



Corporation Income Tax Return

For the year January 1 - December 31, 2019, 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"/> Federal audit 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"/> Federal parent corporation: (See page 4, "Other Information," number 5.)			
	Name •		FEIN •	
	<input type="checkbox"/> Federal Form 1120-REIT filed	<input type="checkbox"/> 2220AL Attached	<input type="checkbox"/> Opportunity Zone Investment (See Sched. OZ)	

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)	1 •	-4,495
2 Federal Net Operating Loss (included in line 1)	2 •	
3 Reconciliation adjustments (from line 26, Schedule A)	3 •	4,416
4 Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	4 •	-79
5 Net nonbusiness (income)/loss - Everywhere (from Schedule C, line 2, col. E)	5 •	
6 Apportionable income (add lines 4 and 5)	6 •	-79
7 Alabama apportionment factor (from line 27, Schedule D-1)	7 •	100.0000 %
8 Income apportioned to Alabama (multiply line 6 by line 7)	8 •	-79
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 •	-79
11a Federal income tax deduction/(refund) (from line 12, Schedule E)	11a •	
b 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 •	-79
13 Alabama NOL deduction (see instructions)	13 •	
14 Alabama taxable income (line 12 less line 13)	14 •	-79
15 Alabama Income Tax (6.5% of line 14)	15 •	0
16 LIFO Reserve Tax Deferral (see instructions)	16 •	
17 Alabama Income Tax after LIFO Reserve Tax Deferral (line 15 less line 16)	17 •	0
18 Nonrefundable Credits (from Schedule BC, Section E, line E3)	18 •	
19 Net tax due Alabama (line 17 less line 18)	19 •	0
20 Payments:		
a Carryover from prior year (2018)	20a •	
b 2019 estimated tax payments	20b •	3,520
c 2019 composite payment(s) made on behalf of this entity (see instructions)	20c •	
Paid by _____ FEIN _____	20d •	
d Extension payment	20e •	
e Payments prior to adjustment	20f •	
f Refundable credit (from Schedule BC, Section F, line F1)	20g •	3,520
g Total Payments (add lines 20a through 20f)		
21 Reductions/applications of overpayments		
a Credit to 2020 estimated tax	21a •	500
b Penny Trust Fund	21b •	
c Penalty due (see instructions)	21c •	
Late Payment Estimate <input type="checkbox"/> Other <input type="checkbox"/>	21d •	
d Interest due (see instructions)	21e •	500
Estimate Interest <input type="checkbox"/> Interest on Tax <input type="checkbox"/>	22 •	<3,020>
e Total reductions (total lines 21a, b, c and d)		
22 Total amount due/(refund) (line 19 less 20g, plus 21e)		

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: Christopher Nanni Title: PRESIDENT & CEO Date: 10-22-20 Daytime Telephone No.: 205-327-3800



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

ADDITIONS

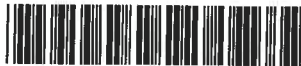
Table with 10 rows for additions. Line 10 Total additions (add lines 1 through 9) equals 6,996.

DEDUCTIONS

Table with 16 rows for deductions. Line 25 Total deductions (add lines 11 through 24) equals 2,580. Line 26 TOTAL RECONCILIATION ADJUSTMENTS (subtract line 25 from line 10 above) equals 4,416.

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

Table with 6 columns: Loss Year End, Amount of Alabama net operating loss, Amount used in years prior to this year, Amount used this year, Remaining unused net operating loss, Acquired NOL. Row 1 shows 12/31/2015 with 35,176 in columns 2 and 3, 0 in column 4, and 0 in column 5.



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

TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	ALABAMA		EVERYWHERE	
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR
1 Inventories	•	•	•	•
2 Land	•	•	•	•
3 Furniture and fixtures	•	•	•	•
4 Machinery and equipment	•	•	•	•
5 Buildings and leasehold improvements	•	•	•	•
6 IDB/IRB property (at cost)	•	•	•	•
7 Government property (at FMV)	•	•	•	•
8 •	•	•	•	•
9 Less Construction in progress (if included)	•	•	•	•
10 Totals	•	•	•	•
11 Average owned property (BOY + EOY ÷ 2)	•	•	•	•
12 Annual rental expense	•	x8 =	•	x8 =
13 Total average property (add line 11 and line 12)	13a •		13b •	
14 Alabama property factor - 13a ÷ 13b = line 14			14 • %	
SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME	15a ALABAMA	15b EVERYWHERE	15c	
15 Alabama payroll factor - 15a ÷ 15b = 15c	•	•	• %	
SALES	ALABAMA	EVERYWHERE		
16 Destination sales (see instructions)	•	•		
17 Origin sales (see instructions)	•	•		
18 Total gross receipts from sales	•	•		
19 Dividends	•	•		
20 Interest	•	•		
21 Rents	•	•		
22 Royalties	•	•		
23 Gross proceeds from capital and ordinary gains	•	•		
24 Other • (Federal 1120, line •)	•	•		
25 Alabama sales factor - 25a ÷ 25b = line 25c	25a •	25b •	25c • %	
26 Alabama sales factor (Enter the same factor as on line 25c)			26 • %	
27 Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 7, page 1)			27 • %	

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 Destination Sales	•	•
2 Origin Sales	•	•
3 Total gross receipts from sales	•	•
4 Tax due (multiply line 3, 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.

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

(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.

(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.

(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

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 12, 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	•	519
7	Alabama income, page 1, line 10	7	•	-79
8a	Adjusted total income, page 1, line 4	8a	•	-79
8b	Income excluded from Alabama Taxable Income (include any amounts listed on Schedule A lines 12, 13, 14, 17, 18, and 19)	8b	•	
8c	Adjusted Total Income including items excluded from Alabama Taxable Income (Add lines 8a and 8b)	8c	•	-79
9	Federal income tax ratio (divide line 7 by line 8c)	9	•	.0000 %
10	Federal income tax apportioned to Alabama (multiply line 6 by line 9)	10	•	
11	Less refunds or adjustments	11	•	
12	Net federal income tax deduction / <refund> (enter here and on Page 1, line 11a)	12	•	

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 inst. for page 1, line 1) for the last three (3) years, as last determined (e.g.: per amended federal return or IRS audit).

2018 • 88,812. 2017 • 26,202. 2016 • 11,780.
- 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: • _____ Telephone: • 205-327-3800
- If this entity filed an AL Bus. Privilege tax return under a different FEIN than the one listed on this Form 20C, please enter that number here: • _____

Paid Preparer's Use Only	Preparer's signature 	Date <u>10/08/20</u>	Check if self-employed <input type="checkbox"/>	Preparer's Tax Identification Number <u>P00989558</u>
	Firm's name (or yours, if self-employed) and address <u>WARREN AVERETT, LLC</u> <u>2500 ACTON ROAD BIRMINGHAM, AL</u>	Tel. No. <u>205-979-4100</u>	E.I. No. <u>45-4084437</u>	ZIP Code <u>35243</u>

EXTENDED TO NOVEMBER 16, 2020
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2019

For calendar year 2019 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	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF GREATER BIRMINGHAM Number, street, and room or suite no. If a P.O. box, see instructions. 2100 1ST AVENUE NORTH, NO. 700 City or town, state or province, country, and ZIP or foreign postal code BIRMINGHAM, AL 35203	<p>D Employer identification number (Employees' trust, see instructions.) 63-1209631</p> <p>E Unrelated business activity code (See instructions.) 211110</p>
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C Book value of all assets at end of year: **238,658,261.**

F Group exemption number (See instructions.) ▶ **8143**

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

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **OIL AND GAS EXTRACTION**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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	
1a Gross receipts or sales							
b Less returns and allowances							
c Balance							
2 Cost of goods sold (Schedule A, line 7)							
3 Gross profit. Subtract line 2 from line 1c							
4a Capital gain net income (attach Schedule D)							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							
c Capital loss deduction for trusts							
5 Income (loss) from a partnership or an S corporation (attach statement)							
6 Rent income (Schedule C)							
7 Unrelated debt-financed income (Schedule E)							
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)							
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)							
10 Exploited exempt activity income (Schedule I)							
11 Advertising income (Schedule J)							
12 Other income (See instructions; attach schedule) STATEMENT 1		20,641.					20,641.
13 Total. Combine lines 3 through 12		20,641.					20,641.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (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) (see instructions)		18	
19 Taxes and licenses		19	6,996.
20 Depreciation (attach Form 4562)		20	
21 Less depreciation claimed on Schedule A and elsewhere on return		21a	
22 Depletion		22	3,096.
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule) SEE STATEMENT 2		27	15,044.
28 Total deductions. Add lines 14 through 27		28	25,136.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-4,495.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	-4,495.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-4,495.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-4,495.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-4,495.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-4,495.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	20,300.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other <input type="checkbox"/> Form 4136 Total	51g	
52	Total payments. Add lines 51a through 51g	52	20,300.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	20,300.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 1,500. Refunded	56	18,800.

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

57	At any time during the 2019 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
58	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
59	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** Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
MEGAN RANDOLPH	<i>Megan Randolph</i>	10/09/20		P00989558
Firm's name	Firm's EIN			
WARREN AVERETT, LLC	45-4084437			
Firm's address	2500 ACTON ROAD			
BIRMINGHAM, AL 35243	Phone no.	205-979-4100		



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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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.	0.

THE COMMUNITY FOUNDATION OF GREATER

Form 990-T (2019) BIRMINGHAM

63-1209631

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 25.

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.

THE COMMUNITY FOUNDATION OF GREATER

Form 990-T (2019) BIRMINGHAM

63-1209631

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	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
ROYALTY INCOME		20,641.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		20,641.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
EXTRACTION EXPENSES		15,044.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		15,044.