



Corporation Income Tax Return

For the year January 1 - December 31, 2017, or other tax year beginning , ending

Check applicable box: <input type="checkbox"/> PL 86-272 <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change	FEDERAL BUSINESS CODE NUMBER • 211120		FEDERAL EMPLOYER IDENTIFICATION NUMBER • 63-1209631	
	NAME • THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM			
	ADDRESS • 2100 1ST AVENUE NORTH			
	CITY, STATE, COUNTRY (IF NOT U.S.) • BIRMINGHAM AL		9-DIGIT ZIP CODE • 35203	
	STATE OF INCORPORATION • ALABAMA	DATE OF INCORP	DATE QUAL IN AL	NATURE OF BUSINESS IN ALABAMA • COMMUNITY FOUND
	<input type="checkbox"/> This company files as part of a consolidated federal return. <input type="checkbox"/> Common parent corporation: (See page 4, "Other Information," number 5.)			
	Name		FEIN	
	<input type="checkbox"/> Notification of Final IRS change	<input type="checkbox"/> Federal Form 1120-REIT filed	<input type="checkbox"/> 2220AL Attached	

Filing Status: (see instructions)

1. Corporation operating only in Alabama.

2. Multistate Corporation - Apportionment (Sch. D-1).

3. Multistate Corporation - Percentage of Sales (Sch. D-2).

4. Multistate Corporation - Separate Accounting (Prior written approval required and must be attached).

5. Proforma Return - files as part of Alabama Affiliated Group.

1 FEDERAL TAXABLE INCOME (see instructions)	11,975
2 Federal Net Operating Loss (included in line 1)	14,227
3 Reconciliation adjustments (from line 26, Schedule A)	-7,585
4 Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	18,617
5 Net nonbusiness (income)/loss - Everywhere (from Schedule C, line 2, col. E)	
6 Apportionable income (add lines 4 and 5)	18,617
7 Alabama apportionment factor (from line 27, Schedule D-1)	100.0000 %
8 Income apportioned to Alabama (multiply line 6 by line 7)	18,617
9 Net nonbusiness income/(loss) - Alabama (from Schedule C, line 2, col. F)	
10 Alabama income before federal income tax deduction (line 8 plus line 9)	18,617
11a Federal income tax deduction/(refund) (from line 12, Schedule E)	1,796
b Small Business Health Insurance Premiums (see instructions)	
12 Alabama income before net operating loss (NOL) carryforward (line 10 less lines 11a and b)	16,821
13 Alabama NOL deduction (see instructions)	16,821
14 Alabama taxable income (line 12 less line 13)	0
15 Alabama Income Tax (6.5% of line 14)	0
16 Tax Payments, Credits, and Deferral:	
a Carryover from prior year (2016)	16a
b 2017 estimated tax payments	16b
c 2017 composite payment(s) made on behalf of this entity (see instructions)	16c
Paid by FEIN	
d Extension payment	16d
e Payments prior to adjustment	16e
f Credits (from Section E, line E3, Schedule BC)	16f
g LIFO Reserve Tax Deferral (see instructions)	16g
h Total Payments, Credits, and Deferral (add lines 16a through 16g)	16h
17 Reductions/applications of overpayments:	
a Credit to 2018 estimated tax	17a
b Penny Trust Fund	17b
c Penalty due (see instructions)	17c
Late Payment Estimate	
Other	
d Interest due (see instructions)	17d
Estimate Interest	
Interest on Tax	
e Total reductions (total lines 17a, b, c and d)	17e
18 Total amount due/(refund) (line 15 less 16h, plus 17e)	18 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. 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.

Please Sign Here: Signature: Warren Averett Title: PRESIDENT & CEO Date: 8-29-2018 Daytime Telephone No.: 205-327-3800

Paid Preparer's Use Only: Preparer's signature: Warren Averett Date: 07/31/18 Check if self-employed: Preparer's Tax Identification Number: P00989558

Firm's name (or yours, if self-employed) and address: WARREN AVERETT, LLC Tel. No.: 205-979-4100 E.I. No.: 45-4084437

2500 ACTON ROAD BIRMINGHAM, AL ZIP Code: 35243



Schedule A Reconciliation Adjustments of Federal Taxable Income to Alabama Taxable Income

§40-18-33. Code of Alabama 1975, defines Alabama Taxable Income as federal taxable income without the benefit of the federal net operating loss plus specific additions and less specific deductions. The specific additions and deductions are reflected in the lines provided below. Other reconciliation items include transition adjustments to prevent duplicate deduction or duplicate taxation of items previously deducted or reported on Alabama income tax returns.

ADDITIONS

Table with 10 rows for additions. Line 10: Total additions (add lines 1 through 9) equals 7,585.

DEDUCTIONS

Table with 26 rows for deductions. Line 25: Total deductions (add lines 11 through 24) equals 7,585. Line 26: TOTAL RECONCILIATION ADJUSTMENTS (subtract line 25 from line 10 above) equals -7,585.

Schedule B Alabama Net Operating Loss Carryforward Calculation (§40-18-35.1, Code of Alabama 1975)

Table with 5 columns: Column 1 (Loss Year End MM/DD/YYYY), Column 2 (Amount of Alabama net operating loss), Column 3 (Amount used in years prior to this year), Column 4 (Amount used this year), Column 5 (Remaining unused net operating loss). Row 1: 12/31/2015, 35,176, 7,033, 16,821, 11,322. Total: 16,821.



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.)

Table with 7 columns: DIRECTLY ALLOCABLE ITEMS OF NONBUSINESS INCOME OR LOSS, ALLOCABLE GROSS INCOME / LOSS (Column A Everywhere, Column B Alabama), RELATED EXPENSE (Column C Everywhere, Column D Alabama), NET OF RELATED EXPENSE (Column E Everywhere, Column F Alabama). Rows 1a-e.

2 NET NONBUSINESS INCOME / LOSS 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 Multistate Operations - Amounts must be Positive (+) Values

Table for Apportionment Factor. Columns: TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME, ALABAMA (BEGINNING OF YEAR, END OF YEAR), EVERYWHERE (BEGINNING OF YEAR, END OF YEAR). Rows 1-14 including Inventories, Land, Furniture, Machinery, Buildings, etc.

15 SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME 15a ALABAMA 15b EVERYWHERE 15c

Table for SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME. Columns: SALES (ALABAMA, EVERYWHERE), 15a ALABAMA, 15b EVERYWHERE, 15c. Rows 16-26 including Destination sales, Origin sales, Dividends, Interest, Rents, Royalties, etc.

27 Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 7, page 1)

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

Table for Percentage of Sales. Columns: DO NOT USE THIS SCHEDULE IF ALABAMA SALES EXCEED \$100,000, ALABAMA, EVERYWHERE. Rows 1-4 including Destination Sales, Origin Sales, Total gross receipts from sales, Tax due.



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

(a) If this corporation is an accrual-basis taxpayer and files a separate (non-consolidated) federal income tax return with the IRS, skip to line 6 and enter the amount of federal income tax liability shown on Form 1120. Cash-basis taxpayers filing separate (nonconsolidated) federal returns should enter on line 6 below the amount of federal income tax actually paid during the year.

If this corporation is a member of an affiliated group which files a consolidated federal return, enter separate company income from line 30 of the proforma 1120 for this company on line 1 per 1552(a)(1) election.

Alternative Minimum Tax (AMT) paid? • Yes • No

(b) Only Method 1552(a)(1) can be used to calculate the Federal Income Tax Deduction. Enter on line 6 the amount of the consolidated tax liability allocated to this corporation from line 5.

Note: If AMT is paid for this year, use Alternative Minimum Taxable Income to determine lines 1 and 2 or line 6 below.

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	•	1,796.
7	Alabama income, page 1, line 10	7	•	18,617.
8	Adjusted total income, page 1, line 4	8	•	18,617.
9	Federal income tax ratio (divide line 7 by line 8)	9	•	100.0000 %
10	Federal income tax apportioned to Alabama (multiply line 6 by line 9)	10	•	1,796.
11	Less refunds or adjustments	11	•	
12	Net federal income tax deduction / <refund>	12	•	1,796.

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**:
 - Copy of Federal Form 851, Affiliations Schedule. Identify by asterisk or underline the names of those corporations subject to tax in Alabama.
 - Signed copy of consolidated Federal Form 1120, pages 1-5, as filed with the IRS.
 - 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.
 - Copy of federal Schedule K-1 for each tax entity that the corporation holds an interest in at any time during the taxable year.
 - Copy of federal Schedule(s) UTP.
- Enter this corporation's federal net income (see instructions for page 1, line 1) for the last three (3) years, as last determined (e.g.: per amended federal return or IRS audit).
 2016 • 11,780. 2015 • -26,007. 2014 • 88,531.
- Check if currently being audited by the IRS. •
- 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: • TERRI EPTING Email Address: • TEPTING@CFBHAM. Telephone: • 205-327-3800
- If this entity filed an Alabama Business Privilege tax return under a different FEIN than the one listed on this Form 20C, please enter that number here: • _____

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

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

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

2017

For calendar year 2017 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).**

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

Department of the Treasury
Internal Revenue Service

<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)</p>	Print or Type	<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, NO. 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 (Employees' trust, see instructions.) 63-1209631</p> <p>E Unrelated business activity codes (See instructions.) 211110</p>
<p>C Book value of all assets at end of year 217,199,353.</p>		<p>F Group exemption number (See instructions.) ▶ 8143</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Describe the organization's primary unrelated business activity. ▶ **OIL AND GAS EXTRACTION**

I 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. ▶

J The books are in care of ▶ **TERRI EPTING** Telephone number ▶ **205-327-3800**

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 (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) STATEMENT 1	60,681.		60,681.
13	Total. Combine lines 3 through 12	60,681.		60,681.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			14
15	Salaries and wages			15
16	Repairs and maintenance			16
17	Bad debts			17
18	Interest (attach schedule)			18
19	Taxes and licenses			19
20	Charitable contributions (See instructions for limitation rules)			20
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion			9,102.
24	Contributions to deferred compensation plans			24
25	Employee benefit programs			25
26	Excess exempt expenses (Schedule I)			26
27	Excess readership costs (Schedule J)			27
28	Other deductions (attach schedule) SEE STATEMENT 2			25,377.
29	Total deductions. Add lines 14 through 28			34,479.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			26,202.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3			14,227.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			11,975.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			10,975.

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BIRMINGHAM**

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	1,646.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	1,646.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	1,646.
43 Other taxes. 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 schedule)	43	
44 Total tax. Add lines 42 and 43	44	1,646.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	2,600.
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	2,600.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	52.
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	902.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax 902. Refunded	50	0.

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

51 At any time during the 2017 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
		X
52 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
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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	PRESIDENT & CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MEGAN RANDOLPH		08/23/18		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			

Form 990-T (2017)

CLIENT'S COPY

THE COMMUNITY FOUNDATION OF GREATER

Form 990-T (2017) BIRMINGHAM

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	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 schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).
Totals		0.	0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 26.
Totals		0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))		0.	0.			0.
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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
ROYALTY INCOME		60,681.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		60,681.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
EXTRACTION EXPENSES		25,377.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		25,377.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	26,007.	11,780.	14,227.	14,227.
NOL CARRYOVER AVAILABLE THIS YEAR			14,227.	14,227.