EXTENDED TO AUGUST 15, 2016 Return of Private Foundation

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

OMB No. 1545-0052

Do not enter social security numbers on the state of the security numbers on the security numbers the security numbers of For calendar year 2014 or tax year beginning Name of foundation A Employer identification number UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM FOUNDATION, INC. 63-1173851 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 100 OSLO CIRCLE 205-944-3900 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here 35211 BIRMINGHAM, AL G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: __ Cash X Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1,036,955. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income Contributions, gifts, grants, etc., received N/A 2 Check X If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 23,969. 23,969. STATEMENT 5a Gross rents D Net rental income or (loss) -64.800 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 655,377. 7 Capital gain net income (from Part IV, line 2) 0. 8 Net short-term capital gain 9 Income modifications... 10a and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 23,969. -40,831. 12 Total. Add lines 1 through 11 Λ. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 18a Legal fees b Accounting fees STMT 2 5,625. 0. 44,333. c Other professional fees STMT 3 0. 17 Interest and Administrative 18 Taxes STMT 1,020. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative 50,978 0 expenses. Add lines 13 through 23 38,639. 38,639. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 89,617 0 38,639. 27 Subtract line 26 from line 12: -130,448. 8 Excess of revenue over expenses and disbursements 23,969. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) 423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2014)

Form **990-PF**

Department of the Treat

Cath- non-interest-bearing	P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of	·
2 Sevings and temporary cash investments 3 Accounts recivable ▶ Less allowance for doubtiful accounts ▶ 4 Pedgas receivable 5 Grains eccivable 5 Receivable due from officers, directors, trustees, and other discounts for doubtiful accounts ▶ 5 Receivable due from officers, directors, trustees, and other discounts be a receivable due from officers, directors, trustees, and other discounts for doubtiful accounts ▶ 5 Investments receivable ↑ 6 Investments - U.S. and state government obligations 11 Investments - U.S. and state government obligations 12 Investments - corporate stock 13 Investments - corporate stock 14 Lend, budding, and equipment basis ▶ 15 Total assets (butting to revoluent tess ▶ 16 Total assets (contrible ▶ 17 Accounts payable and accounted by all filters - see the instructions, Asio, see page 1, filem 1) 18 Grants payable 19 Deterred revenue 20 Less are monitors, decides rub ▶ 19 Statistical and accounted accounts ▶ 10 Total assets (to be completed by all filters - see the instructions Asio, see page 1, filem 1) 19 Statistical and accounted accounts ▶ 10 Total assets (to be completed by all filters - see the instructions Asio, see page 1, filter 1) 10 Total assets (to be completed by all filters - see the instructions Asio, see page 1, filter 1) 10 Total assets (to be completed by all filters - see the instructions Asio, see page 1, filter 1) 11 Accounts payable 12 Observed revenue 22 Less are monitors, decides rub ▶ 12 Total assets (to be completed by all filters - see the instructions of the decide of the see the second account test and complete lines 2/ through 20 and complete lines 2/ through 20 and complete lines 2/ through 20 and 20	100			(a) Book Value	(b) Book Value	(c) Fair Market Value
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Sequence of the control of the cont		5	Grants receivable			
Proposed to bus necessaries		6	Receivables due from officers, directors, trustees, and other			
Proposed to bus necessaries			disqualified persons			
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Instructions. Also, see page 1, Item						
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Page 3

(a) List and describ	e the kind(s) of property sold (e. house; or common stock, 200 si	.g., real estate.	tincome	(b) Hov	v acquired urchase lonation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
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d				-			
Complete only for assets showing	nain in column (h) and owned by	v the foundation	no 19/31/60	-		1) Onlan (Onl. (b)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any	\dashv		 Gains (Col. (h) gai (k), but not less th Losses (from col. 	an -0-) or
a		-		-			-64,800.
b							-04,000.
C		1					
d							*-
e				-	15.		
2 Capital gain net income or (net capit	al loss) { If gain, also entr			} ;			-64,800.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8	lumn (c).	. ,	i salah Milana	}		N/2	A
Part V Qualification Un	der Section 4940(e) fo	r Reduced	Tax on Net	Inves	tment In	come	
If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation does not qualify Enter the appropriate amount in each	n 4942 tax on the distributable at under section 4940(e). Do not c	omplete this pa	rt.	100			Yes X No
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying di	stributions	Net value of no	(c) oncharitat	ole-use assets	Distr (col. (b) d	(6) ibution ratio ivided by col. (c))
2013		48,263.		1,1	92,696		.040465
2012		20,000.			12,704		.019749
2011							
2010							
2009							
2 Total of line 1, column (d)						. 2	.060214
3 Average distribution ratio for the 5-y the foundation has been in existence	•		•	-	***************************************	. 3	.030107
4 Enter the net value of noncharitable-	use assets for 2014 from Part X,	, line 5				. 4	1,152,444.
5 Multiply line 4 by line 3					******	. 5	34,697.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6	240.
							34,937.
B Enter qualifying distributions from P							38,639.
If line 8 is equal to or greater than in See the Part VI instructions.							
423521 11-24-14					-		Form 990-PF (2014)

UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM FOUNDATION, INC.

Part VI Excise Tax Based on Investment Income (Section 4940(b), 4940(b), or 4940-see instructions)		-117385		Page 4
Dates for fulling or determination letter: all contents (controllations that meet the section 4940(e) requirements in Part V, check here b Care Start I, line 27b. a At other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b). 2 Tax under section 511 (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter 40). 3 Add lines 1 and 2 3 Add lines 1 and 2 5 Subtitlat A (crossom) tax (domestic section 4947(e)(1) trusts and taxable foundations only. Others enter 40). 4 Co. 5 Tax beard on investment income. Subtract line 4 from line 3.1 if zer or less, enter 40. 5 Tax beard on investment income. Subtract line 4 from line 3.1 if zer or less, enter 40. 5 Exempt foreign organizations - tax withhelid at source. 6 Decidits Perpendits: a 2014 estimated tax payments. Add lines 1 for more 1 for more 1 for more 1 for 1 for more 1 for		- see inst	ructio	ns)
b Domestic foundations that meet the section 4947(e) regarizements in Part V, check here ▶ X and enter 1% of Part I, line 12, cot. (b). I Part I, line 12 (cot. (b). I Part I, line 12 (cot. (b). I Tax ubared softon 511 (domestic section 4947(a)!) Invests and taxable foundations only. Others enter -0-). 3 Add lines 1 and 2 I Tax ubared softon 511 (domestic section 4947(a)!) Invests and taxable foundations only. Others enter -0-). 5 Tax based on investment income. Solbract line 4 from line 3. If zaro or bes, enter -0- 6 Cedisin-Payments: 2 24 0. 5 Tax based on investment income. Solbract line 4 from line 3. If zaro or bes, enter -0- 6 Cedisin-Payments: 2 24 0. 6 Cedisin-Payments: 2 2014 estimate dar payments and 2013 overpayment credited to 2014 6 B				
all Part Line 27b. All other domestic foundations enter 2% of the 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter 40-) Add times 1 and 2 3 24 0. Add times 1 and 2 3 24 0. Subtitle A (norms) but (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter 40-) 5 Tax based on Investment income. Subtract line 4 from line 3. If zar or less, enter 40- 5 Cedists Perprents: a 2014 estimated tax payments and 2013 overpayment credited to 2014 5 Exempt foreign organizations - tax withhelds at source 6 Tax all and with application for extension of time to 164 (Form 8988). 6 Ed 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Dec. there is 11 form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Dec. There is 11 form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Dec. There is 11 form 2220 is attached 9 Total credits and payments. Add lines 6a through 6d 10 Overpayment. If files 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Total credits and payments. Add lines 6a through 6d 10 Enter the amount of line 10 to 6c redited to 2015 estimated tax. Dec. Payment 11 files 7 is more than 100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 10 Did its gend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 11 Expert the minute server is 12 for 1 ₂₀ attached a detable description of the activities and copies of any materials published or distributed by the foundation lie ferm 110-70-10 tip this year? 10 Did the foundation lie Ferm 110-70-10 tip this year? 11 Expert the instruction of 12 for 12 f	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
c All other domestic foundations enter 2% of time 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot. (b). 2	· · · · · · · · · · · · · · · · · · ·			340.
2 Tax due. If comession Section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 2 0. 3 Add lines 1 and 2 3 2 4 0. 4 Subtitle A (income) tax (domessic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 0. 5 Tax based on Investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 2 2 0 0. 6 Credits-Pyments: a 2014 estimated tax payments and 2013 overpayment credited to 2014 6 1 2 1, 000 •	of Part I, line 27b			
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b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8968) d Backup withholding erroreously withheld c Backup withholding erroreously withholding erroreously been reported to the IRS? 2 Na Bathe foundation have unrelated business gross income of \$1,000 or more during the year? (1) On the foundation have unrelated business gross income of \$1,000 or more during the year? (1) Whys, a state the erroreously erroreously erroreously been reported to the IRS? 2 X If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b If "Ses," erroreously entire erroreously errore				
c Tay paid with application for extension of time to file (Form 8968). 6 Backup withholding erroneously withhold 7 Total credits and payments. Add lines Sa through 6d. 8 Enter any penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached 8 Tax dies. If the total of lines 5 and 8 is more than line 7, enter amount over \$\frac{1}{2}\$\$ 9 Tax dies. If the total of lines 5 and 8 is more than line 7, enter amount overpaid. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax \$\infty\$ 24.0 • Retunded \$\infty\$ 10 \$\frac{7}{2}\$\$ 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign? 14 X 15 Did it spen dimer than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 15 Did it spen dimer than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 16 Did it spen dimer is \$\frac{1}{2}\$ to \$\frac{1}{2}\$ or \$\frac{1}{2}\$, attach a detailed description of the activities. 16 Did the foundation file Form 1120-POL for this year? 17 Did the foundation manager in any activities that have not previously been reported to the IRS? 18 Tax the foundation engaged in any activities that have not previously been reported to the IRS? 19 Tax the foundation and any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If \(\frac{1}{2}\$ x stach a co	a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,000.			
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8 Enter any penalty for underpayments Add lines 6s at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here	c Tax paid with application for extension of time to file (Form 8868)			
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c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 • Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 • 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 If "Yes," has it filed a tax return on Form 1990-17 for this year? 6 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 7 If "Yes," attach the statement required by General Instruction T. 8 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 Is yanguage in the governing instrument, or 9 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 8 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Altorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors				8
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X		2		1
			1	
	IU DID any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			

UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM FOUNDATION, INC.

	n 990-PF (2014) BIRMINGHAM FOUNDATION, INC.	63-1173	851		Page 5
Pi	art VII-A Statements Regarding Activities (continued)				
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)	7150077777550KA. 175.	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pr	ivileges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A			· ·	
14	The books are in care of AMANDA WARREN Telephone no.			927	
		ZIP+4 ▶35			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in Ileu of Form 1041 - Check here			>	
	and enter the amount of tax-exempt interest received or accrued during the year	15		/ <u>A</u>	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		.	Yes	
	securities, or other financial account in a foreign country?		_16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	of the			
liō.	foreign country				
	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			W I	D.C -
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	NO
- 16	a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Ye	. V 11-			
	(1) Engage in the sale of exchange, or leasing of property with a disqualined person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	s LAL NO			
		s X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(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				
	for the benefit or use of a disqualified person)?	s X No			
	(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				
	termination of government service, if terminating within 90 days.)	s X No			
1	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				- 8
	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 2014?		10		X
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)):				
	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	l			
	before 2014?	s 🗓 No			
	If "Yes," list the years			3	
I	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			113	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			1.3	
	statement - see instructions.)	N/A	2b		(0.176)
(of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
_	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			3	
38		[TOT]		. 29	
		8 X No			
ı	of "Yes," did it have excess business holdings in 2014 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 dis	•		- 6	
	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,		25	-3	-
A.	Form 4720, to determine if the foundation had excess business holdings in 2014.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		3b 4a	-	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose		78		A
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b		X
	and a transfer and a transfer and an additional and a transfer and		m 990	-PF	
				1	/

BIRMINGHAM FOUNDATION, INC.

Form 990-PF (2014)

Form **990-PF** (2014)

63-1173851

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UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM FOUNDATION. INC.

Form 990-FF (2014) BIRMINGRAM FOUNDATION, INC.		TT/382T	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly		
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) Com	pensation
NONE	(0) 1),10000000	(0) 00	
		ŀ	
			-,
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 relevant statistical informa	V		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the	Expenses	
1 N/A			
1N/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 year on lines 1 and 2		Amount	
1 N/A	-	Aillouit	
I M/R			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3			0.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990-P	F (2014)

	Minimum Investment Return (All domestic foundations	must complete this p	art. Foreign four	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charital		1		
8	Average monthly fair market value of securities			1a	1,138,513.
	Average of monthly cash balances			1b	31,481.
	Fair market value of all other assets			1c	
d		***************************************		1d	1,169,994.
e	Reduction claimed for blockage or other factors reported on lines 1a and		***************************************		
	1c (attach detailed explanation)	l te l	0.		
2		CONTRACTOR CONTRACTOR		2	0.
3	Subtract line 2 from line 1d		***************************************	3	1,169,994.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amour	nt. see instructions)		4	17,550.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o			5	1,152,444.
6	Minimum investment return. Enter 5% of line 5			6	57,622.
P	art XI Distributable Amount (see Instructions) (Section 4942(j)(3)	and (i)(5) private operati	no foundations an	d certain	
_	foreign organizations check here 🕨 🔲 and do not complete this par		•		
1	Minimum investment return from Part X, line 6		50 fts: 016.656650	1	57,622.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	240.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b	503450a5 azi		2c	240.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	57,382.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	57,382.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par			7	57,382.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	irposes;			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			ia	38,639.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charits	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:	277			
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,	and Part XIII, line 4		4	38,639.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv				
	income. Enter 1% of Part I, line 27b			5	240.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	38,399.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.			ualifies for	the section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		7		
line 7				57,382.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			38,639.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014;		0.		
aFrom 2009				
bFrom 2010				
cFrom 2011				
d From 2012				
eFrom 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from	7.00			
Part XII, line 4: ►\$ 38,639.				
a Applied to 2013, but not more than line 2a		X = GI = CO = E = E	38,639.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	,,,,,			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				ANTA CONTRACTOR OF THE PARTY OF
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
1 Undistributed income for 2014. Subtract		E-many		
lines 4d and 5 from line 1. This amount must				E7 300
be distributed in 2015 7 Amounts treated as distributions out of				57,382.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			11	
may be required - see instructions)	0.		4 " 1	
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.			
tO Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
1.24.14				Form 000-DE (2014)

UNITED CEREBRAL PALSY OF GREATER

Form 990-PF (2014) BIRMINGHAM FOUNDATION, 63-1173851 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2014 (b) 2013 (d) 2011 (c) 2012 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter; (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income ... Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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UNITED CEREBRAL PALSY OF GREATER

Form 990-PF (2014) BIRMINGHAM FOUNDATION, INC.

Part XV | Supplementary Information (continued)

FOUNDATION, INC. 63-1173851 Page 11

Tare XVI Cupplementary informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Soundation	Dumon of erect or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
UNITED CEREBRAL PALSY OF GREATER	RELATED	PUBLIC CHARITY	TO FURTHER UCP OF	
BIRMINGHAM	DRGANIZATION		GREATER BIRMINGHAM'S	
100 OSLO CIRCLE			MISSION TO PROVIDE	
BIRMINGHAM, AL 35211		1	INNOVATIVE SERVICES	
			CONNECTING PEOPLE WITH	38,639.
		<u> </u>		
			1	
Total	***************************************		> 3a	38,639.
b Approved for future payment				
NONE				
:::::::::::::::::::::::::::::::::::::::				
Total			> 3b	0.

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** SEE PURPOSE OF GRANT CONTINUATIONS

Form **990-PF** (2014)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
8					
b					
С					
d					
8	-				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	23,969.	<u> </u>
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1		
than inventory			18	-64,800.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					· ·
11 Other revenue:					,
8					
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		-40,831.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-40,831.
(See worksheet in line 13 instructions to verify calculations.)	and the second	- 8-1824 (m. 1922) (A. A. A			
Part XVI-B Relationship of Activities to	the Acco	mplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be	ie is reported in y providing fur	n column (e) of Part XVI-/	\ contrib	uted importantly to the accomp	lishment of

Form **990-PF** (2014)

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UNITED CEREBRAL PALSY OF GREATER

BIRMINGHAM FOUNDATION, INC. Form 990-PF (2014)

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Part XVII	Information R Exempt Organ	egarding Transfen	s To and	I Transactions	and Relations	hips With Noncha	ritebl	0	
1 Did the o		rectly engage in any of the	following wi	th any other organizat	ion described in secti	on 501(c) of	18	Yes	No
)(3) organizations) or in se				• •			
		lation to a noncharitable ex							To the
						***************************************	1s(1)		X
(2) Othe	er assets						1a(2)		X
	insactions:								
(1) Sale	es of assets to a noncharita	ble exempt organization			***************************************		15(1)		X
		ncharitable exempt organiz					11(2)		X
(3) Ren	tal of facilities, equipment,	or other assets					11(3)		X
(4) Rein	nbursement arrangements	a			*******************		15(4)		X
(5) Loai	ns or loan guarantees						13(5)		X
		embership or fundraising so					15(6)		X
c Sharing	of facilities, equipment, ma	alling lists, other assets, or	paid employ	ees			1c		X
or servic column (es given by the reporting f (d) the value of the goods,	"Yes," complete the following oundation. If the foundation other assets, or services re	n received le eceived.	ss than fair market val	lue in any transaction	or sharing arrangement, s	how in		
(a)Line no.	(b) Amount involved	(c) Name of noncl		mpt organization	(6) Description	of transfers, transactions, and	sharing or	тапдетн	ints
		,	N/A						
						<u> </u>			
	<u></u>					· · · · · · · · · · · · · · · · · · ·			
						.			
-+					_				
_									
	······································								
									
_									
in section	n 501(c) of the Code (othe complete the following sch		r in section S	527?			☐ Yes	X] No
	(a) Name of org	Jainzation	(9)	Type of organization	-	c) Description of relationsh	wh.	_	- 1
	N/A			No.	-				
			-				-		_
			_						-
			-		_				
Unde	r penalties of penury, I declare	that I have examined his return	n, including acc	companying achedules and	d statements, and to the	best of my knowledge			
Sign Here	patitre of officer or truste	mpletit. Dicloration of preparer (other than tax	payer) is based on all infor	OFFICE	EXECUTIVE	rn with the man below	e preper	-
	Print/Type preparer's na		rer's Annai		Date	Check If PTIN			
Paid	RICHARD J.		chai	Kareher	08/05/16	self- employed PO(090	780	
Preparer Use Only	,			/		Firm's EIN ► 42-07	7143	25	
		6 SUMMIT BOU							
	BI	RMINGHAM, AI	3524	3		Phone no. 205-27	78-0	001	

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Form 990-PF (2014)

UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM FOUNDATION, INC. 63-1173851 Part XV Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM TO FURTHER UCP OF GREATER BIRMINGHAM'S MISSION - TO PROVIDE INNOVATIVE SERVICES CONNECTING PEOPLE WITH DISABILITIES TO THEIR COMMUNITIES AND EMPOWERING INDIVIDUALS TO LIVE FULL AND MEANINGFUL LIVES.

SOURCE GROSS AMOUNT INTEREST INCOME - ENDOWMENT 23,	969. 969.	CAPITAL GAINS DIVIDEND ACCOUNTINA (A) PENSES R BOOKS 5,625.	S PE O. O. NG FEE	(B)	(B) NET INVEST- MENT INCOME 23,969. 23,969.	CHARITAE PURPOSE
INTEREST INCOME - ENDOWMENT 23,: TO PART I, LINE 4 23,: FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	969. 969. EXI	GAINS DIVIDEND ACCOUNTING (A) PENSES R BOOKS 5,625.	S PE 0. 0. NG FEE	EXEVENUE ER BOOKS 23,969. 23,969. ES ENVEST- INCOME	NET INVEST- MENT INCOME 23,969. 23,969. ST (C) ADJUSTED	ADJUSTI NET INCO
TO PART I, LINE 4 TO PART I, LINE 4 FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	EXI	(A) PENSES R BOOKS 5,625.	O. NG FEE	23,969. SS B) NVEST- INCOME	23,969. ST (C) ADJUSTED	(D) CHARITAE
FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	EXI	(A) PENSES R BOOKS 5,625.	NG FEE	B) NVEST- INCOME	(C) ADJUSTED	(D) CHARITAE
DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	EXI	(A) PENSES R BOOKS 5,625.	(NET I	B) NVEST- INCOME	(C) ADJUSTED	(D) CHARITAE
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	PEF	PENSES R BOOKS 5,625.	NET I	NVEST- INCOME	ADJUSTED	CHARITAE
TO FORM 990-PF, PG 1, LN 16 FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16				0.		
FORM 990-PF DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	-			•		
DESCRIPTION CONSULTING FEES TO FORM 990-PF, PG 1, LN 16)B 	5,625.		0.		
CONSULTING FEES TO FORM 990-PF, PG 1, LN 16	OTHER	R PROFES	SIONAL	FEES	ST	PATEMENT
TO FORM 990-PF, PG 1, LN 16		(A) PENSES R BOOKS	NET I	B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE
		44,333.		0.		
FORM 990-PF	ic	44,333.		0.		
		TAX	ES		ST	ATEMENT
DESCRIPTION		(A) PENSES	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE
NET INVESTMENT INCOME TAX		R BOOKS				
TO FORM 990-PF, PG 1, LN 18		1,020.		0.		

FORM 990-PF	OTHER INVESTMENT	rs	STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN ABERDEEN CAPITAL PARTNERS, LLC MERRILL LYNCH PUBLICLY TRADED SECURITIES	COST FMV	50,000. 986,422.	50,000. 986,422.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,036,422.	1,036,422.
FORM 990-PF	OTHER LIABILITIE	SS .	STATEMENT 6
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DUE TO UNITED CEREBRAL PALSY OF GREATER BIRMINGHAM	र	7,587.	7,587.
			

	III - LIST OF OFFICERS, DIRECTORS STEES AND FOUNDATION MANAGERS			STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB			
THOMAS J. ADAMS, JR 100 OSLO CIRCLE BIRMINGHAM, AL 35211	BOARD MEMBER 1.00	0.	0.	0.		
CHARLES W. LEESBURG 100 OSLO CIRCLE BIRMINGHAM, AL 35211	TREASURER 1.00	0.	0.	0.		
JOHN P. DARNALL, III 100 OSLO CIRCLE BIRMINGHAM, AL 35211	SECRETARY 1.00	0.	0.	0.		
CHARLES MOSES, III 100 OSLO CIRCLE BIRMINGHAM, AL 35211	BOARD MEMBER 1.00	0.	0.	0.		
RONNE HESS 100 OSLO CIRCLE BIRMINGHAM, AL 35211	BOARD MEMBER 1.00	0.	0.	0.		
ROBERT C. CHAPMAN 100 OSLO CIRCLE BIRMINGHAM, AL 35211	PRESIDENT 1.00	0.	0.	0.		
BRIAN BATEH 100 OSLO CIRCLE BIRMINGHAM, AL 35211	BOARD MEMBER 1.00	0.	0.	0.		
JIMMIE HARVEY, M.D. 100 OSLO CIRCLE BIRMINGHAM, AL 35211	BOARD MEMBER 1.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.		

	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex					X
Note. Or	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).	
			Enter filer's	identifyi	ng number, see ins	tructions
Type or	Name of exempt organization or other filer, see instru	r identification numl	per (EIN) or			
print	UNITED CEREBRAL PALSY OF GRI	EATER				
File by the	BIRMINGHAM FOUNDATION, INC.		63-1173851			
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	ocial security number (SSN)	
filing your return. See	100 OSLO CIRCLE		,	•		
Instructions	City, town or post office, state, and ZIP code. For a for BIRMINGHAM, AL 35211	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (fik	e a separa	ite application for each return)			04
Aumlional	I and					T = .
Application		Return	Application	Return		
Is For	3 as Farm 200 F7	Code	is For			Code
) or Form 990-EZ	01	5 4044			
Form 990		02	Form 1041-A			08
	(individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	7-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
4)-T (trust other than above) o not complete Part II if you were not already granted	06	Form 8870			12
Teleph If the c If this box 4 1 re 5 For 6 If th 7 Sta	quest an additional 3-month extension of time until	s in the Ur Group Exe and atta AUGUS? OCT 1 heck reas	Fax No. ► 205-944-39 inited States, check this box emption Number (GEN)	f this is fo all memb	r the whole group, of the extension is 30, 2015 eturn	
nor	nonrefundable credits. See instructions.			8a	\$	0.
	payments made. Include any prior year overpayment all	owed as a	ı credit and any amount paid	1	_	
	eviously with Form 8868.			8b	\$ 1	,000.
	ance due. Subtract line 8b from line 8a. Include your pa		h this form, if required, by using			_
EF	IPS (Electronic Federal Tax Payment System). See instru			Bc Bc	\$	0.
Under pen it is true, c	Signature and Verificat alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that I am authorized to prepare this fo	ina accomp	st be completed for Part II of anying schedules and statements, and to	_	f my knowledge and b	elief,
Signature	► Title ► C	CHIEF	EXECUTIVE OFFICER	Date	•	
					Form 8868 (Re	v. 1-2014)