Form 990-T	EXTENDED TO NOV			ax Return	L	OMB No 1545-0687
υ,, υ,	(and proxy tax und					2040
	1		, and ending	-4:	-	2018
Department of the Tréasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it ma				Or 50	pen to Public Inspection for 11(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name	changed a				er identification number rees' trust, see ions)
B Exempt under section	Print THE BLACK BELT COMMUNITY FOUNDATION				63-1270745	
\mathbf{X} 501(c)(3 \mathbf{O})	Two Number, street, and room of suite no. If a P.O. box, see instructions.					ed business activity code tructions)
408(e) 220(e)	F.O. BOX 2020					
408A 530(a) 529(a)	SELMA, AL 36702	or foreign	n postal code			
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>				
C Book value of all assets at end of year 3, 499, 2	261. G Check organization type ► X 501(c) co			401(a)		Other trust
H Enter the number of the	organization's unrelated trades of businesses.	1		the only (or first) uni		.
	► EMPLOYEE PROVIDED PARKING			complete Parts I-V.		
business, then complete	blank space at the end of the previous sentence, complete F	arts i and	in, complete a Schedule	IVI TOI EACH ADDITIONA	ii ii ade o	1
	s the corporation a subsidiary in an affiliated group or a pare	ent-eubeir	diary controlled group?		Yes	X No
	and identifying number of the parent corporation.	CITE SUDSIC	ulary controlled group.		163	[22] 100
	FELECIA LUCKY		Telepho	one number > 3	34-8	74-1126
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sal	es					Ī
b Less returns and allo	owances c Balance	· 1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract	t line 2 from line 1c	3			\longrightarrow	
-	me (attach Schedule D)	4a				
	n 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deductio		4c			\dashv	
• •	a partnership or an S corporation (attach statement)	6			\dashv	
6 Rent income (Schedi	ced income (Schedule E)	7				
	ovalties, and rents from a controlled organization (Schedule F	\rightarrow				
	of a section 501(c)(7), (9), or (17) organization (Schedule G	· 				
- 1	tivity income (Schedule I)	10				
11 Advertising income ((Schedule J)	11			ightharpoonup	
12 Other income (See in	nstructions; attach schedule)	12		_	\longrightarrow	
13 Total. Combine line	s 3 through 12	13	0.			
	ons Not Taken Elsewhere (See instructions contributions, deductions must be directly connected			income.)		
14 Compensation of of	fficers, directors, and trustees (Schedule K)				14	
5 15 Salaries and wages				7	15	
16 Repairs and mainte	nance		RECEIVED	rol	16	
17 Bad debts		1 -	<u> </u>	<u> 8 </u>	17	·
•	edule) (see instructions)	 4	NOV 1 9 2019	<u> </u>	18	
19 Taxes and licenses	tions (See instructions for limitation rules)	188	NOV -		20	
20 Charitable contribute 21 Depreciation (attach	•	ساسال	SODEN UT		20	
·	laimed on Schedule A and elsewhere on return	\	222		22b	
23 Depletion	annos di conoccio y ana discimino di rata.	-	[854]		23	
	ferred compensation plans				24	
25 Employee benefit p					25	
26 Excess exempt expe	enses (Schedule I)				26	
27 Excess readership of	costs (Schedule J)				27	
28 Other deductions (a	•				28	
	Add lines 14 through 28				29	0.
	taxable income before net operating loss deduction. Subtra				30	0.
	perating loss arising in tax years beginning on or after Janutayable income. Subtract line 31 from line 30.	uary 1, 20	io (see instructions)		31	0.
· · · · · · · · · · · · · · · · · · ·	taxable income. Subtract line 31 from line 30 For Paperwork Reduction Act Notice, see instructions.			.	_ 32	Form 990-T (2018)

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Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	2,056.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	2,056.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	1,056.
Part I	/ Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	222.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	<u> </u>	
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	222.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions)	i	
C	General business credit. Attach Form 3800	i	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	222
46	Subtract line 45e from line 44	46	222.
47		attach schedule) 47	200
48	Total tax. Add lines 46 and 47 (see instructions)	48	222.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e	 	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ [50g]		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	222.
53 54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	222.
54 55	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54 55	
Part \		unded 55	
			Von No
56	At any time during the 2018 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		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form	ougn truct?	$-\frac{x}{x}$
37		aigh truatr	 ^
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$\$		
	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,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		·
Here	The telesion Kircher 11/15/19 N EXECUTIVE DIRECTIVE DIRECTIVE	May the IRS discuss	
	Signature of officer Date Title	the preparer shown instructions)?	
		Check if PTIN	,
ם בי י	1 1 - 1 2	self- employed	
Paid		P0133	33499
Prepa	- WADDEN AUGDEMM IIG		084437
Use C	3815 INTERSTATE CT.	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Firm's address MONTGOMERY AL 36109	Phone no. 334-271-	-2200