<i>چ</i>	Form 990-	T	j E	xempt Orga	nization Bus	sine	ess Inco	ome 1	Tax Returi	า	OMB No 1545-0687
احر			For cal	(a) endar year 2018 or other tax ye	nd proxy tax und	er se 20	ection 603	3(e)) என்ற JU	N 1906 N 30, 201	ا و	2018
	Department of the	Go to www irs gov/Form990T for instructions and the latest information								- 1	
		rtment of the Treasury lad Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization						zation is a 501(c)(3		Open to Public Inspection for 501(c)(3) Organizations Only	
		Check box if address changed Name of organization (Check box if name changed and see instructions.)								DEmployer identification number (Employees' trust, see instructions)	
	B Exempt ung		Print	THE BIRMING	HAM FOUNDAT	ION				25-0965572	
	X 501(cs)		or Type	Number, street, and roon		-					lated business activity code instructions)
	` .	1406(8) 220(8) BRASHEAR CENTER, 2003 SARAH ST							1		
	408A (529(a)									900000	
	C Book value of at end of year	489,00	ا ہ	F Group exemption numb		<u> </u>	I I	44)	1 1,04		l lou
	ZZ,	489,0	64.	G Check organization typ		oration	1 50	1(c) trust	401(a		Other trust
				tion's unrelated trades or t EE STATEMENT		1		-	the only (or first) u		
		-		ce at the end of the previou		rte Lan		-	complete Parts I-V.		
		en complete F			15 Semence, complete Fa	li is i ali	iu ii, complete	a Sulleuuk	e IVI IOI Each adullio	iai ii au	e or
				oration a subsidiary in an a	affiliated group or a parer	nt-subs	idiary controll	ed aroun?	—	Y	es X No
				ifying number of the parer		0000	iolary controll	ou group,			00 [22] 110
				ARK BIBRO				Teleph	one number 🕨 4	12-	481-2777
	Part 13 U	Inrelated	Trac	le or Business Inc	ome		(A) inc	ome	(B) Expense	s	(C) Net
	1a Gross red	eipts or sales	3						THE RESERVE	7	医发表法 認識
	b Less retu	rns and allow	ances		c Balance	1c			La Carrier		[[] 是是是是是是
	-	oods sold (So		•		2					STATE OF STATE
	•	ofit. Subtract I				3			TEAN THE		
	4a Capital ga		•	•	4707)	4a			MATERIAL STATES		
				art II, line 17) (attach Form	14797)	4b 4c			AND		
	•	ss deduction		is hip or an S corporation (at	tach etatement)	4¢			THE STA		
		me (Schedul		inp of an 3 corporation (at	liacii statement)	6			ELIZINE BERE	<u> </u>	
		-		ne (Schedule E)		7				•	
	_			nd rents from a controlled	organization (Schedule F)	8				~~~	· · · · · · · · · · · · · · · · · · ·
		~		n 501(c)(7), (9), or (17) o	•	9					
	10 Exploited	exempt activ	ıty ıncor	me (Schedule I)		10					
		ig income (Si		,		11			****		
		•		s; attach schedule)		12			ROUTER		
		mbine lines (13	 	0.			<u> </u>
	(E	xcept for c	ontribu	t Taken Elsewher tions, deductions must	be directly connected						
	•		cers, dır	ectors, and trustees (Sche	dule K)					14	
		and wages						•		15	
	16 Repairs :	and maintena	псе		RECEIVI	<u> </u>				16	
			می (مانیا	e instructions)	1/1"(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		اه-			18	
		id licenses	10) (50	†!	L 101/10/2	010	8			19	
			ns (See	instructions for limitation	El NOV 18 2	ሁነን	RS-5			20	
		tion (attach F	•	i i	<u> </u>		ا ا≌لـ	21		1323	
	22 Less dep	reciation clai	med on	Schedule A and elsewher	e on re@GDEN,	ŲT		22a		22b	
	23 Depletion	n		L	<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>					23	
	24 Contribu	tions to defer	red con	rpensation plans						24	
		e benefit prog	-							25	
		Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule)							•	26	
										27	
		Other deductions (attach schedule) Total deductions. Add lines 14 through 28							28	0.	
		· ·								29 30	0.
				oss arising in tax years beg				ctions)		31	LA BETTE TOTAL
				come. Subtract line 31 fro		, .,	,			32	0.
				vork Reduction Act Notice					······	\bigcap	Form 990-T (2018)
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Form 990-	(2018) THE BIRMINGHAM FOUNDATION	<u> 25-096</u>	<u>5572</u>	Page 2
Part	II 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	-
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		+	
00	lines 33 and 34		36	
27			37	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3/	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			0
<u> </u>	enter the smaller of zero or line 36		38	0.
	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.			
	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	0.
Part \	/ Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b			
С	General business credit, Attach Form 3800 45c		,	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	icii scriedule)	48	0.
	· · · · · ·		49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		- 49	
	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			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
9				
	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	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶]	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refur	ided 🕨	55	
Part \	/I Statements Regarding Certain Activities and Other Information (see instruction)	ons)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	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			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ın trust?		
	If "Yes," see instructions for other forms the organization may have to file.	,		₁
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (wither than taxpayer) is based on all information of which preparer has any knowledge	best of my know	/ledge 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	My 1/3 -x 11'13'/ EXECUTIVE DIREC	m	-	discuss this return with shown below (see
	Signature of officer Date Title		preparer s tructions)?	
		eck if	PTIN	
_	I I	f- employed	1' '"	
Paid	MICHAEL M. COMCEDORY M. M. C. H. C. M. L. L. C. C.	חם	0474378	
Prepa	CICMEDCON C CO IID		-1467156	
Use C	Only Firm's name SISTERSON & CO. LLP F 310 GRANT STREET SUITE 2100	ırm's EIN 🕨	43	T40/130
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		hone no. 4		
823711 01	-09-19			Form 990-T (2018)

Schedule A - Cost of Goods So	ld. Enter	method of inven	tory v	aluation N/A	1			
1 Inventory at beginning of year	_	Inventory at end of ye	6					
2 Purchases	7	-						
3 Cost of labor	from line 5. Enter here	and in	Part I,					
4a Additional section 263A costs		*****	1	line 2		7		
(attach schedule)	4a		8	Do the rules of section	with respect to	١	res No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5			the organization?				$\overline{\mathbf{x}}$
Schedule C - Rent Income (Fro (see instructions)	m Real	Property and	d Pei	sonal Property	Leas	ed With Real Pro	perty) 	
1. Description of property								
(1)								
(2)			-					
(3)								
(4)	_				,			
2.	Rent receive	d or accrued				0/->0		
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	e of	of rent for p	ersonal	onal property (if the percen property exceeds 50% or i ed on profit or income)	tage f	3(a) Deductions directly columns 2(a) an	d 2(b) (attach schedule)	ome in
(1)	İ							
(2)								
(3)		· · · · · · · · · · · · · · · · · · ·						
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2(a) at 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-Fi	nanced	Income (see	ınstru	ctions)				
		-		Gross income from		Deductions directly conf to debt-finance	nected with or allocable ed property	
1. Description of debt-financed	property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dedu (attach sched	ctions fule)
(1)								
(2)							 	
(3)				-		· · · · · · · · · · · · · · · · · · ·		
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of columns
(1)				%	1			
(2)				%	1			
(3)				%				
(4)			1	%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colu	
Totals				•		0.	.	0.
Total dividends-received deductions included	d ın column	8				•	<u> </u>	0.

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(2) (3) (4) (4) (5) (6) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Schedule F - Interest,	Annuities, R	oyalties, a					zatio	ns (see ins	structions	s)	
(2) (3) (4) (4) (5) (6) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1. Name of controlled organization		identification		related income	4. To	tal of specified	included in the controlling		rolling	ig connected with income	
(2) (3) (4) (4) (5) (6) (7) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	**************************************							<u> </u>				
(3) (4) Nonexempt Controlled Organizations 7, Totable hearine 8, Net investigate income (bass) (see instructions) 1, Discreption of income 2, Amount of income 2, Amount of income 3, Discreption of income 2, Amount of income 3, Discreption of income 3, Discreption of income 4, See and so page 1, Part 1, line 8, column (8) (see instructions) 1, Discreption of income 2, Amount of income 3, Discreption of income 4, See and so page 1, Part 1, line 8, column (8) (see instructions) 5, Total dedications (see instructions) 1, Discreption of income 2, Amount of income 3, Discreptions (see instructions) 4, See and so page 1, Part 1, line 8, column (8) (see instructions) 1, Discreption of income 2, Closel unclaims below on the income of income 2, Closel unclaims below on the income of income on the income on the income of income on the income of income on the income of income on the income on the income on the income on the	(1)					ļ		-				
(4) Nenexampt Controlled Organizations 7. Tavable income 8, first unreased manner (cost) (rise instructions) 9, Total of specified asyments in the controlling organization's grids income (rise instructions) 10. Part of column 8 that is included with receive in column 10. Add columns 5 and 10. Enter here and on page 1, Part I, tree 8, column (8) 10. Description of motione 1. Description of motione 2, Amount of income (see instructions) 1. Description of motione 2, Amount of income (see instructions) 2, Amount of income (see instructions) 1. Description of motione 2, Amount of income (see instructions) 3, Description of motione 1. Description of motione 2, Amount of income (see instructions) 4, See asoles (pai 3 plus sed 4) First line 8, column (8) First line 8, co	(2)					 				-		
Nonexempt Controlled Organizations 8. Net unrelated income (poss) (gen instructions) 9. Total of specified payments in the controlling departments with receive in column 19 and a colum	(3)			-				┼				
8. Net unrelated snoome (loss) (see matructions) 9. Total of specified payments in the controlling agentations of the controlling agentations and to be a section of the controlling agentations and to be a section of the controlling agentations and to be a section of the controlling agentations (see naturations) 1. Description of microne agentations agentations agentation agentation (see naturations) 1. Description of microne agentations agentations agentations agentations agentation agentations agentations agentation agentations						<u>i</u>		<u> </u>				
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20 40 Add columns 5 and 10 Enter here and on page 1, Part 1, Iren 8, column (8) 0 0 0 0	7. Taxable income			9. 10121		ments	in the control	ling orgai	nization's			
20 40 Add columns 5 and 10 Enter here and on page 1, Part 1, Iren 8, column (8) 0 0 0 0	(1)								` .			
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Add columns 6 and 10 Enter here and on page 1, Part 1, Inne 8, column (A) 0. 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 directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1. Part 1, Inne 8, column (B) (5) (6) (7) Enter here and on page 1. Part 1, Inne 8, column (B) (8) (9) (1) (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses of the income (soa) from unrelated trade or business income and on page 1, Part 1, Inne 8, Other 1, Inne 10,	(4)											
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(see instructions) 1. Description of income 2. Amount of income (distance schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, Inne 9, column 5) If a gain, compute cols 5 through 7 - Enter here and on page 1, Part I, Inne 10, cot (A) (4) Enter here and on page 1, Part I, Inne 10, cot (A) Enter here and on page 1, Part I, Inne 10, cot (A) (A) Enter here and on page 1, Part I, Inne 10, cot (A) Enter here and on page 1,		nt Income o	of a Section	501(c)	7), (9), or	(17) O	rganization	<u> </u>				
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Cotals	(2)		•									
Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B)	(3)			_								
Part Inne 9, column (A) Part Inne 9, column (B)	(4)								<u></u>			
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unrelated business income from trade or business in	T. 4.1			_		olumn (A)	1	1			Part I, line 9, column (B)	
(1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) 2. Gross unrelated business wine death of business income from which activity that income (cols or business (column 6 minus column 3) if gain, compute cols 5 invoigh 7 (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) 2. Gross unrelated business income from unrelated trade or business (column 6 minus column 5) if gain, compute cols 5 invoigh 7 (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of penodical 2. Gross averning from activity that is not urrelated business income from activity that is not urrelated business income from unrelated trade or business (column 6 minus column 1) if gain, compute cols 5 incough 7 (a) 4. Advertising gain or (loss) (col 2 minus cols 5 incough 7 (b) (column 4) 7. Excess exempt expenses (column 6 minus column 4) (column 4) 1. Name of penodical 2. Gross averning activity that is not urrelated business income from activity that is not urrelated bus		Exempt Act	ivity Incom	ne. Othe	r Than Ac		ina Incom	<u>. t</u> e	- 4 -	11 -	· <u> </u>	
1. Description of exploited activity understand business income from trade or business (column 2) if a gain, compute (column 3) if a gain, compute (column 4) if a gain, conduction (column 4) if a gain, compute (column 4) if a gain, conduction (column 4) if a gain, compute (column 4) if a gain, conduction (column 4) if a gain, conducti	-	-		,			J					
1. Description of exploited activity Comparison of exploited activity Connected with production of unrelated business income with activities Column		1	3 Es	nansas	4. Net incor	ne (loss)					7. Excess exempt	
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	Totals (carry to Part II, line (5))	•	0.	0							0. Form 990-T (2018)	

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.	**	7 7	F. 4 -7	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	, 41 		· · · · · · · · · · · · · · · · · · ·	0.

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

1. Name	2. Title	3. Percent of time devoted to business	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 13		%	
Total. Enter here and on page 1, Part II, line 14	*	>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 12 BUSINESS ACTIVITY

ORDINARY BUSINESS INCOME FROM PRIVATE WEALTH ADVISORS REAL ESTATE PARTNERSHIP III.

TO FORM 990-T, PAGE 1

NAME

FORM 990-T SCHEDULE K - COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

TITLE

STATEMENT 13

PERCENT COMPENSATION

MARK S. BIBRO

MAX HARLEMAN

RACHEL VINCIGUERRA

TERRENCE WIRGINIS DUANE W. SWAGER II

WILLIAM T. SIMMONS, ESQ. HUGO CHURCHILL H. DON GORDON . EILEEN O. SMITH CAREY A. HARRIS BETH MARCELLO MAURITA BRYANT KENNETH MCCRORY BETTY KRIPP TARA MATTHEWS MICHELLE FIGLAR

EXEC DIR 100 % CHAIR AS REQ ASSISTANT TREASURER AS REQ
VICE CHAIR AS REQ
DIRECTOR AS REQ
TREASURER AS REQ
SECRETARY AS REQ DIRECTOR AS REO DIRECTOR AS REQ DIRECTOR AS REQ DIRECTOR AS REO

TOTAL TO FORM 990-T, SCHEDULE K