)(B)i	idea in					
(3) Largest amount of su						
an exempt organization					1	1
(4) Gross investment inco	ome T	7				
Part XV Supplemen				the foundation	had \$5,000 or mor	re in assets
at any time	during the	e year-see instru	uctions.)			
1 Information Regarding	Foundation	Managers:				
a List any managers of the f	oundation who	have contributed more t	han 2% of the total contri	butions received by the	foundation before the clos	e of any tax
year (but only if they have	contributed mo	re than \$5,000). (See se	ection 507(d)(2).)			
ALAN Z ENGEL						
b List any managers of the fo				or an equally large porte	on of the ownership of a pa	irtnership or
other entity) of which the f	oundation has a	a 10% or greater interes	t.			
NONE						
2 Information Regarding						
Check here 🕨 🔼 if the	foundation onl	ly makes contributions t	o preselected charitable o	rganizations and does i	not accept unsolicited requ	ests for funds. If
the foundation makes gifts						
a The name, address, and te	lephone numbe	r or email address of the	e person to whom applica	tions should be addres	sed:	
						
b The form in which applicat	ions should be	submitted and informati	ion and materials they sh	ould include:		
c Any submission deadlines:						
d Any restrictions or limitation	ns on awards,	such as by geographica	l areas, charitable fields, l	ands of institutions, or	other factors;	

FOUNDATION 63-0989498 Form 990-PF (2017) Page 11 Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Foundation Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor status of recipient Name and address (home or business) a Paid during the year ALABAMA POSSIBLE NONE civic 1016 19TH STREET SOUTH 500. BIRMINGHAM, AL 35205 ALABAMA SYMPHONY ORCHESTRA NONE CIVIC 3621 6TH AVE S BIRMINGHAM, AL 35222 350. ALYS STEPHENS CENTER NONE CIVIC 1200 10TH AVE S BIRMINGHAM, AL 35294 2,500. ALZHEIMERS ASSOCIATION, ST LOUIS NONE MEDICAL CHAPTER 9370 OLIVE BLVD. ST. LOUIS, MO 63132 100. ALZHEIMERS OF CENTRAL ALABAMA NONE MEDICAL 300 OFFICE PARK DR STE 225 BIRMINGHAM, AL 35223 50. SEE CONTINUATION SHEET(S) **▶** 3a 78,663. Total b Approved for future payment NONE

Ο.

Total

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	Unrelated h	usiness income	Exclude	ed by section 512, 513, or 514	(0)
nter gross amounts unless otherwise indicated ,	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
Program service revenue:	code	Amount	code	Amount —	Tanglion income
8					
b			-}-+		
·			- 		
<u> </u>			-}		
e	- -		-}		
g Fees and contracts from government agencies					
Membership dues and assessments	 				
Interest on savings and temporary cash	 		+++		
investments]		1 1		
Dividends and interest from securities			14	8,039.	
Net rental income or (loss) from real estate:		* * * * * *		V 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Debt-financed property				*	
b Not debt-financed property			1-1		
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other		_	1 - 1		
than inventory			18	<4,399.>	
Net income or (loss) from special events			\rightarrow		
Gross profit or (loss) from sales of inventory			\rightarrow		
Other revenue:			1 1		
a	-				
b	_				
·	1 1				
d	- 				
e Subtotal. Add columns (b), (d), and (e)				3,640.	
Total. Add line 12, columns (b), (d), and (e)		<u></u>	<u>'•1</u> -1		3,640
ee worksheet in line 13 instructions to verify calculations.	1			· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities		olishment of E	xempt F	Purposes	
ine No. Explain below how each activity for which ii			I-A contribu	ted importantly to the accom	plishment of
	an by providing failus	ior oden parposos).			
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
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the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					
the foundation's exempt purposes (other th					

THE JOSEPH H & REVA ENGEL Form 990-PF (2017) FOUNDATION 63-0989498 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1 (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 16(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 16(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

Here	Mun a ruccu	- 5-11-13	Trasu	M	X Yes N
Si	gnature of officer or trustee	Date	Title		L
	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN
			ام الما اسما	self- employed	
Paid	MEGAN RANDOLPH	IMMY MULL	51010		P00989558
Preparer Use Only	LINING SHOULD SATISFACE TEATHER	TT, LLC		Firm's EIN ► 4	5-4084437
ose only					
	Firm's address ► 2500 ACTON	ROAD			
	BIRMINGHAM,	AL 35243		Phone no. (20	05)979-4100

Form **990-PF** (2017)

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BIRMINGHAM EDUCATION FOUNDATION	NONE	₽C	EDUCATIONAL	
PO BOX 1476	NONE		EDUCATIONAL	
BIRMINGHAM, AL 35204		<u> </u>	<u> </u>	20
BIRMINGHAM HOLOCAUST EDUCATIONAL	NONE	PC	EDUCATIONAL	
COMMITTEE		}		
2222 ARLINGTON AVE S BIRMINGHAM, AL 35205				1,00
320.2.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			+	
BIRMINGHAM JEWISH FEDERATION	NONE	PC	CIVIC	
3966 MONTCLAIR RD				
MOUNTAIN BROOK, AL 35213		 		2,40
ALDVINOUS TRUTON PARTITION	l voum			
BIRMINGHAM JEWISH FOUNDATION PO BOX 130219	NONE	PC	RELIGIOUS	
BIRMINGHAM, AL 35213		1		12
BIRMINGHAM KIWANIS FOUNDATION	NONE	PC	civic	
2019 4TH AVE N #101		}		
BIRMINGHAM, AL 35203	 	 		2,00
BIRMINGHAM MUSEUM OF ART 2000 REVEREND ABRAHAM WOODS JR	NONE	PC	CIVIC	
BOULEVARD BIRMINGHAM, AL 35203		<u> </u>		2,50
BIRMINGHAM ZOO	NONE	PC	civic	
2630 CAHABA RD BIRMINGHAM, AL 35223	1			3,00
33223				3,00
BIRTHWELL PARTNERS	NONE	₽C	MEDICAL	
976 LINWOOD RD				•
BIRMINGHAM, AL 35222	_	 	 	10
DI NOV. WARRIOR COURTS	1017			
BLACK WARRIOR COUNCIL 2700 JACK WARNER PKWY	NONE	PC	civic	
TUSCALOOSA, AL 35404		ļ	ļ	10
B'NAI VAIL	NONE	PC	EDUCATIONAL	
19 VAIL RD VAIL, CO 81657	1			10
Total from continuation sheets				75,16

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CENTRAL SYNAGOGUE	NONE	P C	RELIGIOUS	
652 LEXINGTON AVE		}		
NEW YORK, NY 10022		 	 	5
CHABAD OF ALABAMA	NONE	₽C	RELIGIOUS	
3040 OVERTON ROAD	10.2			
BIRMINGHAM, AL 35223		ļ		75
	1			
CHABAD OF VAIL	NONE	PC	EDUCATIONAL	
450 E LIONSHEAD CIRCLE		1		10
VAIL, CO 81657	+	+		10
COLLAT JEWISH FAMILY SERVICES	NONE	₽C	RELIGIOUS	
3940 MONTCLAIR RD #205				
BIRMINGHAM, AL 35213		l		3,05
CRISIS CENTER	NONE	PC	MEDICAL	
3600 8TH AVE S #501				
BIRMINGHAM, AL 35211		<u> </u>	<u> </u>	15
DAVIS PHINNEY FOUNDATION	NONE	PC	MEDICAL	
4730 TABLE MESA DR, SUITE J-200				
BOULDER, CO 80305		 		15
FRIENDS OF YEMIN ORDE 4340 EAST WEST HIGHWAY #202	NONE	PC	CIVIC	
BETHESDA, MD 20814		 		2,50
GIRLS INC.	NONE	₽C	civic	
5130 8TH CT S				FA
BIRMINGHAM, AL 35212		 	 	50
GREATER BIRMINGHAM MINISTRIES	NONE	₽C	civic	
2304 12TH AVE N		[]		
BIRMINGHAM, AL 35234			<u> </u>	10
GREATER JASPER MINISTERIAL	NONE	₽C	RELIGIOUS	
ASSOCIATION		l		
2209 DELAWARE AVENUE		1		
JASPER, AL 35501		<u> </u>	<u> </u>	5

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
		ļ		
HADASSAH	NONE	₽C	RELIGIOUS	
40 WALL STREET				
NEW YORK, NY 10005	 	 	-	1,400
		1		
HEART GALLERY OF ALABAMA	NONE	PC	MEDICAL	
3100 INDEPENDENCE DR SUITE 200				
BIRMINGHAM, AL 35209		 	ļ	100
HISPANIC INTEREST COALITION OF AL	NONE	₽C	CIVIC	
(HICA)				
117 S CREST DR		•		
BIRMINGHAM, AL 35209	 	 		100
		1	1	
IMPACT, AL	NONE	₽C	civic	
1901 6TH AVE N #2400				
BIRMINGHAM, AL 35203	 		<u> </u>	500
		•		
INDIAN SPRINGS SCHOOL	NONE	PC PC	EDUCATIONAL	
190 WOODWARD DR		1		
PELHAM, AL 35124	 	<u> </u>		50
JEWISH FEDERATION OF BALTIMORE	NONE	PC	civic	
101 W MT ROYAL AVE				
BALTIMORE, MD 21201		ļ		18
		1		
KNESSEH ISRAEL	NONE	PC	RELIGIOUS	
3100 OVERTON RD		}	1	
BIRMINGHAM, AL 35223		 	 	450
			}	
LEADERSHIP BIRMINGHAM	NONE	PC	civic	
1710 6TH AVE N		1		450
BIRMINGHAM, AL 35203	 	 	 	150
LEKET ISRAEL	NONE	PC	RELIGIOUS	
PO BOX 2090				
TEANECK, NJ 07666	 	 	 	500
LEVITE JEWISH COMMUNITY	NONE	PC	RELIGIOUS	
3960 MONTCLAIR RD BIRMINGHAM, AL 35213	1			
Total from continuation sheets		I		1,099

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				ļ. <u></u>
Recipient Champa St hypothesis	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	+	
M POWER MINISTRIES	NONE	₽C	RELIGIOUS	
4022 4TH AVE S			1	
BIRMINGHAM, AL 35222	-	 	+	100.
MAGIC MOMENTS	NONE	PC	civic	
2112 11TH AVE S #219]	1	
BIRMINGHAM, AL 35205		 		140.
MATERIA TRANSPORT	TOWN.			
MAINE JEWISH MUSEUM 267 CONGRESS ST.	NONE	PC	EDUCATIONAL	1
PORTLAND, ME 04101				108.
MCWANE CENTER	NONE	₽C	civic	
200 19TH STREET N				100.
BIRMINGHAM, AL 35203	 	 		100.
MIKE SLIVE FOUNDATION	NONE	PC	MEDICAL	
PO BOX 530748	,	,		
BIRMINGHAM, AL 35253	- 	 		500.
MOUNTAIN BROOK LIBRARY FUND	NONE	PC	EDUCATIONAL	
50 OAK ST	NONE		EDUCATIONAL	
MOUNTAIN BROOK, AL 35213				200.
N E MILES JEWISH DAY SCHOOL	NONE	PC	EDUCATIONAL	1
4000 MONTCLAIR RD BIRMINGHAM, AL 35213				6,042.
NATIONAL FIRE SAFETY COUNCIL INC.	NONE	₽C	civic	
4065 PAGE AVE #378				
MICHIGAN CENTER, MI 49254	 		1	52.
NATIONAL MULTIPLE SCLEROSIS SOCIETY	NONE	PC	MEDICAL	
813 SHADES CREEK PKWY		1		
BIRMINGHAM, AL 35242	 		 	2,500.
NORTHWESTERN UNIVERSITY	NONE	D.C.	EDUCATIONAL	
633 CLARK ST	TOME .	PC	POCATIONAL	
EVANSTON, IL 60208				7,500.
Total from continuation sheets				

3 Grants and Contributions Paid During the				ļ
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
DASIS	NONE	PC	civic	
1900 14TH AVE S BIRMINGHAM, AL 35205				1,00
DIAMINGIAN, AD 33203	-	 		1,00
PANCREATIC CANCER ACTION NETWORK	NONE	₽C .	MEDICAL	
1500 ROSECRANS AVENUE, SUITE 200			1	
MANHATTAN BEACH, CA 90266		 	 	10
PATHWAYS 409 RICHARD ARRINGTON JR BLVD N	NONE	PC	RELIGIOUS	
BIRMINGHAM, AL 35203		ļ		10
				•
PLANNED PARENTHOOD OF SOUTHEAST	NONE	PC	EDUCATIONAL	!
1211 27TH PLACE SOUTH				
BIRMINGHAM, AL 35205		 	 	25
RABBI GRAFFMAN ENDOWMENT FUND	NONE	₽C	RELIGIOUS	l
2100 HIGHLAND AVE	NONE		RELIGIOUS	
BIRMINGHAM, AL 35205			 	28
RAMAH DAROM	NONE	₽C	RELIGIOUS	
70 CAMP DAROM CLAYTON, GA 30525	}	ł		1,00
DATION, GR 30323	- 	 	 	1,00
RANSOM EVERGLADES SCHOOL	NONE	₽C	EDUCATIONAL	
3575 MAIN HWY				
MIAMI, FL 33133	- 		 	5
AND MANDEN THE PARTY				
RED MOUNTAIN PARK 2011 FRANKFURT DR	NONE	PC	CIVIC	
BIRMINGHAM, AL 35211				1,00
RED MOUNTAIN THEATRE COMPANY	NONE	₽C	civic	l
301 19TH ST N		1		l
BIRMINGHAM, AL 35205				50
מולשבה שומחפו שו שרי שי	TONE		har rarers	
SISTERHOOD OF TEMPLE BETH-EL 2179 HIGHLAND AVENUE SOUTH	NONE	₽C	RELIGIOUS	
BIRMINGHAM, AL 35205		1		30
Total from continuation sheets		·		

63-0989498

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				ļ
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
				<u> </u>
ST JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	&G	MEDICAL	
262 DANNY THOMAS PLACE		1	· I	
MEMPHIS, TN 38105		ļ		50.
TEMPLE BETH EL	NONE	PC	RELIGIOUS	
2179 HIGHLAND AVE			•	12 104
BIRMINGHAM, AL 35205	 	 		13,194.
	70177			
TEMPLE EMANU-EL 2100 HIGHLAND AVE	NONE	pc .	RELIGIOUS	
BIRMINGHAM, AL 35205	1			554.
TEMPLE ISAIAH	NONE	PC	RELIGIOUS	
12200 SCAGGSVILLE ROAD		[
FULTON, MD 20759				36.
THE WOMEN'S FUND	NONE	PC	civic	
2201 5TH AVE S	NON 2	ľ		
BIRMINGHAM, AL 35233		1		385.
TORAH FUND	NONE	₽C	CIVIC	
2100 HIGHLAND AVE	NONE	FC	CIVIC	
BIRMINGHAM, AL 35205				180.
UAB	NONE	PC	MEDICAL	
1720 2ND AVE S	NONE		MEDICAL	
BIRMINGHAM, AL 35294	<u> </u>			5,000.
	\	•		
UAB NATIONAL ALUMNI SOCIETY	NONE	₽C	CIVIC	
1301 10TH AVENUE SOUTH				
BIRMINGHAM, AL 35294	<u> </u>		<u> </u>	75.
		}	}	
UNITED ABILITY	NONE	₽C	MEDICAL	
100 OSLO CIR				
BIRMINGHAM, AL 35211	 	 	 	2,500.
UNITED SYNAGOGUE OF CONSERVATIVE	NONE	PC	RELIGIOUS	
JUDAISM		1		
120 BROADWAY, SUITE 1540		}		
NEW YORK, NY 10271		L		540.
Total from continuation sheets				

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) UNIVERSITY OF COLORADO FOUNDATION NONE ÞС CIVIC 1800 GRANT ST DENVER, CO 80203 250. VIOLINS OF HOPE NONE MEDICAL 3966 MONTCLAIR ROAD BIRMINGHAM, AL 35213 1,000. WASHINGTON UNIVERSITY IN ST LOUIS NONE EDUCATIONAL ÞС 1 BROOKINGS DR ST. LOUIS, MO 63130 6,250. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasusy Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization Employer identification number THE JOSEPH H & REVA ENGEL FOUNDATION 63-0989498 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE JOSEPH H & REVA ENGEL
FOUNDATION

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

63-0989498 FOUNDATION Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) Type of contribution No. Name, address, and ZIP + 4 Total contributions ALAN Z ENGEL TRUST DTD 1 Person Payroll 505 20TH STREET 234,000. Noncash (Complete Part II for noncash contributions) BIRMINGHAM, AL 35203 (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 Total contributions No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash (Complete Part II for noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroli Noncash (Complete Part II for noncash contributions)

FOUNDATION

63-0989498

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive d
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive d
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(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)			Page 4
Name of org			<u> </u>	Employer identification number
	OSEPH H & REVA ENGEL			
FOUNDA	ATION			63-0989498
Part III	the year from any one contributor. Complete	columns (a) through (e) and the fol	OWING line entry, For organization	ns
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000	r less for the year (Enter this info on	ce) ► \$
(a) No. 1	Use duplicate copies of Part III if addition	al space is needed		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		(5, 220 5) g		
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-		(a) Transfer of a		
1		(e) Transfer of g	IIT	
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Part I	(b) Furpose of gift	(c) Use of gift	(a) Des	cription of how gift is held
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[(e) Transfer of g	ift	
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	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
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(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
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		(e) Transfer of g	ft	
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(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
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FORM 990-PF	DIVIDENDS	S AND INTER	EST F	ROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE ER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIRST BANK OF JASPER STATE STREET BANK & TRUST COMPANY	8,029	•	0.	8,029.	8,029.	0.
ACCT# 8621	10	•	0.	10.	10.	0.
TO PART I, LINE 4	8,039	•	0.	8,039.	8,039.	0.
FORM 990-PF		ACCOUNTI	NG FE	ES	Si	'ATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		3,250.		2,438.	0.	812.
TO FORM 990-PF, PG 1	., LN 16B	3,250.		2,438.	0.	812.
FORM 990-PF	O	THER PROFES	SIONA	L FEES	ST	'ATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT ADVISORY	FEES	122.		122.	0.	0.
TO FORM 990-PF, PG 1	., LN 16C	122.		122.	0.	0.
FORM 990-PF		TAX	ES		rz	ATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET :	(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID EXCISE TAXES PAID		2. 181.		2.	0.	0. ; 0.
TO FORM 990-PF, PG 1	, LN 18	183.		2.	0.	0.

FORM 990-PF CORPORATE STOCK		STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	130,620.	177,363.
TOTAL TO FORM 990-PF, PART II, LINE 10B	130,620.	177,363.
FORM 990-PF CORPORATE BONDS		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	128,158.	126,602.
TOTAL TO FORM 990-PF, PART II, LINE 10C	128,158.	126,602.