



LET'S THRIVE TOGETHER



TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	D Employer identification number 63-1209631
<input type="checkbox"/> Address change	Doing business as	E Telephone number 205-327-3800
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2100 1ST AVENUE NORTH 700	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35203	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: CHRISTOPHER NANNI SAME AS C ABOVE	
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 132,618,538.
<input type="checkbox"/> Application pending	J Website: ▶ WWW.CFBHAM.ORG	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
L Year of formation: 1997		H(c) Group exemption number ▶ 8143
M State of legal domicile: AL		

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE IGNITE PASSION FOR TRANSFORMATIONAL CHANGE THROUGH GRANTMAKING, CONVENING & LEADING, AS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	17	
	6 Total number of volunteers (estimate if necessary)	6	30	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	23,287.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	12,874.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	8	26,167,948.	30,452,221.
	9 Program service revenue (Part VIII, line 2g)	9	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	7,876,318.	19,194,222.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	93,379.	41,149.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	34,137,645.	49,687,592.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	24,161,328.	23,415,173.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	1,509,250.	1,618,426.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,230,563.	16b		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	1,390,111.	1,457,820.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	27,060,689.	26,491,419.	
19 Revenue less expenses. Subtract line 18 from line 12	19	7,076,956.	23,196,173.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20	264,438,081.	299,631,425.
	21 Total liabilities (Part X, line 26)	21	16,145,863.	18,774,718.
	22 Net assets or fund balances. Subtract line 21 from line 20	22	248,292,218.	280,856,707.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRISTOPHER NANNI, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MEGAN RANDOLPH	Preparer's signature
	Firm's name ▶ WARREN AVERETT, LLC	Date 09/27/22
	Firm's address ▶ 2500 ACTON ROAD BIRMINGHAM, AL 35243	Check if self-employed <input type="checkbox"/> PTIN P00989558
		Firm's EIN ▶ 45-4084437
		Phone no. 205-979-4100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM IS TO IGNITE PASSION FOR TRANSFORMATIONAL CHANGE IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 19,246,045. including grants of \$ 18,499,797.) (Revenue \$) THE COMMUNITY FOUNDATION LEVERAGES GIFTS AND BEQUESTS AND WORKS TO IMPROVE THE LIFE OF THE GREATER BIRMINGHAM REGION IN PARTNERSHIP WITH GRANTS FROM DONOR ADVISED, DESIGNATED, AND SCHOLARSHIP FUNDS.

4b (Code:) (Expenses \$ 5,121,292. including grants of \$ 4,915,376.) (Revenue \$) WITH ITS FLEXIBLE FUNDS, THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM STRIVES TO DRIVE POSITIVE CHANGE IN OUR FIVE-COUNTY AREA BY SUPPORTING PROGRAMS, PROJECTS AND CAPITAL IMPROVEMENTS THAT WILL HAVE A PROFOUND IMPACT ON A BROAD RANGE OF IMPORTANT ISSUES AND AREAS OF COMMUNITY LIFE, INCLUDING OVERCOMING PERSISTENT POVERTY; BUILDING THRIVING COMMUNITIES; ECONOMIC OPPORTUNITY FOR ALL; REGIONAL COOPERATION; AND EQUITY AND INCLUSION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 24,367,337.

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		5
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A
	If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
CHRIS LUKETIC - 205-327-3815
2100 1ST AVENUE N., STE 700, BIRMINGHAM, AL 35203

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER NANNI PRESIDENT/CEO	40.00 0.00			X				184,580.	0.	22,441.
(2) TERRI EPTING CHIEF FINANCIAL OFFICER	40.00 0.00			X				110,781.	0.	5,590.
(3) DANIEL COLEMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(4) GREGORY P. BUTRUS DIRECTOR	2.00 0.00	X						0.	0.	0.
(5) STEWART M. DANSBY DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) DAVID GRAY DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) BRIAN HAMILTON DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) KATE R. DANELLA DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) JUDGE WILLIAM HEREFORD DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) SHEGUN OTULANA DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) NANCY GOECKE DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) SUSAN MATLOCK DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) SANJAY SINGH DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) VIVIAN MORA DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) JARED WEINSTEIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) MECHELLE WILDER DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) LISSA TYSON DIRECTOR	2.00 0.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EDGAR MARX, JR. DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) CATHY WRIGHT DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) MYLA CALHOUN DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) GUS HEARD-HUGHES VICE PRESIDENT, PROGRAMS	40.00 0.00				X			102,055.	0.	13,714.
(22) LORA BLALOCK VICE PRESIDENT, PHILANTHROPIC SERVIC	40.00 0.00				X			100,554.	0.	15,360.
1b Subtotal								497,970.	0.	57,105.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								497,970.	0.	57,105.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	14,800.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,437,421.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,100,615.				
	h Total. Add lines 1a-1f			30,452,221.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,029,451.			5029451.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		23,814.		23,287.	527.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	97,095,717.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	82,930,946.				
	c Gain or (loss)	7c	14,164,771.				
d Net gain or (loss)			14,164,771.		14164771.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	17,335.		17,335.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			17,335.			
12 Total revenue. See instructions			49,687,592.	0.	23,287.	19212084.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	23,328,973.	23,328,973.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	86,200.	86,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	497,970.	175,887.	147,697.	174,386.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	836,416.	265,134.	222,668.	348,614.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,558.	15,875.	25,592.	17,091.
9 Other employee benefits	129,810.	40,023.	53,309.	36,478.
10 Payroll taxes	95,672.	31,404.	26,145.	38,123.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,365.	3,285.	13,085.	1,995.
c Accounting	59,767.	5,735.	36,828.	17,204.
d Lobbying	43,000.	43,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	940,396.	282,194.	272,537.	385,665.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,330.	8,689.	6,676.	12,965.
12 Advertising and promotion	52.			52.
13 Office expenses	24,672.	6,048.	8,994.	9,630.
14 Information technology	72,596.	19,652.	12,794.	40,150.
15 Royalties				
16 Occupancy	118,445.	39,090.	32,910.	46,445.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,168.	481.	717.	-30.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,238.	16,074.	14,986.	21,178.
23 Insurance	15,713.	4,964.	4,851.	5,898.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>SPONSORSHIP/DONOR RELAT</u>	30,099.	100.		29,999.
b <u>DUES/SUBSCRIPTIONS</u>	29,941.	2,398.	20,217.	7,326.
c <u>MARKETING MATERIALS/PUB</u>	16,042.			16,042.
d <u>ANNUITY PAYMENTS</u>	10,156.	3,047.	2,945.	4,164.
e All other expenses _____	-3,160.	-10,916.	-9,432.	17,188.
25 Total functional expenses. Add lines 1 through 24e	26,491,419.	24,367,337.	893,519.	1,230,563.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,122,242.	2	5,622,258.
	3 Pledges and grants receivable, net	787,073.	3	236,038.
	4 Accounts receivable, net	3,574.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,537.	9	46,474.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 271,453.		
	b Less: accumulated depreciation	10b 256,882.	24,465.	10c 14,571.
	11 Investments - publicly traded securities	242,562,523.	11	275,300,004.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,900,667.	15	18,412,080.
16 Total assets. Add lines 1 through 15 (must equal line 33)	264,438,081.	16	299,631,425.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	68,811.
	18 Grants payable	2,202,594.	18	3,196,867.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,943,269.	25	15,509,040.
	26 Total liabilities. Add lines 17 through 25	16,145,863.	26	18,774,718.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	224,905,071.	27	255,335,841.
	28 Net assets with donor restrictions	23,387,147.	28	25,520,866.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	248,292,218.	32	280,856,707.
	33 Total liabilities and net assets/fund balances	264,438,081.	33	299,631,425.

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	49,687,592.
2 Total expenses (must equal Part IX, column (A), line 25)	2	26,491,419.
3 Revenue less expenses. Subtract line 2 from line 1	3	23,196,173.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	248,292,218.
5 Net unrealized gains (losses) on investments	5	10,239,241.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-870,925.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	280,856,707.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25849101.	22430319.	17624095.	26167948.	30452221.	122523684
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25849101.	22430319.	17624095.	26167948.	30452221.	122523684
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18898245.
6 Public support. Subtract line 5 from line 4.						103625439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	25849101.	22430319.	17624095.	26167948.	30452221.	122523684
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3295457.	3742155.	4764473.	4213368.	5053265.	21068718.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21,371.	7,250.	6,500.	7,258.	17,335.	59,714.
11 Total support. Add lines 7 through 10						143652116
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	72.14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	69.07 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Schedule A (Form 990) 2021

63-1209631 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Employer identification number

63-1209631

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number 63-1209631
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 704,525.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 966,650.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 974,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number 63-1209631
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,087,434.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,391,994.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>7,438,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number 63-1209631
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
1	17,920 SHARES OF XLF	\$ 704,525.	12/28/21
3	2,500 SHARES OF ALL	\$ 307,275.	04/20/21
3	442 SHARES OF APPL	\$ 153,539.	12/10/21
3	800 SHARES OF JPM	\$ 505,836.	12/27/21
7	727 SHARES OF VWIAX	\$ 92,321.	12/21/21
7	540 SHARES OF PPL	\$ 263,254.	12/23/21

Name of organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number 63-1209631
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
8	5,000 SHARES OF RF _____ _____ _____	\$ 1,391,994.	12/22/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number 63-1209631
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number	63-1209631
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	43,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	24.													
c	Total lobbying expenditures (add lines 1a and 1b)	43,024.													
d	Other exempt purpose expenditures	26,491,421.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	26,534,445.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	76,518.	169,953.	22,738.	43,024.	312,233.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	60,969.	93,681.	22,738.	43,000.	220,388.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM
Employer identification number 63-1209631

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	287	243
2 Aggregate value of contributions to (during year)	24,804,360.	5,618,922.
3 Aggregate value of grants from (during year)	15,583,382.	7,804,197.
4 Aggregate value at end of year	154,363,815.	125,135,414.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	105,035.
(2) RECEIVABLE FROM SPLIT INTERESTS	4,559,561.
(3) INTEREST IN PERPETUAL TRUSTS	13,565,397.
(4) CHARITABLE GIFT ANNUITIES	182,087.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	18,412,080.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	28,698.
(3) ACCRUED VACATION	44,091.
(4) OTHER LIABILITES	185.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	15,436,066.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,509,040.

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

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	57,693,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,704,146.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	704,848.
e	Add lines 2a through 2d	2e	10,408,994.
3	Subtract line 2e from line 1	3	47,284,351.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,403,241.
c	Add lines 4a and 4b	4c	2,403,241.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	49,687,592.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	25,146,801.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,092.
e	Add lines 2a through 2d	2e	3,092.
3	Subtract line 2e from line 1	3	25,143,709.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,347,710.
c	Add lines 4a and 4b	4c	1,347,710.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,491,419.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ALL ENDOWED FUNDS ARE TO BE USED FOR GRANTMAKING OR COMMUNITY INITIATIVES
IN PERPETUITY.

PART X, LINE 2:

THE FOUNDATION ADHERES TO THE PROVISIONS OF GAAP RELATING TO UNCERTAINTY
IN INCOME TAXES. SUCH PROVISIONS REQUIRE ENTITIES TO ASSESS THEIR
UNCERTAIN TAX POSITIONS FOR THE LIKELIHOOD THAT THEY WOULD BE OVERTURNED
UPON INTERNAL REVENUE SERVICE (IRS) EXAMINATION OR UPON EXAMINATION BY
STATE TAXING AUTHORITIES. IN ACCORDANCE WITH THESE PROVISIONS, THE
FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY POSITIONS AT DECEMBER
31, 2021, OR 2020, THAT IT WOULD BE UNABLE TO SUBSTANTIATE. THE FOUNDATION

Part XIII Supplemental Information (continued)

HAS FILED ITS TAX RETURNS THROUGH DECEMBER 31, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN/(LOSS) ON INTEREST IN PERPETUAL TRUST	635,416.
ACTUARIAL GAIN ON ANNUITY OBLIGATION	69,432.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	704,848.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE ON RETURN NOT ON AUDIT RELATED TO AGENCY ENDOWMENT FUNDS	1,511,006.
OTHER GAIN/LOSS INCLUDED AS EXPENSE ON AUDIT	877,382.
INCOME REPORTED BY CHARITABLE REAL ESTATE FOUNDATION EIN 20-1560119	14,853.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,403,241.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED BY CHARITABLE REAL ESTATE FOUNDATION EIN 20-1560119	3,092.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES ON RETURN NOT ON AUDIT RELATED TO AGENCY ENDOWMENT FUNDS	470,328.
OTHER GAIN/LOSS INCLUDED AS REVENUE ON RETURN	877,382.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,347,710.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Employer identification number
63-1209631

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FIXED POINT FOUNDATION 2201 5TH AVE S APT 403 BIRMINGHAM, AL 35233-2341	02-0714140	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. LUKE'S EPISCOPAL CHURCH 3736 MONTROSE ROAD BIRMINGHAM, AL 35213	03-0486902	CHURCH/SYN	226,080.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
PSI UPSILON FOUNDATION 3003 E 96TH STREET INDIANAPOLIS, IN 46240-1357	05-6013135	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOCUS/FELLOWSHIP OF CHRISTIANS IN UNIVERSITIES AND SCHOOLS, INC. - PO BOX 1027 - NEW CANAAN, CT 06840	06-0870830	501(C)(3)	10,000.	0.			\$5,000 FOR NEBS AND \$5,000 FOR NATIONAL
ALABAMA APPLESEED CENTER FOR LAW & JUSTICE - 2 OFFICE PARK CIRCLE #10 - BIRMINGHAM, AL 35223	06-1647437	501(C)(3)	138,750.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
FRIENDS OF UNITED HATZALAH 208 E. 51ST ST. STE. 303 NEW YORK, NY 10022	11-3533002	501(C)(3)	9,600.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 364.

3 Enter total number of other organizations listed in the line 1 table ▶ 24.

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Schedule I (Form 990)

63-1209631

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND-BIRMINGHAM - 601 19TH STREET N CENTENNIAL PLACE 2ND FLOOR - BIRMINGHAM, AL 35203-2209	13-1624241	501(C)(3)	5,500.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 1100 IRELAND WAY STE 300 BIRMINGHAM, AL 35205-7014	13-1788491	501(C)(3)	31,695.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE 17TH FL CHICAGO, IL 60601-7652	13-3039601	501(C)(3)	14,956.	0.			GENERAL SUPPORT FOR THE ALABAMA CHAPTER
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST. 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	5,450.	0.			GENERAL SUPPORT
PEN AMERICA 588 BROADWAY SUITE 303 NEW YORK, NY 10012	13-3447888	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TEACH FOR AMERICA-ALABAMA PO BOX 1054 BIRMINGHAM, AL 35201	13-3541913	501(C)(3)	20,750.	0.			GENERAL SUPPORT
STREETSQUASH, INC. 40 WEST 116TH STREET NEW YORK, NY 10026	13-4061809	501(C)(3)	7,500.	0.			THE RITA C. KIMERLING COLLEGE SUPPORT FUND
HOLY FAMILY CRISTO REY CATHOLIC HIGH SCHOOL - PO BOX 19577 - HOMEWOOD, AL 35219	13-4341859	501(C)(3)	445,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
AMERICAN HEART ASSOCIATION 217 COUNTRY CLUB PARK PMB 326 BIRMINGHAM, AL 35213	13-5613797	501(C)(3)	53,700.	0.			GENERAL SUPPORT

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THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 130 E SENECA ST STE 400 ITHACA, NY 14850	15-0532082	501(C)(3)	12,000.	0.			GENERAL SUPPORT
MUSIC OPPORTUNITY PROGRAM FOUNDATION - 2316 7TH AVE N - BIRMINGHAM, AL 35203	20-0703074	501(C)(3)	28,104.	0.			GENERAL SUPPORT
REV BIRMINGHAM P.O. BOX 320637 BIRMINGHAM, AL 35232-0637	20-0763511	501(C)(3)	292,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
IMPACT AMERICA 601 BEACON PKWY W STE 102 HOMEWOOD, AL 35209	20-0850212	501(C)(3)	49,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
P.E.E.R, INC. 7753 1ST AVE SOUTH BIRMINGHAM, AL 35206	20-1029943	501(C)(3)	38,250.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MITCHELL'S PLACE 4778 OVERTON ROAD IRONDALE, AL 35210	20-1056421	501(C)(3)	50,250.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
FAITH IN ACTION ALABAMA 2100 4TH AVE N BIRMINGHAM, AL 35203	20-1667945	501(C)(3)	90,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CRIMSON TIDE FOUNDATION PO BOX 870343 TUSCALOOSA, AL 35487-0343	20-1715023	501(C)(3)	50,550.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MINISTRY CENTER AT GREEN SPRINGS 2230 GREEN SPRINGS HWY BIRMINGHAM, AL 35205	20-1877581	501(C)(3)	22,400.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST HEALTH CENTER 5720 1ST AVE SOUTH BIRMINGHAM, AL 35212	20-1935552	501(C)(3)	7,000.	0.			GENERAL SUPPORT +SPECIAL PROGAMS
COMMUNITY FURNITURE BANK 219 DISTRIBUTION DRIVE BIRMINGHAM, AL 35209	20-2071201	501(C)(3)	12,559.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
FRIENDS OF THE MARKET, INC. 1130 22ND ST SO, SUITE 3500 BIRMINGHAM, AL 35205	20-2974172	501(C)(3)	30,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
STAIR OF BIRMINGHAM 3703 5TH AVENUE SOUTH SUITE 400 BIRMINGHAM, AL 35222	20-3541638	501(C)(3)	8,200.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
TWO BY TWO RESCUE LEAGUE PO BOX 708 HELENA, AL 35080	20-4219823	501(C)(3)	100,300.	0.			GENERAL SUPPORT
INNOCENCE PROJECT OF TEXAS 300 BURNETT ST. STE. 160 FORT WORTH, TX 76102	20-5992659	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAMP WINNATASKA PO BOX 59514 BIRMINGHAM, AL 35259	20-8081145	501(C)(3)	30,000.	0.			FRIENDS OF WINNATASKA IN MEMORY OF WILLIAM P. PHILLIPS
WOMEN OF MY HOPE, INC. PO BOX 73 MADISONVILLE, LA 70447	20-8389117	501(C)(3)	27,200.	0.			GENERAL SUPPORT
ALABAMA SPAY NEUTER CLINIC INCORPORATED - 2721 CRESTWOOD BLVD - BIRMINGHAM, AL 35210	20-8709714	501(C)(3)	30,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCEVILLE SCHOOL P.O. BOX 6008 LAWRENCEVILLE, NJ 08648	21-0634503	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA-GREATER AL COUNCIL - PO BOX 43307 - BIRMINGHAM, AL 35243-0307	22-1576300	501(C)(3)	59,600.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104-4319	23-1352166	501(C)(3)	30,000.	0.			THE CLEFT LIP AND PALATE PROGRAM
JUVENILE DIABETES RESEARCH FOUNDATION-AL CHAPTER - 105 WESTPARK DRIVE, SUITE 415 - BRENTWOOD, TN 37027	23-1907729	501(C)(3)	19,500.	0.			GENERAL SUPPORT
VIRGINIA SAMFORD THEATRE/MAC 1116 26TH STREET SOUTH BIRMINGHAM, AL 35205-2414	23-7008513	501(C)(3)	101,065.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES - 700 SOUTH DIXIE HIGHWAY, SUITE 200 - WEST PALM BEACH, FL 33401	23-7181875	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OPERA BIRMINGHAM 3601 6TH AVE S BIRMINGHAM, AL 35222-2407	23-7207572	501(C)(3)	15,900.	0.			GENERAL SUPPORT
JEFFERSON STATE COMMUNITY COLLEGE FOUNDATION - PO BOX 94956 - BIRMINGHAM, AL 35220	23-7230697	501(C)(3)	41,667.	0.			GENERAL SUPPORT
BIRMINGHAM CHAMBER MUSIC SOCIETY 3612 OAKDALE ROAD BIRMINGHAM, AL 35223	23-7301693	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRMINGHAM MUSEUM OF ART 2000 REV ABRAHAM WOODS JR BLVD BIRMINGHAM, AL 35203	23-7335853	501(C)(3)	118,561.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
UNIVERSITY OF MONTEVALLO FOUNDATION - STATION 6215 MERONEY HOUSE - MONTEVALLO, AL 35115	23-7349527	501(C)(3)	35,000.	0.			GENERAL SUPPORT
SYDA FOUNDATION P.O. BOX 600 SOUTH FALLSBURG, NY 12779-0600	23-7376445	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BIRMINGHAM BOYS CHOIR FOUNDATION 2025 KENTUCKY AVENUE SUITE D BIRMINGHAM, AL 35216	23-7378251	501(C)(3)	5,500.	0.			GENERAL SUPPORT
INDEPENDENT PRESBYTERIAN CHURCH FOUNDATION - 3100 HIGHLAND AVENUE - BIRMINGHAM, AL 35205	23-7396600	501(C)(3)	50,000.	0.			GENERAL SUPPORT
GLENWOOD, INC. 150 GLENWOOD LANE BIRMINGHAM, AL 35242-5700	23-7396710	501(C)(3)	30,500.	0.			GENERAL SUPPORT
BIG OAK RANCH BUSINESS OFFICE 250 JAKE MINTZ RD GADSDEN, AL 35905	23-7413017	501(C)(3)	23,667.	0.			GENERAL SUPPORT
URSULA SMITH DANCE 5841 COLONY LN HOOVER, AL 35226	26-0325446	501(C)(3)	8,000.	0.			GENERAL SUPPORT
TRIUMPH SERVICES, INC. 2301 ARLINGTON AVE. S. STE. 200 BIRMINGHAM, AL 35205	26-0508897	501(C)(3)	26,500.	0.			GENERAL SUPPORT

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CHANGED LIVES CHRISTIAN CENTER, INC. - 3049 MASSEY RD #8 - BIRMINGHAM, AL 35216	26-0872042	501(C)(3)	15,000.	0.			2021 ABC COKE FUND TO SUPPORT A MOBILE CLINIC THAT SERVES CLIENTS IN NORTH BIRMINGHAM
PROJECT HORSESHOE FARM 1202 MAIN STREET GREENSBORO, AL 36744	26-1396439	501(C)(3)	35,000.	0.			GENERAL SUPPORT
MILE HIGH 360 P O BOX 40160 DENVER, CO 80204-0160	26-1598336	501(C)(3)	7,500.	0.			THE COLLEGE SUPPORT FUND
MOMENTUM 2821 2ND AVENUE SOUTH, SUITE B-1 BIRMINGHAM, AL 35233	26-1909257	501(C)(3)	23,000.	0.			GENERAL SUPPORT
CAHABA RIVERKEEPER 4650 OLD LOONEY MILL RD BIRMINGHAM, AL 35243	26-2623785	501(C)(3)	19,414.	0.			GENERAL SUPPORT
LOW INCOME HOUSING COALITION OF ALABAMA(LIHCA) - P.O. BOX 130159 - BIRMINGHAM, AL 35213	26-2860761	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MILES COLLEGE CDC INC. 5500 MYRON MASSEY BLVD FAIRFIELD, AL 35064-2621	26-4379022	501(C)(3)	33,000.	0.			GENERAL SUPPORT
SHEEP DOG IMPACT ASSISTANCE 1200 W. WALNUT ST. STE 2310 ROGERS, AR 72756-3521	26-4521779	501(C)(3)	16,770.	0.			GENERAL SUPPORT
BIRMINGHAM EDUCATION FOUNDATION P.O. BOX 55357 BIRMINGHAM, AL 35255	26-4685144	501(C)(3)	134,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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RED MOUNTAIN PARK FOUNDATION 283 LYON LANE BIRMINGHAM, AL 35211	27-0950740	501(C)(3)	57,000.	0.			GENERAL SUPPORT
PRESERVATION HALL FOUNDATION 726 SAINT PETER ST. NEW ORLEANS, LA 70116	27-2910626	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE WELLHOUSE PO BOX 868 ODENVILLE, AL 35120	27-2973046	501(C)(3)	52,000.	0.			GENERAL SUPPORT
VENTURE FOR AMERICA 1420 WASHINGTON BLVD. STE. 301 DETROIT, MI 48226	27-2987904	501(C)(3)	16,000.	0.			GENERAL SUPPORT
COOSA RIVERKEEPER 102 CROFT ST #B BIRMINGHAM, AL 35242	27-3430200	501(C)(3)	54,414.	0.			GENERAL SUPPORT
HARVEST COMMUNITY CHARITIES, INC PO BOX 400 PELHAM, AL 35124-0400	27-4022552	501(C)(3)	6,400.	0.			GENERAL SUPPORT
WOODLAWN FOUNDATION, INC. 5529 1ST AVE S BIRMINGHAM, AL 35212	27-4051072	501(C)(3)	370,800.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
GLOBAL GIVING 1 THOMAS CIR NW WASHINGTON, DC 20005-5802	30-0108263	501(C)(3)	25,000.	0.			AFGHANISTAN RELIEF
NEW AMERICAN PATHWAYS, INC. 2300 HENDERSON MILL RD., NE, SUITE ATLANTA, GA 30345	30-0130066	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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SIGHT SAVERS AMERICA 337 BUSINESS CIRCLE PELHAM, AL 35124	30-0188234	501(C)(3)	254,009.	0.			GENERAL SUPPORT
CHILDREN'S POLICY COOPERATIVE OF JEFFERSON COUNTY - 120 SECOND COURT N - BIRMINGHAM, AL 35204-4765	30-0291772	501(C)(3)	105,000.	0.			GENERAL SUPPORT
ALABAMA ARCHIVES & HISTORY FOUNDATION - 624 WASHINGTON AVE PO BOX 300100 - MONTGOMERY, AL 36130-0100	30-0407154	501(C)(3)	10,500.	0.			GENERAL SUPPORT
BUTLER COUNTY UNITED WAY 323 NORTH 3RD STREET HAMILTON, OH 45011	31-0734490	501(C)(3)	10,733.	0.			GENERAL SUPPORT
FRIENDS FOUNDATION OF THE BIRMINGHAM PUBLIC LIBRARY - 2100 PARK PLACE - BIRMINGHAM, AL 35203	31-1612175	501(C)(3)	20,500.	0.			GENERAL SUPPORT
M-POWER MINISTRIES, INC. P.O.BOX 321233 BIRMINGHAM, AL 35232	31-1639601	501(C)(3)	47,500.	0.			GENERAL SUPPORT
BUTTERFLY BRIDGE CHILDREN'S ADVOCACY CENTER - PO BOX 588 - CLANTON, AL 35046	32-0368713	501(C)(3)	80,000.	0.			THE CAPITAL CAMPAIGN
TAP INC. 209 20TH STREET NORTH SUITE 172 BIRMINGHAM, AL 35203	36-4679803	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SPANISH PEAKS COMMUNITY FOUNDATION PO BOX 161303 BIG SKY, MT 59716	37-1729310	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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UNIVERSITY OF MICHIGAN 2500 STUDENT ACTIVITIES BLDG 515 E. JEFFERSON ST - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	30,000.	0.			THE COVID-19 STUDENT SUPPORT FUND #337006
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	10,000.	0.			GENERAL SUPPORT
METRO WEST MINISTRIES PO BOX 46 FAIRFIELD, AL 35064	41-2098221	501(C)(3)	20,000.	0.			THE FOOD DISTRIBUTION PROGRAM
CHARGE SYNDROME FOUNDATION 318 HALF DAY RD #305 BUFFALO GROVE, IL 60089	43-1642150	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOMEN'S FUND OF GREATER BIRMINGHAM 2201 5TH AVE SOUTH STE 110 BIRMINGHAM, AL 35233	45-0952468	501(C)(3)	1,612,549.	0.			GENERAL SUPPORT
RED BARN FOUNDATION 2700 BAILEY RD LEEDS, AL 35094	45-2593191	501(C)(3)	71,460.	0.			GENERAL SUPPORT
COMMON THREAD COMMUNITY 174 OXMOOR ROAD BIRMINGHAM, AL 35209	45-3731519	501(C)(3)	23,000.	0.			GENERAL SUPPORT
COLLEGE ADMISSIONS MADE POSSIBLE 5529 1ST AVENUE SOUTH-SUITE 4 BIRMINGHAM, AL 35212	45-3752661	501(C)(3)	60,000.	0.			GENERAL SUPPORT
YOUTH TOWERS 1916 LINDEN DRIVE FORESTDALE, AL 35214	45-3913117	501(C)(3)	70,000.	0.			GENERAL SUPPORT

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MCGILL-TOOLEN FOUNDATION, INC. 1501 OLD SHELL ROAD MOBILE, AL 36604	46-0643590	501(C)(3)	6,000.	0.			GENERAL SUPPORT
R & H RECYCLING 120 19TH STREET N SUITE 369 BIRMINGHAM, AL 35203	46-1558979	501(C)(3)	8,000.	0.			GENERAL SUPPORT
REDEMPTIVE CYCLES 1305 2ND AVENUE NORTH, SUITE 101 BIRMINGHAM, AL 35203	46-3471015	501(C)(3)	7,000.	0.			GENERAL SUPPORT
BRONZE VALLEY FOUNDATION 115 3RD AVENUE WEST BIRMINGHAM, AL 35204	46-3600776	501(C)(3)	290,000.	0.			GENERAL SUPPORT
WORKFAITH BIRMINGHAM 750 MONTCLAIR RD BIRMINGHAM, AL 35213-1906	46-3606843	501(C)(3)	17,000.	0.			GENERAL SUPPORT
ELEVATE USA 5310 WARD RD. STE G-05 ARVADA, CO 80002	46-3637392	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEW SCHOOLS FOR ALABAMA 2 20TH ST. N. STE. 1315 BIRMINGHAM, AL 35203	46-3827127	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BITWISE IMPACT 700 VAN NESS AVE FRESNO, CA 93721-2912	46-4127911	501(C)(3)	75,000.	0.			GENERAL SUPPORT
PRESCHOOL PARTNERS FOUNDATION 4447 MONTEVALLO ROAD BIRMINGHAM, AL 35213	46-4519557	501(C)(3)	7,550.	0.			GENERAL SUPPORT

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SABRE FINANCE 2 20TH STREET NORTH SUITE 1150 BIRMINGHAM, AL 35203	46-5457673	501(C)(3)	260,000.	0.			2021 SMALL BUSINESS IMPACT GRANT
ALABAMA SMALL BUSINESS DEVELOPMENT INITIATIVE - 1500 1ST AVE N, #12 - BIRMINGHAM, AL 35203	46-5559627	501(C)(3)	260,000.	0.			2021 SMALL BUSINESS IMPACT GRANT
KHAIRI AND LITTLE ANGELS' MEMORIAL P.O. BOX 12541 BIRMINGHAM, AL 35202	47-1338230	501(C)(3)	8,000.	0.			GENERAL SUPPORT
NICK'S KIDS FOUNDATION 1130 UNIVERSITY BLVD SUITE B9-201 TUSCALOOSA, AL 35401	47-1540447	501(C)(3)	9,000.	0.			GENERAL SUPPORT
BIB & TUCKER SEW-OP 4915-B 5TH AVE SOUTH BIRMINGHAM, AL 35222	47-1830775	501(C)(3)	25,000.	0.			GENERAL SUPPORT
UNLESS U 737 CHESTNUT ST VESTAVIA HLS, AL 35216-1911	47-2035114	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ROOTED MINISTRY PO BOX 43673 BIRMINGHAM, AL 35243	47-2866075	501(C)(3)	6,000.	0.			GENERAL SUPPORT
EAST LAKE ACADEMY INC PO BOX 590049 BIRMINGHAM, AL 35259	47-2976837	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALABAMA INITIATIVE FOR INDEPENDENT JOURNALISM - PO BOX 130712 - BIRMINGHAM, AL 35213	47-3524117	501(C)(3)	8,150.	0.			GENERAL SUPPORT

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ALABAMA COALITION FOR IMMIGRANT JUSTICE UNITED - 1826 6TH AVE S - BIRMINGHAM, AL 35210	47-4352872	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ONE PLACE METRO ALABAMA FAMILY JUSTICE CENTER - P.O. BOX 59812 - BIRMINGHAM, AL 35259	47-4673750	501(C)(3)	46,250.	0.			GENERAL SUPPORT
A4ONE 174 OXMOOR ROAD BIRMINGHAM, AL 35209	47-4908523	501(C)(3)	15,000.	0.			GENERAL SUPPORT
REBIRTH COMMUNITY CORPORATION 700 23RD AVE NW CENTER POINT, AL 35215-3214	47-5145857	501(C)(3)	14,366.	0.			GENERAL SUPPORT
ALAQEST COLLABORATIVE FOR EDUCATION - PO BOX 550241 - BIRMINGHAM, AL 35255	47-5276358	501(C)(3)	6,000.	0.			LGBTQ FUND 2021 - ALAQEST
MASON MUSIC FOUNDATION 4129 N CAHABA DR VESTAVIA, AL 35243-5006	47-5443760	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COLLEGE CHOICE FOUNDATION 1919 OXMOOR ROAD #324 BIRMINGHAM, AL 35209	47-5631608	501(C)(3)	40,000.	0.			GENERAL SUPPORT
UAB WOMEN'S CLUB 1720 2ND AVE SOUTH STE 1230 BIRMINGHAM, AL 35294	51-0185990	501(C)(3)	5,156.	0.			GENERAL SUPPORT
ALABAMA KIDNEY FOUNDATION 265 RIVERCHASE PKWY E STE 106 HOOVER, AL 35244-2815	51-0189641	501(C)(3)	10,100.	0.			GENERAL SUPPORT

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ALABAMA SCHOOL OF FINE ARTS FOUNDATION - 1800 8TH AVE NORTH - BIRMINGHAM, AL 35203	51-0196130	501(C)(3)	13,000.	0.			DOROTHY JEMISOR DAY THEATER IN HONOR OF CORBIN DAY
ALABAMA AUDUBON 3720 4TH AVE., S. BIRMINGHAM, AL 35222	51-0198925	501(C)(3)	18,500.	0.			GENERAL SUPPORT
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET, SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	501(C)(3)	14,250.	0.			GENERAL SUPPORT
GREYSTONE OUTREACH LEGACY FOUNDATION - 4100 GREYSTONE DR. - VESTAVIA HILLS, AL 35242-6409	52-2205962	501(C)(3)	12,000.	0.			GENERAL SUPPORT
JONES VALLEY TEACHING FARM PO BOX 320230 BIRMINGHAM, AL 35232	52-2359003	501(C)(3)	149,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST - 1585 BROADWAY, FLOOR 29 - NEW YORK, NY 10036	52-7082731	501(C)(3)	43,151.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 700 CALDWELL TRACE BIRMINGHAM, AL 35242	53-0196605	501(C)(3)	94,600.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
JEWISH FEDERATION OF GREATER WASHINGTON - 6101 EXECUTIVE BLVD STE 100 - N BETHESDA, MD 20852-3913	53-0212445	501(C)(3)	12,700.	0.			GENERAL SUPPORT
AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH - 1789 MASSACHUSETTS AVENUE NW - WASHINGTON, DC 20036	53-0218495	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NATURE CONSERVANCY OF ALABAMA 601 NORTH UNIVERSITY AVE LITTLE ROCK, AR 72205	53-0242652	501(C)(3)	242,823.	0.			GENERAL SUPPORT
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531-3085	54-0505878	501(C)(3)	215,000.	0.			GENERAL SUPPORT
RANDOLPH COLLEGE RANDOLPH COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT P.O. BOX 3215 - LYNCHBU	54-0505941	501(C)(3)	9,613.	0.			GENERAL SUPPORT
WASHINGTON AND LEE UNIVERSITY ANNUAL FUND OFFICE 204 W. WASHINGTON ST. - LEXINGTON, VA 24450-0303	54-0505977	501(C)(3)	10,500.	0.			GENERAL SUPPORT
SWEET BRIAR COLLEGE PO BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	16,750.	0.			GENERAL SUPPORT
CHRISTIAN AFRICAN LEADERSHIP MINISTRIES - PO BOX 232 - TRUSSVILLE, AL 35173	54-1608407	501(C)(3)	70,000.	0.			GENERAL SUPPORT
COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA - ARTS AND SCIENCE DEPT P.O. BOX 400801 - CHARLOTTESVILLE, VA 22904	54-2009312	501(C)(3)	120,000.	0.			GENERAL SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 37963 BOONE, IA 50037	54-6001796	501(C)(3)	8,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CAROLINA UNIVERSITY 420 S BROAD STREET WINSTON-SALEM, NC 27101	56-0594591	501(C)(3)	6,275.	0.			GENERAL SUPPORT

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WOFFORD COLLEGE 429 NORTH CHURCH STREET SPARTANBURG, SC 29303	57-0314422	501(C)(3)	10,000.	0.			SUPPORT OF THE BETWEEN THE TOLLS SCHOLARSHIP
ALABAMA ANIMAL ADOPTION SOCIETY 2808 CRESCENT AVENUE BIRMINGHAM, AL 35209	57-0656655	501(C)(3)	5,075.	0.			GENERAL SUPPORT
SPACE ONE ELEVEN 2409 2ND AVE NORTH BIRMINGHAM, AL 35203-3809	57-0890249	501(C)(3)	43,000.	0.			GENERAL SUPPORT
CHILDREN'S HARBOR 1 OUR CHILDREN'S HIGHWAY ALEXANDER CITY, AL 35010-8620	57-0892070	501(C)(3)	87,350.	0.			GENERAL SUPPORT
BIRMINGHAM BUSINESS ALLIANCE FOUNDATION - 505 20TH STREET NORTH, SUITE 200 - BIRMINGHAM, AL 35203	57-0892546	501(C)(3)	100,000.	0.			PROSPER BIRMINGHAM
GRACE HOUSE MINISTRIES P.O. BOX 547 FAIRFIELD, AL 35064	57-0903169	501(C)(3)	32,000.	0.			GENERAL SUPPORT
SALVATION ARMY PO BOX 11005 BIRMINGHAM, AL 35202	58-0660607	501(C)(3)	145,817.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
SAMARITAN'S PURSE P O BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	33,000.	0.			GENERAL SUPPORT
AIDS ALABAMA 3529 7TH AVE S BIRMINGHAM, AL 35222-3210	58-1727755	501(C)(3)	44,500.	0.			GENERAL SUPPORT

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MCWANE SCIENCE CENTER 200 19TH STREET NORTH BIRMINGHAM, AL 35203	58-1933712	501(C)(3)	59,000.	0.			EDUCATIONAL PROGRAMS
FRIENDS OF CATS AND DOGS FOUNDATION - P.O. BOX 130398 - BIRMINGHAM, AL 35213	58-1951231	501(C)(3)	16,176.	0.			GENERAL SUPPORT
FRIENDS OF LOCUST FORK RIVER PO BOX 638 CLEVELAND, AL 35049	58-1988728	501(C)(3)	8,000.	0.			GENERAL SUPPORT
RED MOUNTAIN THEATRE COMPANY P.O. BOX 278 BIRMINGHAM, AL 35201	58-1994417	501(C)(3)	372,300.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MAGIC CITY HARVEST P.O. BOX 11292 BIRMINGHAM, AL 35202-1292	58-2060122	501(C)(3)	8,300.	0.			GENERAL SUPPORT
TEMPLE EMANU-EL 2100 HIGHLAND AVENUE BIRMINGHAM, AL 35205	58-2065803	501(C)(3)	12,900.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
ALABAMA POSSIBLE PO BOX 55058 BIRMINGHAM, AL 35255	58-2074080	501(C)(3)	42,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MOUNTAIN BROOK LIBRARY FOUNDATION 50 OAK STREET BIRMINGHAM, AL 35213	58-2094979	501(C)(3)	29,105.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
PLANNED PARENTHOOD SOUTHEAST, INC. 241 PEACHTREE STREET NE, SUITE 400 ATLANTA, GA 30303	58-6045874	501(C)(3)	12,092.	0.			GENERAL SUPPORT

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CHRIST MEMORIAL CHAPEL P.O. BOX 582 HOBE SOUND, FL 33475	59-0882964	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOBE SOUND EARLY LEARNING CENTER 11580 SE GOMEZ AVE HOBE SOUND, FL 33455	59-1107869	501(C)(3)	11,500.	0.			GENERAL SUPPORT
TRUFUND FINANCIAL SERVICES 1927 1ST AVENUE NORTH SUITE 602 BIRMINGHAM, AL 35203	59-3814814	501(C)(3)	185,000.	0.			2021 SMALL BUSINESS IMPACT GRANT
HOBE SOUND COMMUNITY CHEST P.O. BOX 511 HOBE SOUND, FL 33475-0511	59-6155092	501(C)(3)	16,000.	0.			GENERAL SUPPORT
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 37405	62-0126365	501(C)(3)	35,000.	0.			GENERAL SUPPORT
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE, TN 37383-1000	62-0475697	501(C)(3)	8,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MCCALLIE SCHOOL, INC. 500 DODDS AVE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	507,000.	0.			GENERAL SUPPORT
VANDERBILT UNIVERSITY PMB 407727-2301 VANDERBILT PL NASHVILLE, TN 37203-9700	62-0476822	501(C)(3)	265,471.	0.			SCHOLARSHIPS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	12,306.	0.			GENERAL SUPPORT

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BIRMINGHAM ZOO, INC 2630 CAHABA ROAD BIRMINGHAM, AL 35223	62-1231591	501(C)(3)	87,250.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
HIGHLANDS UNITED METHODIST CHURCH 1045 20TH STREET SOUTH BIRMINGHAM, AL 35205	63-0288340	CHURCH/SYN	14,000.	0.			GENERAL SUPPORT
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DRIVE BIRMINGHAM, AL 35209	63-0288810	501(C)(3)	30,263.	0.			GENERAL SUPPORT
BIRMINGHAM SOUTHERN COLLEGE BOX 549003 BIRMINGHAM, AL 35254	63-0288811	501(C)(3)	266,425.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CHILDREN'S AID SOCIETY 2141 14TH AVENUE SOUTH BIRMINGHAM, AL 35205	63-0288823	501(C)(3)	6,250.	0.			GENERAL SUPPORT
CATHEDRAL CHURCH OF THE ADVENT 2017 6TH AVE NORTH BIRMINGHAM, AL 35203	63-0288824	501(C)(3)	250,642.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
FIRST UNITED METHODIST CHURCH 518 19TH STREET NORTH BIRMINGHAM, AL 35203	63-0288831	CHURCH/SYN	22,461.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 2100 4TH AVE N BIRMINGHAM, AL 35203	63-0288833	CHURCH/SYN	48,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF NORTH-CENTRAL ALABAMA - 105 HEATHERBROOKE PK DR - BIRMINGHAM, AL 35242-8008	63-0288834	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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HUNTINGDON COLLEGE 1500 EAST FAIRVIEW AVENUE MONTGOMERY, AL 36106	63-0288841	501(C)(3)	15,500.	0.			GENERAL SUPPORT
INDEPENDENT PRESBYTERIAN CHURCH 3100 HIGHLAND AVENUE BIRMINGHAM, AL 35205	63-0288843	CHURCH/SYN	166,460.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
UNITED WAY OF CENTRAL ALABAMA P.O. BOX 320189 BIRMINGHAM, AL 35232-0189	63-0288846	501(C)(3)	922,530.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	38,604.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CHRIST EPISCOPAL CHURCH 4912 LLYOD NOLAND PARKWAY FAIRFIELD, AL 35064	63-0288860	501(C)(3)	14,000.	0.			GENERAL SUPPORT
QUARTERBACKING CHILDREN'S HEALTH FOUNDATION - 2019 4TH AVE N STE 101 - BIRMINGHAM, AL 35203-3360	63-0288872	501(C)(3)	30,300.	0.			GENERAL SUPPORT
TRAVELERS AID SOCIETY 1605 5TH AVENUE NORTH BIRMINGHAM, AL 35203	63-0288873	501(C)(3)	15,000.	0.			THE SENIOR RIDE PROGRAM
YWCA 309 NORTH 23RD STREET BIRMINGHAM, AL 35203	63-0288882	501(C)(3)	111,200.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
YWCA 309 NORTH 23RD STREET BIRMINGHAM, AL 35203	63-0299894	501(C)(3)	38,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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THE ALTAMONT SCHOOL P.O. BOX 131429 BIRMINGHAM, AL 35213	63-0302110	501(C)(3)	165,900.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
UNITED METHODIST CHILDREN'S HOME 4001 CARMICHAEL RD STE 235 MONTGOMERY, AL 36106-3653	63-0302145	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. MARY'S ON THE HIGHLANDS EPISCOPAL CHURCH - 1910 12TH AVENUE SOUTH - BIRMINGHAM, AL 35205	63-0302166	CHURCH/SYN	260,850.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CHILDREN'S OF ALABAMA 1600 7TH AVE SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	453,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
UNITED ABILITY 100 OSLO CIRCLE BIRMINGHAM, AL 35211	63-0307960	501(C)(3)	57,535.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
SAMFORD UNIVERSITY UNIVERSITY ADVANCEMENT 800 LAKESHORE DRIVE - BIRMINGHAM, AL 35229	63-0312914	501(C)(3)	80,980.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
INDIAN SPRINGS SCHOOL 190 WOODWARD DRIVE INDIAN SPRINGS, AL 35124	63-0319832	501(C)(3)	18,945.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
BROTHER BRYAN'S MISSION P.O. BOX 11254 BIRMINGHAM, AL 35202	63-0322672	501(C)(3)	104,227.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
JUNIOR LEAGUE OF BIRMINGHAM 2212 20TH AVENUE SOUTH BIRMINGHAM, AL 35223	63-0324707	501(C)(3)	31,060.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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GIRLS INC OF CENTRAL ALABAMA P.O. BOX 130729 BIRMINGHAM, AL 35213	63-0328643	501(C)(3)	84,250.	0.			GENERAL SUPPORT
CANTERBURY UNITED METHODIST CHURCH P.O. BOX 130699 BIRMINGHAM, AL 35213-0699	63-0329624	CHURCH/SYN	111,638.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
UNITED WAY OF SELMA & DALLAS CO. P.O. BOX 298 SELMA, AL 36702	63-0340874	501(C)(3)	32,600.	0.			GENERAL SUPPORT
JIMMIE HALE MISSION P.O. BOX 10472 BIRMINGHAM, AL 35202-0472	63-0358757	501(C)(3)	22,901.	0.			GENERAL SUPPORT
OUR LADY OF SORROWS CATHOLIC CHURCH - 1728 OXMOOR ROAD - BIRMINGHAM, AL 35209	63-0366279	CHURCH/SYN	48,000.	0.			THE OLS CHARITY FUND
WALKER COLLEGE FOUNDATION PO BOX 2228 JASPER, AL 35502-2228	63-0369216	501(C)(3)	10,000.	0.			THE GEORGE E. WILBANKS SCHOLARSHIP FUND
VESTAVIA HILLS BAPTIST CHURCH 2600 VESTAVIA DRIVE BIRMINGHAM, AL 35216	63-0375613	CHURCH/SYN	11,000.	0.			GENERAL SUPPORT
ST. FRANCIS XAVIER CATHOLIC CHURCH PO BOX 130669 BIRMINGHAM, AL 35213	63-0376520	CHURCH/SYN	10,500.	0.			GENERAL SUPPORT
VESTAVIA HILLS UNITED METHODIST CHURCH - 2061 KENTUCKY AVENUE - BIRMINGHAM, AL 35216	63-0378123	CHURCH/SYN	17,000.	0.			GENERAL SUPPORT

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EPISCOPAL FOUNDATION OF JEFF CO 4941 MONTEVALLO ROAD BIRMINGHAM, AL 35210	63-0386404	501(C)(3)	17,834.	0.			GENERAL SUPPORT
HIGHLANDS DAY SCHOOL FOUNDATION 4901 OLD LEEDS ROAD BIRMINGHAM, AL 35213	63-0388769	501(C)(3)	39,334.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
SIXTEENTH STREET BAPTIST CHURCH 1530 6TH AVE NORTH BIRMINGHAM, AL 35203	63-0397962	501(C)(3)	35,000.	0.			GENERAL SUPPORT
MILES COLLEGE P.O. BOX 3800 BIRMINGHAM, AL 35208	63-0400608	501(C)(3)	47,000.	0.			GENERAL SUPPORT
MOUNTAIN BROOK BAPTIST CHURCH 3631 MONTEVALLO ROAD BIRMINGHAM, AL 35213-4299	63-0418187	CHURCH/SYN	47,625.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
FIRST BAPTIST CHURCH OF PELL CITY 2309 SECOND AVE. N. PELL CITY, AL 35125	63-0474294	501(C)(3)	19,186.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
BIRMINGHAM BOTANICAL SOCIETY/FRIENDS OF BIRMINGHAM BOTANICAL GARD - 2612 LANE PARK ROAD - BIRMINGHAM, AL 35223	63-0495111	501(C)(3)	198,097.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
BRIDGEWAYS 120 OXMOOR BLVD STE 110 HOMEWOOD, AL 35209-5952	63-0498347	501(C)(3)	58,334.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
JEFFERSON STATE COMMUNITY COLLEGE 2601 CARSON ROAD BIRMINGHAM, AL 35215	63-0501357	SCHOOL/COL	61,900.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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NORTHEAST ALABAMA COMMUNITY COLLEGE - PO BOX 159 - ATTN: JENNIFER BROWN, FINANCIAL AID - RAINSVILLE, AL 35986	63-0504999	501(C)(3)	20,000.	0.			SCHOLARSHIPS
ADVENT EPISCOPAL DAY SCHOOL 2019 6TH AVENUE NORTH BIRMINGHAM, AL 35203-2701	63-0505650	501(C)(3)	7,500.	0.			GENERAL SUPPORT
A. G. GASTON BOYS & GIRLS CLUB 4821 AVENUE W BIRMINGHAM, AL 35208	63-0514348	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF ALABAMA HUNTSVILLE 301 SPARKMAN DRIVE HUNTSVILLE, AL 35899	63-0520830	SCHOOL/COL	11,000.	0.			SCHOLARSHIPS
CITY OF ASHVILLE 211 8TH STREET ASHVILLE, AL 35953	63-0570162	GOVERNMENT	20,000.	0.			GENERAL SUPPORT
CREATIVE MONTESSORI SCHOOL 2800 MONTESSORI WAY HOMEWOOD, AL 35209	63-0570956	501(C)(3)	41,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
GREATER BIRMINGHAM MINISTRIES 2304 12TH AVENUE NORTH BIRMINGHAM, AL 35234-3111	63-0577439	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES/DIOCESE OF BIRMINGHAM AL - P.O. BOX 12047 - BIRMINGHAM, AL 35202	63-0581368	501(C)(3)	143,200.	0.			GENERAL SUPPORT
CRISIS CENTER 3620 8TH AVE SOUTH SUITE 110 BIRMINGHAM, AL 35222	63-0583947	501(C)(3)	236,971.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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JBS MENTAL HEALTH AUTHORITY 940 MONTCLAIR ROAD SUITE 200 BIRMINGHAM, AL 35213	63-0592183	501(C)(3)	50,000.	0.			MENTAL HEALTH CRISIS DIVERSION CENTER
CHRISTIAN SERVICE MISSION 3600 3RD AVENUE SOUTH BIRMINGHAM, AL 35222	63-0594603	501(C)(3)	76,400.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
BRIARWOOD PRESBYTERIAN CHURCH 2200 BRIARWOOD WAY BIRMINGHAM, AL 35243	63-0653634	501(C)(3)	12,350.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
N.E. MILES JEWISH DAY SCHOOL 4000 MONTCLAIR ROAD BIRMINGHAM, AL 35213	63-0668984	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF BIRMINGHAM - 601 19TH STREET NORTH - BIRMINGHAM, AL 35203-2209	63-0713056	501(C)(3)	20,000.	0.			GENERAL SUPPORT
URBAN MINISTRY, INC. 1229 COTTON AVE. SW BIRMINGHAM, AL 35211	63-0717761	501(C)(3)	40,200.	0.			GENERAL SUPPORT
RUFFNER MOUNTAIN NATURE PRESERVE 1214 81ST ST S BIRMINGHAM, AL 35206-4526	63-0733391	501(C)(3)	46,500.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF ALABAMA - 1700 4TH AVE SOUTH - BIRMINGHAM, AL 35233	63-0753358	501(C)(3)	44,550.	0.			GENERAL SUPPORT
COVENANT PRESBYTERIAN CHURCH/HOMEWOOD - 65 OLD MONTGOMERY HWY - HOMEWOOD, AL 35209	63-0753393	501(C)(3)	100,000.	0.			THE GENERAL FUND

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SERVICE GUILD OF BIRMINGHAM 1700 29TH COURT SOUTH BIRMINGHAM, AL 35209	63-0755302	501(C)(3)	26,000.	0.			GENERAL SUPPORT
ARC OF WALKER COUNTY 745 RUSSELL DAIRY RD JASPER, AL 35503	63-0760044	501(C)(3)	28,000.	0.			GENERAL SUPPORT
KING'S HOME P.O. BOX 162 CHELSEA, AL 35043	63-0760276	501(C)(3)	28,031.	0.			GENERAL SUPPORT
JEFFERSON CO DISTRICT ATTORNEY'S OFFICE - 801 RICHARD ARRINGTON JR BLVD N - BIRMINGHAM, AL 35203	63-0774372		94,484.	0.			GENERAL SUPPORT
URBAN IMPACT 1721 4TH AVE NORTH SUITE 102 BIRMINGHAM, AL 35203	63-0795551	501(C)(3)	160,000.	0.			2021 SMALL BUSINESS IMPACT GRANT
ALABAMA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS - 19 S JACKSON ST - MONTGOMERY, AL 36104-3812	63-0798492	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GRANTSWOOD BAPTIST CHURCH 4850 GRANTSWOOD PLACE BIRMINGHAM, AL 35210	63-0799495	CHURCH/SYN	5,701.	0.			GENERAL SUPPORT
WALKER CO. HUMANE SOCIETY P.O. BOX 1407 JASPER, AL 35502	63-0809530	501(C)(3)	10,000.	0.			REMY FUND 2021 - WALKER CO. HUMANE SOCIETY
ALABAMA WILDLIFE CENTER 100 TERRACE DRIVE OAK MOUNTAIN STAT PELHAM, AL 35124	63-0813173	501(C)(3)	7,575.	0.			GENERAL SUPPORT

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ALABAMA BALLET 2726 FIRST AVENUE SOUTH BIRMINGHAM, AL 35233	63-0813626	501(C)(3)	13,200.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH ALABAMA FOUNDATION - UNA BOX 5113 - FLORENCE, AL 35632	63-0814488	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHELBY HUMANE SOCIETY 381 MCDOW ROAD COLUMBIANA, AL 35051	63-0817987	501(C)(3)	18,436.	0.			GENERAL SUPPORT
LEADERSHIP BIRMINGHAM P O BOX 2641, BIN 12S BIRMINGHAM, AL 35291	63-0833118	501(C)(3)	6,050.	0.			GENERAL SUPPORT
COMMUNITY FOOD BANK OF CENTRAL ALABAMA - 107 WALTER DAVIS DRIVE - BIRMINGHAM, AL 35209	63-0837956	501(C)(3)	71,814.	0.			GENERAL SUPPORT
ASHLAND FIRST UNITED METHODIST CHURCH - P.O. BOX 305 - ASHLAND, AL 36251	63-0843032	CHURCH/SYN	6,000.	0.			GENERAL SUPPORT +SPECIAL PRORGAMS
FIRST BAPTIST CHURCH OF VINCENT 15 WAITE ST. PO BOX 43 VINCENT, AL 35178	63-0855071	501(C)(3)	13,912.	0.			GENERAL SUPPORT
ST. VINCENT'S FOUNDATION 1130 22ND ST. S. STE 1000 BIRMINGHAM, AL 35205	63-0868066	501(C)(3)	96,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
THE CHILDREN'S HOSPITAL FOUNDATION 1600 7TH AVE SOUTH BIRMINGHAM, AL 35233	63-0879471	501(C)(3)	12,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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ACLU OF ALABAMA FOUNDATION PO BOX 6179 MONTGOMERY, AL 36106	63-0883872	501(C)(3)	62,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
COOPERATIVE DOWNTOWN MINISTRIES/OLD FIREHOUSE SHELTER - P.O. BOX 11722 - BIRMINGHAM, AL 35202	63-0884164	501(C)(3)	49,300.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MAGIC MOMENTS 2112 11TH AVENUE SOUTH, SUITE 219 BIRMINGHAM, AL 35205	63-0887875	501(C)(3)	12,350.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
LIFELINE CHILDREN'S SERVICES, INC 100 MISSIONARY RIDGE BIRMINGHAM, AL 35242	63-0896878	501(C)(3)	10,250.	0.			SCHOLARSHIPS
SMILE-A-MILE P.O. BOX 550155 BIRMINGHAM, AL 35255	63-0907544	501(C)(3)	41,500.	0.			GENERAL SUPPORT
COVENANT CHRISTIAN SCHOOL 1900 COVENANT DRIVE TUSCUMBIA, AL 35674	63-0908970	501(C)(3)	25,000.	0.			THE CAPITAL PROJECT
SHEPHERD'S FOLD INC. 507 WHITMORE DR BIRMINGHAM, AL 35221	63-0925428	501(C)(3)	27,500.	0.			GENERAL SUPPORT
CORNERSTONE SCHOOLS OF ALABAMA PO BOX 320309 BIRMINGHAM, AL 35232	63-0948472	501(C)(3)	23,250.	0.			GENERAL SUPPORT
BIRMINGHAM AIDS OUTREACH INC 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501(C)(3)	59,300.	0.			GENERAL SUPPORT

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AMERICAN SPORTS MEDICINE INSTITUTE 833 ST. VINCENT'S DR SUITE 205 BIRMINGHAM, AL 35205	63-0952490	501(C)(3)	25,000.	0.			THE ENDOWMENT FUND
ASBURY UNITED METHODIST CHURCH - BIRMINGHAM - 6690 CAHABA VALLEY ROAD - BIRMINGHAM, AL 35242	63-0954649	501(C)(3)	40,000.	0.			GENERAL SUPPORT
BIRMINGHAM LANDMARKS 1817 3RD AVE NORTH BIRMINGHAM, AL 35203	63-0958984	501(C)(3)	33,700.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
ROTARY CLUB OF BIRMINGHAM FOUNDATION - HARBERT CENTER/2019 4TH AVE N - BIRMINGHAM, AL 35203	63-0960032	501(C)(3)	74,453.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
HABITAT FOR HUMANITY GREATER BIRMINGHAM - P.O. BOX 540 - FAIRFIELD, AL 35064	63-0962910	501(C)(3)	6,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
TITUSVILLE DEVELOPMENT CORPORATION 300 KAPPA AVE SOUTH BIRMINGHAM, AL 35205	63-0964639	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PUBLIC AFFAIRS RESEARCH COUNCIL OF AL - P.O. BOX 293931 219 BROOKS HALL/800 LAKESHORE - BIRMINGHAM, AL 35229-3931	63-0972435	501(C)(3)	34,013.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CAHABA RIVER SOCIETY 2717 7TH AVE S STE 205 BIRMINGHAM, AL 35233	63-0987276	501(C)(3)	82,250.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
ARC OF SHELBY COUNTY 203 AMPHITHEATER RD PELHAM, AL 35124	63-0988453	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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COMMUNITY KITCHENS 1024 12TH ST S BIRMINGHAM, AL 35205-5234	63-0988804	501(C)(3)	8,800.	0.			GENERAL SUPPORT
STUDIO BY THE TRACKS P.O. BOX 101144 IRONDALE, AL 35210-6144	63-1004336	501(C)(3)	23,000.	0.			GENERAL SUPPORT
SAFEHOUSE OF SHELBY COUNTY P.O. BOX 275 PELHAM, AL 35124	63-1007280	501(C)(3)	19,092.	0.			GENERAL SUPPORT
LEADERSHIP ALABAMA P.O. BOX 131394 BIRMINGHAM, AL 35213	63-1007967	501(C)(3)	19,375.	0.			GENERAL SUPPORT
AMISTAD MISSION P.O. BOX 23030 NASHVILLE, TN 37202	63-1011215	501(C)(3)	25,500.	0.			GENERAL SUPPORT
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR RD #205 BIRMINGHAM, AL 35213-2416	63-1015318	501(C)(3)	13,000.	0.			GENERAL SUPPORT
LAKESIDE HOSPICE 4010 MASTERS RD PELL CITY, AL 35128	63-1035850	501(C)(3)	6,000.	0.			THE PET PEACE OF MIND PROGRAM
BIRMINGHAM JEWISH FEDERATION 3966 MONTCLAIR RD. BIRMINGHAM, AL 35213	63-1045456	501(C)(3)	32,000.	0.			GENERAL SUPPORT
A+ EDUCATION PARTNERSHIP P.O. BOX 4433 MONTGOMERY, AL 36103	63-1050676	501(C)(3)	26,200.	0.			GENERAL SUPPORT

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LITERACY COUNCIL OF CENTRAL ALABAMA - 2301 1ST AVE N STE 102 - BIRMINGHAM, AL 35203	63-1051186	501(C)(3)	89,094.	0.			GENERAL SUPPORT
MARANATHAN FAMILY LEARNING CENTER P.O. BOX 157 BIRMINGHAM, AL 35201	63-1051829	501(C)(3)	29,500.	0.			GENERAL SUPPORT
ALZHEIMER'S OF CENTRAL ALABAMA P.O. BOX 2273 BIRMINGHAM, AL 35201	63-1068096	501(C)(3)	91,105.	0.			GENERAL SUPPORT
MOUNTAIN BROOK CITY SCHOOLS FOUNDATION - 32 VINE STREET - BIRMINGHAM, AL 35213	63-1072587	501(C)(3)	20,272.	0.			GENERAL SUPPORT
EQUALITY VOLUNTEER FIRE DEPARTMENT PO BOX 13 EQUALITY, AL 36026	63-1076507	501(C)(3)	6,000.	0.			THE BUILDING FUND
MOUNTAIN BROOK COMMUNITY CHURCH 3001 HIGHWAY 280 EAST BIRMINGHAM, AL 35243	63-1080839	CHURCH/SYN	40,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
MAGNOLIA CHURCH OF CHRIST 2650 VULCAN AVE FLORENCE, AL 35630	63-1094793	501(C)(3)	42,000.	0.			GENERAL SUPPORT
EXCEPTIONAL FOUNDATION 1616 OXMOOR ROAD BIRMINGHAM, AL 35209	63-1096855	501(C)(3)	22,000.	0.			GENERAL SUPPORT
ALABAMA SYMPHONIC ASSOCIATION 3621 6TH AVENUE SOUTH BIRMINGHAM, AL 35222	63-1103036	501(C)(3)	89,009.	0.			GENERAL SUPPORT

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BETTER BASICS 1231 2ND AVENUE SOUTH BIRMINGHAM, AL 35233	63-1106040	501(C)(3)	46,700.	0.			GENERAL SUPPORT
OASIS WOMEN'S COUNSELING CENTER 1900 14TH AVENUE SOUTH BIRMINGHAM, AL 35205	63-1128764	501(C)(3)	39,007.	0.			GENERAL SUPPORT
HOMEWOOD CITY SCHOOLS FOUNDATION PO BOX 59764 BIRMINGHAM, AL 35259	63-1132466	501(C)(3)	27,500.	0.			GENERAL SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	33,800.	0.			GENERAL SUPPORT
CHABAD OF ALABAMA 3040 OVERTON ROAD BIRMINGHAM, AL 35223-2378	63-1148813	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RESTORATION ACADEMY P.O. BOX 30 FAIRFIELD, AL 35064	63-1158984	501(C)(3)	70,700.	0.			GENERAL SUPPORT
BIRMINGHAM EAST ROTARY FOUNDATION PO BOX 222 MOODY, AL 35004	63-1160522	501(C)(3)	10,000.	0.			SCHOLARSHIPS
ALABAMA ARISE P.O. BOX 1188 MONTGOMERY, AL 36101-0612	63-1186365	501(C)(3)	11,000.	0.			GENERAL SUPPORT
VESTAVIA HILLS LIBRARY FOUNDATION 1221 MONTGOMERY HIGHWAY BIRMINGHAM, AL 35216	63-1186876	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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HAND-IN-PAW, INC. 617 38TH STREET SOUTH BIRMINGHAM, AL 35222	63-1190375	501(C)(3)	32,000.	0.			GENERAL SUPPORT
HANDS ON BIRMINGHAM PO BOX 320189 BIRMINGHAM, AL 35232	63-1207098	501(C)(3)	15,717.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
HISPANIC INTEREST COALITION OF AL P.O. BOX 190299 HOMEWOOD, AL 35219	63-1225764	501(C)(3)	168,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
SIDEWALK FILM CENTER AND CINEMA 1821 2ND AVENUE NORTH BIRMINGHAM, AL 35203	63-1227239	501(C)(3)	40,000.	0.			GENERAL SUPPORT
VULCAN PARK FOUNDATION 1701 VALLEY VIEW DRIVE BIRMINGHAM, AL 35209	63-1233997	501(C)(3)	41,500.	0.			GENERAL SUPPORT
BELL CENTER FOR EARLY INTERVENTION PROGRAMS - 1700 29TH COURT SOUTH - BIRMINGHAM, AL 35209	63-1244330	501(C)(3)	46,796.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
HORIZONS SCHOOLS, INC. 2018 15TH AVENUE SOUTH BIRMINGHAM, AL 35205	63-1251343	501(C)(3)	35,500.	0.			GENERAL SUPPORT
SPRING VALLEY SCHOOL (FOUNDATION) 2701 SYDNEY DRIVE BIRMINGHAM, AL 35211	63-1253000	501(C)(3)	35,000.	0.			GENERAL SUPPORT
CAHABA VALLEY HEALTH CARE, INC 1515 6TH AVE SOUTH BIRMINGHAM, AL 35233	63-1254350	501(C)(3)	16,000.	0.			GENERAL SUPPORT

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TUMTUM TREE FOUNDATION P.O. BOX 43651 BIRMINGHAM, AL 35243	63-1256035	501(C)(3)	90,483.	0.			GENERAL SUPPORT
CENTER FOR EXECUTIVE LEADERSHIP 200 UNION HILL DRIVE STE 200 BIRMINGHAM, AL 35209	63-1263584	501(C)(3)	22,000.	0.			GENERAL SUPPORT
CAPSTONE RURAL HEALTH CENTER 5947 HIGHWAY 269 PARRISH, AL 35580	63-1276483	501(C)(3)	100,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
RAILROAD PARK FOUNDATION P.O. BOX 13691 APT 105 BIRMINGHAM, AL 35202	63-1280818	501(C)(3)	22,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
THE HEALING PLACE 2409 WILDWOOD MUSCLE SHOALS, AL 35661-6407	63-1285227	501(C)(3)	25,000.	0.			GENERAL SUPPORT
REJOICE & HOPE MINISTRIES INTERNATIONAL INC - 1512 ALEX DRIVE - BIRMINGHAM, AL 35210-4539	63-1287535	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OAK MOUNTAIN MISSIONS MINISTRIES 2699 PELHAM PARKWAY PELHAM, AL 35124	63-1288041	501(C)(3)	6,998.	0.			GENERAL SUPPORT
AUBURN UNIVERSITY 317 SOUTH COLLEGE STREET AUBURN UNIVERSITY, AL 36849	63-6000724	SCHOOL/COL	45,700.	0.			SCHOLARSHIPS
TARRANT CITY BOARD OF EDUCATION 1318 ALABAMA STREET TARRANT, AL 35217	63-6001122	SCHOOL/COL	35,000.	0.			2022 SAIL PROGRAMMATIC SUPPORT

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UNIVERSITY OF ALABAMA 355 ROSE ADMINISTRATION BOX 870123 TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	359,988.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS+ SCHOLARSHIPS
BIRMINGHAM PUBLIC LIBRARY 2100 PARK PLACE BIRMINGHAM, AL 35203	63-6001201	GOVERNMENT	16,500.	0.			GENERAL SUPPORT
CITY OF MOUNTAIN BROOK 56 CHURCH STREET BIRMINGHAM, AL 35213	63-6001325	GOVERNMENT	7,000.	0.			GENERAL SUPPORT
CITY OF ONEONTA 202 3RD AVENUE EAST ONEONTA, AL 35121	63-6001333	501(C)(3)	50,000.	0.			GENERAL SUPPORT
TOWN OF MORRIS 8304 STOUTS ROAD MORRIS, AL 35116	63-6001997	501(C)(3)	35,000.	0.			GENERAL SUPPORT
SHADES CREST BAPTIST CHURCH 452 PARK AVENUE BIRMINGHAM, AL 35226	63-6004839	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MOUNTAIN BROOK SCHOOLS 3785 JACKSON BLVD BIRMINGHAM, AL 35213	63-6005319	501(C)(3)	14,698.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH AB 1230 UAB ADVANCEMENT - GIFT RECORDS - BIRMINGHAM, AL	63-6005396	501(C)(3)	502,757.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS + SCHOLARSHIPS
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 36849	63-6022422	501(C)(3)	50,000.	0.			THE COLLEGE OF ENGINEERING'S JAMES WADSWORTH FOUNDATION

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LINLY HEFLIN UNIT INDIVIDUAL GIFTS 13 OFFICE PARK CIRCLE SUITE 8 - BIRMINGHAM, AL 35223	63-6047968	501(C)(3)	16,806.	0.			GENERAL SUPPORT
BIRMINGHAM HISTORICAL SOCIETY ONE SLOSS QUARTERS BIRMINGHAM, AL 35222	63-6050611	501(C)(3)	6,500.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
ALABAMA EDUCATIONAL TELEVISION FOUNDATION AUTHORITY/ALABAMA PUBLIC TELEVISION - 2112 11TH AVE S STE 400 - BIRMINGHAM, AL	63-6050895	501(C)(3)	8,929.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
KATE DUNCAN SMITH DAR SCHOOL 6077 MAIN STREET GRANT, AL 35747	63-6052700	501(C)(3)	5,050.	0.			GENERAL SUPPORT
TEMPLE BETH-EL P.O. BOX 550220 BIRMINGHAM, AL 35255	63-6054787	501(C)(3)	7,000.	0.			\$3,000 FOR GENERAL SUPPORT AND \$1,000 FOR THE CIVIL RIGHTS MEDIA PROJECT
BIRMINGHAM KIWANIS FOUNDATION 2019 4TH AVENUE NORTH BIRMINGHAM, AL 35203	63-6056848	501(C)(3)	43,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
BAPTIST HEALTH FOUNDATION 1130 22ND STREET SOUTH/SUITE 3200 BIRMINGHAM, AL 35205	63-6062097	501(C)(3)	35,044.	0.			GENERAL SUPPORT
RED MOUNTAIN GARDEN CLUB 814 EUCLID AVE BIRMINGHAM, AL 35213	63-6063951	501(C)(3)	6,121.	0.			GENERAL SUPPORT
UAB EDUCATIONAL FOUNDATION 1717 11TH AVENUE S STE 103-A BIRMINGHAM, AL 35205	63-6155094	501(C)(3)	116,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS

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MISSISSIPPI STATE UNIVERSITY FOUNDATION, INC. - PO BOX 6149 - MISSISSIPPI STATE, MS 39762	64-0410581	501(C)(3)	50,000.	0.			GENERAL SUPPORT
GREATER NEW ORLEANS FOUNDATION 919 ST CHARLES AVE NEW ORLEANS, LA 70130	72-0408921	501(C)(3)	25,100.	0.			GENERAL SUPPORT
LOVELADY CENTER/FREEDOM RAIN 7916 2ND AVE S BIRMINGHAM, AL 35206	72-1344856	501(C)(3)	14,821.	0.			GENERAL SUPPORT
EYESIGHT FOUNDATION OF ALABAMA 700 18TH ST SOUTH STE 123 BIRMINGHAM, AL 35233	72-1378980	501(C)(3)	20,092.	0.			GENERAL SUPPORT
FRESHWATER LAND TRUST P.O. BOX 337 BIRMINGHAM, AL 35201	72-1387424	501(C)(3)	307,250.	0.			GENERAL SUPPORT
BLACK WARRIOR RIVERKEEPER 712 37TH STREET SOUTH BIRMINGHAM, AL 35222	72-1537394	501(C)(3)	19,014.	0.			GENERAL SUPPORT
BATON ROUGE AREA FOUNDATION 100 NORTH ST STE 900 BATON ROUGE, LA 70802-5264	72-6030391	501(C)(3)	18,000.	0.			GENERAL SUPPORT
HOUSTON METHODIST HOSPITAL FOUNDATION - PO BOX 4384 - HOUSTON, TX 77210	74-1180155	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL TEXAS - 1315 BARBARA JORDAN BLVD - AUSTIN, TX 78723	74-2277664	501(C)(3)	25,000.	0.			THE EXPANSION CAMPAIGN

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MET CHURCH 11301 NORTH RIVERSIDE DR. KELLER, TX 76244	75-2663287	501(C)(3)	13,912.	0.			GENERAL SUPPORT
REBUILDING TOGETHER HOUSTON PO BOX 15315 HOUSTON, TX 77220	76-0027902	501(C)(3)	12,500.	0.			GENERAL SUPPORT
ALABAMA HOLOCAUST EDUCATION CENTER P.O. BOX 130805 BIRMINGHAM, AL 35213	80-0955027	501(C)(3)	77,500.	0.			GENERAL SUPPORT
BIG SKY COMMUNITY ORGANIZATION PO BOX 161404 BIG SKY, MT 59716-1404	81-0520589	501(C)(3)	20,000.	0.			BASE
MISSION ALABAMA PO BOX 8236 BIRMINGHAM, AL 35218	81-0678615	501(C)(3)	20,000.	0.			THE FOOD DISTRIBUTION PROGRAM
HIGHLANDS COLLEGE 3660 GRANDVIEW PKWY STE 100 VESTAVIA, AL 35243	81-0863355	501(C)(3)	200,000.	0.			THE ETERNAL IMPACT CAMPAIGN, NAMING RIGHTS FOR CAMPUS GREEN
COMMUNITY CARE DEVELOPMENT NETWORK 1920 OLD SPRINGVILLE ROAD BIRMINGHAM, AL 35215	81-0955665	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HEARTS OF WHEELS 1332 AMERICANA DR BIRMINGHAM, AL 35215-4158	81-1570076	501(C)(3)	30,250.	0.			GENERAL SUPPORT
OFFENDER ALUMNI ASSOCIATION 1000 24TH ST S BIRMINGHAM, AL 35205	81-2141582	501(C)(3)	25,500.	0.			GENERAL SUPPORT

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MIKE SLIVE FOUNDATION FOR PROSTATE CANCER RESEARCH - PO BOX 530748 - BIRMINGHAM, AL 35253	81-2296439	501(C)(3)	7,180.	0.			GENERAL SUPPORT
LIFTING AS WE CLIMB FOUNDATION 857 CREST COVE HOOVER, AL 35226	81-2716891	501(C)(3)	10,000.	0.			THE BLACK RHINOS OF ALABAMA MENTORING PROGRAM
MEALS ON WHEELS OF CENTRAL ALABAMA PO BOX 320189 BIRMINGHAM, AL 35232-0189	81-3348268	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DETERMINED TO BE MENTOR AND LEADERSHIP (D2B) - 300 WINDSTONE LN - CHELSEA, AL 35043-9609	81-3817570	501(C)(3)	12,000.	0.			GENERAL SUPPORT
RUN BIKE AND SWIM INC. PO BOX 1661 BIRMINGHAM, AL 35201	81-3822487	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FHS FOOTBALL BOOSTER CLUB PO BOX 6225 FARMINGTON, NM 87499	81-4462993	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROBERT E. REED GASTROINTESTINAL ONCOLOGY RESEARCH FOUNDATION - P O BOX 530186 - BIRMINGHAM, AL 35253	82-0565754	501(C)(3)	23,500.	0.			GENERAL SUPPORT
GLOBAL ECONOMIC DIVERSITY DEVELOPMENT INITIATIVE CORP. - 140 N. 4TH ST. SUITE 843 - LOUISVILLE, KY 40202	82-0826628	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HOLY SPIRIT WIND MINISTRIES, INC. 6448 WATERS EDGE CIR BESSEMER, AL 35022-1639	82-0925515	501(C)(3)	12,365.	0.			GENERAL SUPPORT

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YELLOWHAMMER FUND BAD MAILING ADDRESS TUSCALOOSA, AL 35403	82-1822204	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOLLAND PROJECT 331 RIDGE AVENUE BESSEMER, AL 35020	82-1919401	501(C)(3)	50,000.	0.			GENERAL SUPPORT
PENNY FOUNDATION P.O. BOX 13181 BIRMINGHAM, AL 35203	82-3036091	501(C)(3)	8,000.	0.			GENERAL SUPPORT
SECOND SHIFT 2969 PELHAM PARKWAY SUITE H PELHAM, AL 35124	82-3802789	501(C)(3)	14,365.	0.			GENERAL SUPPORT
EXPOSURE COMMUNITY DEVELOPMENT CORPORATION - 1324 YUKON STREET - BIRMINGHAM, AL 35224	82-3983490	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ALABAMA STATE PARKS FOUNDATION 64 N UNION ST. STE. 538 MONTGOMERY, AL 36130	83-0540693	501(C)(3)	25,000.	0.			THE MARKETING CAMPAIGN TO BRING THE APPALACHIAN TRAIL TO ALABAMA
LEADERS OF EXCELLENCE INC. 25 WEST OXMOOR RD SUITE 23A BIRMINGHAM, AL 35209	83-1024099	501(C)(3)	16,984.	0.			GENERAL SUPPORT
I3 ACADEMY 1 55TH PL. S. BIRMINGHAM, AL 35212	83-1049224	501(C)(3)	141,800.	0.			GENERAL SUPPORT
A FRIEND OF MIND P.O. BOX 13273 BIRMINGHAM, AL 35202	83-1411599	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE HUNDRED SHARES BIRMINGHAM 3179 GREEN VALLEY ROAD 104 BIRMINGHAM, AL 35243-5239	83-1720820	501(C)(3)	6,000.	0.			GENERAL SUPPORT
LIFT UP THE VUNERABLE PO BOX 22027 NEW YORK, NY 10087-2027	83-1980124	501(C)(3)	7,400.	0.			GENERAL SUPPORT
PAINT ROCK FOREST RESEARCH CENTER 3402 ALTAMONT RD S BIRMINGHAM, AL 35205	83-2360973	501(C)(3)	46,250.	0.			GENERAL SUPPORT
BUSH HILLS CONNECTIONS 1203 BUSH CIR BIRMINGHAM, AL 35208	83-2443515	501(C)(3)	35,000.	0.			GENERAL SUPPORT
CROOM FOUNDATION 5014 15TH PLACE EAST TUSCALOOSA, AL 35404	83-2648430	501(C)(3)	13,000.	0.			GENERAL SUPPORT
HUB WORLDWIDE 5120 6TH AVE S BIRMINGHAM, AL 35212	83-3016132	501(C)(3)	35,500.	0.			2021 ABC COKE FUND TO PROVIDE SUPPLIES AND EQUIPMENT NEEDED FOR THE NORTHERN HEALTH CENTER
YOUTH REHABILITATION AND DEVELOPMENT PROGRAM OF ALABAMA - 13 OFFICE PARK CIR STE 4 - BIRMINGHAM, AL 35223	83-3704525	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ASPEN INSTITUTE 2300 N. STREET, NW-SUITE 700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	65,000.	0.			GENERAL SUPPORT
DENVER HOSPICE 501 S CHERRY STREET SUITE 700 DENVER, CO 80246	84-0743121	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE, B045 - AURORA, CO 80045	84-0813462	501(C)(3)	11,000.	0.			GENERAL SUPPORT + SPECIAL PROGRAMS
CREATE BIRMINGHAM 310 18TH ST N. SUITE 303 BIRMINGHAM, AL 35203	84-1631034	501(C)(3)	37,000.	0.			GENERAL SUPPORT
COMMUNITY SERVICES FOR VISION REHABILITATION - 600 BEL AIR BLVD. SUITE 110 - MOBILE, AL 36606	84-1669407	501(C)(3)	40,000.	0.			OPERATIONS AND TECHNOLOGY UPDATE
GLOBAL MEDIA OUTREACH 7160 DALLAS PKWY - STE 200 PLANO, TX 75024	84-1720344	501(C)(3)	30,000.	0.			GENERAL SUPPORT
THE GENERALS REDOUBT P. O. BOX 1097 LEXINGTON, VA 24450	84-1863901	501(C)(3)	5,500.	0.			GENERAL SUPPORT
IGNITE ALABAMA 928 46TH ST. ENSLEY BIRMINGHAM, AL 35208	84-2372949	501(C)(3)	50,000.	0.			GENERAL SUPPORT
VIDAL ACCESS 4025 WESTOVER ROAD STERRETT, AL 35147	84-2395170	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALABAMA ALLIANCE NETWORK 2130 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205	84-2410999	501(C)(3)	35,000.	0.			ANNUAL SUPPORT
FORGE BREAST CANCER SURVIVOR CENTER - 1321 19TH ST. S. - BIRMINGHAM, AL 35205	84-2441327	501(C)(3)	500,000.	0.			FORGE SURVIVORSHIP CENTER - 2021 GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRMINGHAM PROMISE 1500 1ST AVE. N. #R125 BIRMINGHAM, AL 35203	84-2830568	501(C)(3)	100,000.	0.			GENERAL SUPPORT
GOD DID IT MINISTRIES 105 CLOVERDALE DRIVE ALABASTER, AL 35007	84-2905914	501(C)(3)	11,000.	0.			GENERAL SUPPORT
BIRMINGHAM TALKS 351 24TH ST N UNIT 785 BIRMINGHAM, AL 35201-5061	84-2967401	501(C)(3)	60,000.	0.			GENERAL SUPPORT
ST. CLAIR COMMUNITY HEALTH CLINIC 205 EDWIN HOLLADAY STE. 125 PELL CITY, AL 35125	85-0632695	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WORKSFIRST P.O. BOX 660974 BIRMINGHAM, AL 35266	85-0938108	501(C)(3)	8,000.	0.			GENERAL SUPPORT
BESSEMER REDEVELOPMENT CORP. 2625 5TH AVE. NORTH BUILDING C BESSEMER, AL 35020	85-1601510	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FRUIT OF EDEN 1216 #3 WILLOWBROOK DR. HUNTSVILLE, AL 35802	85-2886179	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SAVE THE FAMILY FOUNDATION OF ARIZONA - 125 E UNIVERSITY DR - MESA, AZ 85201-5929	86-0710822	501(C)(3)	12,000.	0.			ON BEHALF OF TW METALS
TEAM ROWLAND 720 RESTORATION DR HOOVER, AL 35226-2040	86-2738708	501(C)(3)	12,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER AWARENESS NETWORK FOR CHILDREN, INC. - 209 LAKEWOOD CIR - ADAMSVILLE, AL 35005	87-0714256	501(C)(3)	13,000.	0.			GENERAL SUPPORT
BREAKTHROUGH COLLABORATIVE 1914 4TH AVE NORTH STE 330 BIRMINGHAM, AL 35203	94-3140620	501(C)(3)	45,000.	0.			2021 SAIL PROGRAMMING (BREAKTHROUGH BIRMINGHAM)
AFTER-SCHOOL ALL STARS 5900 WILSHIRE BOULEVARD SUITE 2000 LOS ANGELES, CA 90036	95-4441208	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SLOSS FURNACES FOUNDATION, INC. 20 32ND STREET NORTH BIRMINGHAM, AL 35222	95-4895476	501(C)(3)	11,000.	0.			GENERAL SUPPORT

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	26	86,200.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION MONITORS THE PROGRESS OF ITS AWARDED GRANTS BY REQUIRING AN UPDATE REPORT FROM THE GRANTEE SIX MONTHS AFTER THE AWARD, AND ADDITIONAL REPORTS EACH SIX MONTHS UNTIL ALL FUNDS AWARDED HAVE BEEN EXPENDED. ADDITIONAL AWARDS WILL NOT BE MADE IF REPORTS ARE OUTSTANDING. ALL CHECKS FOR SCHOLARSHIPS ARE SENT DIRECTLY TO THE FINANCIAL AID OFFICES AFTER WE HAVE RECEIVED VERIFICATION OF ENROLLMENT. THE INSTITUTION IS REQUESTED TO REFUND DIRECTLY TO US ANY UNUSED PORTION OF THE AMOUNT AWARDED, AND TO NOTIFY US IF THE STUDENT'S STATUS CHANGES FROM FULL-TIME.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BIRMINGHAM URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF TWO COVID-19 VACCINATION
CLINICS EQUALLY (MEDS PLUS CONSULTING CLINICS AND THE BIRMINGHAM AIRPORT
CLINIC BY DR. CELESTE REESE)

NAME OF ORGANIZATION OR GOVERNMENT: HUB WORLDWIDE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2021 ABC COKE FUND TO PROVIDE
SUPPLIES AND EQUIPMENT NEEDED FOR THE NORTHERN HEALTH CENTER AND THE
NORTHSIDE DENTAL CLINIC

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

Employer identification number

63-1209631

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Schedule J (Form 990) 2021

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER NANNI PRESIDENT/CEO	(i)	184,580.	0.	0.	9,666.	23,141.	217,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM PARTICIPATES IN THE SALARY
AND BENEFITS SURVEY THAT IS CONDUCTED ANNUALLY BY THE COUNCIL ON
FOUNDATIONS. SALARY LEVELS OF ALL STAFF MEMBERS ARE COMPARED TO SALARY
LEVELS OF OUR PEERS IN OUR ASSET SIZE. THE EXECUTIVE AND FINANCE
COMMITTEES APPROVE THE BUDGET WHICH INCLUDES ALL STAFF SALARIES AND
FORWARDS ON TO THE FULL BOARD FOR THEIR APPROVAL.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM** Employer identification number **63-1209631**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	152	8,991,966.	FMV OR ESTIMATE
10 Securities - Closely held stock	X	5	1,108,649.	FMV OR ESTIMATE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM

Employer identification number
63-1209631

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE LEVERAGE DONOR GIVING TO MEET COMMUNITY NEEDS FOREVER.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AFTER LOCAL NON-PROFITS EXPERIENCED SOME STABILITY SINCE THE START OF
THE COVID-19 CRISIS, CFGB'S BOARD SUSPENDED CRITICAL EMERGENCY FUNDING
AND RESUMED THE NORMAL COMPETITIVE GRANTMAKING PROCESS BASED ON THE
FOUNDATION'S FOCUS AREAS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS ADOPTED THE POLICY THAT THE AUDIT COMMITTEE OF
THE BOARD WILL FIRST REVIEW A DRAFT OF THE FORM 990. THE DRAFT IS THEN
SENT TO THE FULL BOARD. THE PRESIDENT WILL SIGN THE FINAL DOCUMENT. COPIES
OF THE FORM 990 ARE DISTRIBUTED TO THE FULL BOARD AND THEN THE FORM 990 IS
FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND COMPLETED ANNUALLY BY BOTH
THE STAFF AND BOARD MEMBERS. ALL CONFLICTS OF INTERESTS ARE DISCLOSED AND
THE RESPECTIVE MEMBER RECUSES HIM/HERSELF FROM THE DISCUSSION AND VOTING.
ALL ACTIONS ARE RECORDED IN THE MINUTES OF THE MEETING(S) DURING WHICH THE
ISSUE IS DISCUSSED AND DECIDED.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM PARTICIPATES IN THE SALARY
AND BENEFITS SURVEY THAT IS CONDUCTED ANNUALLY BY THE COUNCIL ON

Name of the organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Employer identification number 63-1209631
---	---

FOUNDATIONS. SALARY LEVELS OF ALL STAFF MEMBERS ARE COMPARED TO SALARY LEVELS OF OUR PEERS IN OUR ASSET SIZE. THE EXECUTIVE AND FINANCE COMMITTEES APPROVE THE BUDGET WHICH INCLUDES ALL STAFF SALARIES AND FORWARDS ON TO THE FULL BOARD FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE COPIES OF GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO THE PUBLIC. THE FINANCIAL STATEMENTS AND IRS FORMS 990 AND 990-T ARE POSTED TO THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN/(LOSS) ON INTEREST IN PERPETUAL TRUST	635,416.
ACTUARIAL GAIN (LOSS) ON ANNUITY OBLIGATIONS	69,432.
AGENCY ENDOWMENT CURRENT YEAR ACTIVITY RECORDED FOR TAX NOT ON BOOKS	-1,575,773.
TOTAL TO FORM 990, PART XI, LINE 9	-870,925.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION MADE NO CHANGES TO ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM** Employer identification number **63-1209631**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHARITABLE REAL ESTATE FOUNDATION - 20-1560119, 2100 FIRST AVENUE NORTH, BIRMINGHAM, AL 35203	ASSISTING DONORS WITH DONATIONS OF REAL PROPERTY	ALABAMA	501(C)3	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER	X	
THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - TRUST - 63-6019864, 2100 FIRST AVENUE NORTH, BIRMINGHAM, AL 35203	TRUST	ALABAMA	501(C)3	170(B)(A)(VI)	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

**THE COMMUNITY FOUNDATION OF GREATER
BIRMINGHAM**

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REAL ESTATE FOUNDATION	C	14,800.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CHARITABLE REAL ESTATE FOUNDATION

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER BIRMINGHAM

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2100 1ST AVENUE NORTH, 700</p> <p>City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35203</p>	<p>D Employer identification number 63-1209631</p> <p>E Group exemption number (see instructions) 8143</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 299,631,425.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **CHRIS LUKETIC** Telephone number ▶ **205-327-3815**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	13,874.
2 Reserved	2	
3 Add lines 1 and 2	3	13,874.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	13,874.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	13,874.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	12,874.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,704.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,704.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		2,704.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		2,704.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	1,488.	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	14,000.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		15,488.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		12,784.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 12,784. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **MEGAN RANDOLPH** Preparer's signature: _____ Date: **09/27/22** Check if self-employed PTIN: **P00989558**

Firm's name: **WARREN AVERETT, LLC** Firm's EIN: **45-4084437**

Firm's address: **2500 ACTON ROAD BIRMINGHAM, AL 35243** Phone no. **205-979-4100**

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	B Employer identification number 63-1209631
C Unrelated business activity code (see instructions) ▶ 211110	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **OIL AND GAS EXTRACTION**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement) STMT 1		12 23,287.		23,287.
13 Total. Combine lines 3 through 12		13 23,287.		23,287.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6		574.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion		9		3,493.
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement) SEE STATEMENT 2		14		5,346.
15 Total deductions. Add lines 1 through 14		15		9,413.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		13,874.
17 Deduction for net operating loss. See instructions		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		13,874.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

FORM 990-T (A)

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

ROYALTY INCOME

23,287.

TOTAL TO SCHEDULE A, PART I, LINE 12

23,287.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

EXTRACTION EXPENSES

5,346.

TOTAL TO SCHEDULE A, PART II, LINE 14

5,346.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Taxpayer identification number (TIN) 63-1209631
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 1ST AVENUE NORTH, 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35203	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CHRIS LUKETIC

- The books are in the care of ▶ **2100 1ST AVENUE N., STE 700 - BIRMINGHAM, AL 35203**

Telephone No. ▶ **205-327-3815** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM	Taxpayer identification number (TIN) 63-1209631
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 1ST AVENUE NORTH, 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35203	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CHRIS LUKETIC

- The books are in the care of ▶ **2100 1ST AVENUE N., STE 700 - BIRMINGHAM, AL 35203**

Telephone No. ▶ **205-327-3815** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Corporation Income Tax Return

For the year January 1 - December 31, 2021, or other tax year beginning , ending

<p>Check applicable box:</p> <p><input type="checkbox"/> PL 86-272</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Federal audit change</p>	<p>FEDERAL BUSINESS CODE NUMBER • 211120</p> <p>FEDERAL EMPLOYER IDENTIFICATION NUMBER • 63-1209631</p> <p>NAME • THE COMMUNITY FOUNDATION OF GREATER BIRM</p> <p>ADDRESS • 2100 1ST AVENUE NORTH SUITE, FLOOR, ETC •</p> <p>CITY STATE COUNTRY (IF NOT U.S.) 9-DIGIT ZIP CODE • BIRMINGHAM • AL • 35203</p> <p>CHECK ONLY ONE BOX. The taxpayer files the following form for federal purposes: <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 1120-REIT <input type="checkbox"/> 990/990T <input type="checkbox"/> Other</p> <p>This company files as part of <input type="checkbox"/> consolidated federal group <input type="checkbox"/> consolidated Alabama group</p> <p>Federal Parent Name: _____ FEIN • _____ Alabama Parent Name: _____ FEIN • _____</p> <p><input type="checkbox"/> 2220AL Attached <input type="checkbox"/> Schedule of Adjustments to FTI</p>	<p>Filing Status: (see instructions)</p> <p><input checked="" type="checkbox"/> 1. Corporation operating only in Alabama.</p> <p><input type="checkbox"/> 2. Multistate Corporation - Apportionment (Sch. D-1).</p> <p><input type="checkbox"/> 3. Multistate Corporation - Percentage of Sales (Sch. D-2).</p> <p><input type="checkbox"/> 4. Multistate Corporation - Separate Accounting (Prior written approval required and must be attached).</p> <p><input type="checkbox"/> 5. Proforma Return - files as part of Alabama Affiliated Group.</p>
---	--	--

1 FEDERAL TAXABLE INCOME (see instructions)	1 • 13,874
2 Federal Net Operating Loss (included in line 1)	2 •
3 Reconciliation adjustments (from line 26, Schedule A)	3 • -2,337
4 Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	4 • 11,537
5 Net nonbusiness (income)/loss - Everywhere (from Schedule C, line 2, col. E)	5 •
6 Apportionable income (add lines 4 and 5)	6 • 11,537
7 Alabama apportionment factor (from line 9, Schedule D-1)	7 • 100.0000 %
8 Income apportioned to Alabama (multiply line 6 by line 7)	8 • 11,537
9 Net nonbusiness income/(loss) - Alabama (from Schedule C, line 2, col. F)	9 •
10 Alabama income before federal income tax deduction (line 8 plus line 9)	10 • 11,537
11a Federal income tax deduction/(refund) (from line 12, Schedule E)	11a • 2,704
11b Small Business Health Insurance Premiums (see instructions)	11b •
12 Alabama income before net operating loss (NOL) carryforward (line 10 less lines 11a and b)	12 • 8,833
13 Alabama NOL deduction (see instructions)	13 •
14 Alabama taxable income (line 12 less line 13)	14 • 8,833
15 Alabama Income Tax (6.5% of line 14)	15 • 574
16 LIFO Reserve Tax Deferral (see instructions)	16 •
17 Alabama Income Tax after LIFO Reserve Tax Deferral (line 15 less line 16)	17 • 574
18 Nonrefundable Credits (from Schedule BC, Section E, line E3)	18 •
19 Net tax due Alabama (line 17 less line 18)	19 • 574
20 Payments:	
a Carryover from prior year	20a • 578
b Current year's estimated tax payments	20b • 3,700
c Current year's Composite Payment(s)/Electing Pass-Through Entity Credit(s) from Schedule CP-B, line 3 (see instructions)	20c •
d Extension payment	20d •
e Payments prior to adjustment	20e •
f Refundable credits (from Schedule BC, Section F, line F3)	20f •
g Total Payments (add lines 20a through 20f)	20g • 4,278
21 Reductions/applications of overpayments	
a Credit to subsequent year's estimated tax	21a • 3,704
b Penny Trust Fund	21b •
c Penalty due (see instructions) Late Payment Estimate <input type="checkbox"/> Other <input type="checkbox"/>	21c •
d Interest due (see instructions) Estimate Interest <input type="checkbox"/> Interest on Tax <input type="checkbox"/>	21d •
e Total reductions (total lines 21a, b, c and d)	21e • 3,704
22 Total amount due/(refund) (line 19 less 20g, plus 21e)	22 • 0

UNLESS A COPY OF THE FEDERAL RETURN IS ATTACHED, THIS RETURN WILL BE CONSIDERED INCOMPLETE. (SEE ALSO PAGE 4, OTHER INFORMATION, NO. 5.)

If you paid electronically check here:

• I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature	Title	Date
		205-327-3800
		Daytime Telephone No.



Schedule C Allocation of Nonbusiness Income, Loss, and Expense - *Use only if you checked Filing Status 2, page 1*

Identify by account name and amount, all items of nonbusiness income, loss and expense removed from apportionable income and those items which are directly allocable to Alabama. **Adjustment(s) must also be made for any proration of expenses under Alabama Income Tax Rule 810-27-1-.01**, which states, "Any allowable deduction that is applicable to both business and nonbusiness income of the taxpayer shall be prorated to each class of income in determining income subject to tax as provided..." (See instructions.)

DIRECTLY ALLOCABLE ITEMS OF NONBUSINESS INCOME OR LOSS	ALLOCABLE GROSS INCOME / LOSS		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere	Column F Alabama
1a ●	●	●	●	●	●	●
b ●	●	●	●	●	●	●
c ●	●	●	●	●	●	●
d ●	●	●	●	●	●	●
e ●	●	●	●	●	●	●
2 NET NONBUSINESS INCOME / LOSS					Column E	Column F
Enter Col E total ((income)/loss) on line 5 of page 1. Enter Col F total (income/(loss)) on line 9 of page 1					●	●

Schedule D-1 Apportionment Factor - *Use only if Filing Status 2 or Filing Status 5, page 1 with Multi-State Operations - Amounts must be Positive (+) Values*

SALES	ALABAMA		EVERYWHERE		
1 Gross receipts from sales	●		●		
2 Dividends	●		●		
3 Interest	●		●		
4 Rents	●		●		
5 Royalties	●		●		
6 Gross proceeds from capital and ordinary gains	●		●		
7 Other ● (Federal 1120, line ●)	●		●		
8 Total Sales	8a ●		8b ●		
9 Line 8a/8b = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 7, page 1)					9 ● %

Schedule D-2 Percentage of Sales - *Use only if you checked Filing Status 3, page 1 - See instructions*

DO NOT USE THIS SCHEDULE IF ALABAMA SALES EXCEED \$100,000.

	ALABAMA	EVERYWHERE
1 Gross receipts from sales	●	●
2 Tax due (multiply line 1, Alabama by .0025) (enter here and on page 1, line 15)	●	

**Schedule E** Federal Income Tax (FIT) Deduction/(Refund)

Only method 1552(a)(1) can be used to calculate the Federal Income Tax Deduction.

(a) If this corporation is an accrual-basis taxpayer and files a separate (nonconsolidated) federal income tax return with the IRS, skip to line 6 and enter the amount of **federal income tax liability** shown on Form 1120.

(b) If this corporation is a cash-basis taxpayer and files a separate (nonconsolidated) federal income tax return with the IRS, skip to line 6 and

enter the amount of **federal income tax paid** during the year.

(c) If this corporation is a member of an affiliated group which files a consolidated federal return, enter the separate company income from line 30 of the proforma 1120 for this company on line 1. You must complete lines 1-5 before moving on to line 6.

Items excluded from Alabama Taxable Income must be added to adjusted total income on line 8b to calculate the Federal Income Tax deduction. (This includes any amounts listed on Schedule A lines 13, 14, 17, 18, and 19).

1	This company's separate federal taxable income	1	•	
2	Total positive consolidated federal taxable income	2	•	
3	This company's percentage (divide line 1 by line 2)	3	•	%
4	Consolidated federal income tax (liability/payment)	4	•	
5	Federal income tax for this company (multiply line 3 by line 4)	5	•	
6	Federal income tax to be apportioned	6	•	2,704
7	Alabama income, page 1, line 10	7	•	11,537
8a	Adjusted total income, page 1, line 4	8a	•	11,537
8b	Income excluded from Alabama Taxable Income (include any amounts listed on Schedule A lines 13, 14, 17, 18, and 19) ...	8b	•	
8c	Adjusted Total Income including items excluded from Alabama Taxable Income (Add lines 8a and 8b)	8c	•	11,537
9	Federal income tax ratio (divide line 7 by line 8c)	9	•	100.0000 %
10	Federal income tax apportioned to Alabama (multiply line 6 by line 9)	10	•	2,704
11	Less refunds or adjustments	11	•	
12	Net federal income tax deduction / <refund> (enter here and on Page 1, line 11a)	12	•	2,704

Other Information

- Briefly describe your Alabama operations. • COMMUNITY FOUNDATION
- List locations of property within Alabama (cities and counties). • BIRMINGHAM, JEFFERSON COUNTY
- List other states in which corporation operates, if applicable. • N/A
- Indicate your tax accounting method:
• Accrual • Cash • Other • _____
- If this corporation is a member of an affiliated group which files a consolidated federal return, the following information **must be provided**:
(a) **Copy of Federal Form 851, Affiliations Schedule.** Identify by asterisk or underline the names of those corporations subject to tax in Alabama.
(b) **Signed copy of consolidated Federal Form 1120, pages 1-6,** as filed with the IRS.
(c) **Copy of the spreadsheet of income statements; all supporting schedules for all legal entities that file as part of the consolidated federal group** including (but not limited to) a copy of the spreadsheet of income statements (which includes a separate column that identifies the eliminations and adjustments used in completing the federal consolidated return), beginning and ending balance sheets, Schedule M-3 for the entire federal consolidated group.
(d) **Copy of federal Schedule K-1** for each tax entity that the corporation holds an interest in at any time during the taxable year.
(e) **Copy of federal Schedule(s) UTP.**
- Enter this corporation's federal net income (see inst. for page 1, line 1) for the last three (3) years, as last determined (e.g.: per amended federal return or IRS audit).
2020 • 59,551 2019 • -4,495 2018 • 88,812
- Check if currently being audited by the IRS. • If so, enter the periods: • _____
- Location of the corporate records: Street address: • 2100 1ST AVENUE N., STE 700
City: • BIRMINGHAM State: • AL ZIP: • 35203
- Person to contact for information concerning this return:
Name: • CHRIS LUKETIC Email Address: • CLUKETIC@CFBHAM Telephone: • 205-327-3815
- Files Business Privilege Tax Return. • FEIN: • _____
- State of Incorporation: • ALABAMA Date of Incorporation: • _____ Date Qualified in Alabama: • _____
Nature of business in Alabama: • COMMUNITY FOUND

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Tax Identification Number
	Firm's name (or yours, if self-employed) and address	Tel. No.	E.I. No.	ZIP Code
	• <u>WARREN AVERETT, LLC</u> • <u>2500 ACTON ROAD BIRMINGHAM, AL</u>	• <u>09/20/22</u>	• <input type="checkbox"/>	• <u>P00989558</u> • <u>45-4084437</u> • <u>35243</u>



ALABAMA 20C - 2021 THE COMMUNITY FOUNDATION OF GREATER BIRM 63-1209631

Non-payment returns, Alabama Department of Revenue
mail to: Income Tax Administration Division
Corporate Tax Section
PO Box 327430
Montgomery, AL 36132-7430

Payment returns, mail with Alabama Department of Revenue
payment voucher (Form BIT-V) to: Income Tax Administration Division
Corporate Tax Section
PO Box 327435
Montgomery, AL 36132-7435

Federal audit change Alabama Department of Revenue
returns, mail to: Income Tax Administration Division
Corporate Tax Section
PO Box 327451
Montgomery, AL 36132-7451