Form 990-T	E	Exempt Organization Bu			rax Retur	n,	OMB No 1545-0687		
	(and proxy tax under section 6033(e))						2040		
. .	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019								
Department of the Treasury Internal Revenue Service	■ 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								
A Check box if address changed		Name of organization (Check box if name changed and see instructions) D Employer identification (Employees trust, instructions)							
B Exempt under section	Print	ARTHUR M. BRITTON FOUN	6	3-1221994					
X = 501(c)(30)	or	or Number, street, and room or suite no. If a P.O. box, see instructions.					E Unrelated business activity code (See instructions)		
408(e)220(e)	Type 3272 BANKHEAD AVENUE								
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36106-2448 211110								
C Book value of all assets	O Book value of all pecets								
at end of year 2,087,6	<u>67.</u>	G Check organization type ► X 501(c) co	rporatio	n 501(c) trust	401(a) trust	Other trust		
H Enter the number of the	organiza	ation's unrelated trades or businesses. 🕨	1	Describe	e the only (or first) (ınrelated	i		
trade or business here	<u> IM</u>	VESTMENT INCOME		If only one	, complete Parts I-\	/. If mor	e than one,		
		ace at the end of the previous sentence, complete P	arts I ai	nd II, complete a Schedule	e M for each additio	nal trade	c or		
business, then complete				 			[T]		
		poration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?	•	٧ نيا	es X No		
		tifying number of the parent corporation.		Tolonh	none number >	331-	262-2027		
		de or Business Income		(A) Income	(B) Expens		(C) Net		
1a Gross receipts or sale			T	(71) 1100110	 		(0) 1100		
b Less returns and allow		c Balance	1c		1, 1,		,		
2 Cost of goods sold (S			2						
3 Gross profit. Subtract		•	3						
•	4a Capital gain net income (attach Schedule D)								
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b		4 1	,)			
c Capital loss deduction	for trus	sts	4c		- u	,			
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5			·			
· ·	6 Rent income (Schedule C)						ļ		
7 Unrelated debt-financ		,	8						
· •	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)						 		
		on 501(c)(7), (9), or (17) organization (Schedule G							
10 Exploited exempt activities11 Advertising income (S	-	•	10		-				
12 Other income (See in		·	12	1,369.	- '.				
13 Total. Combine lines			13	1,369.			1,369.		
Part II Deductio	ns No	ot Taken Elsewhere (See instructions f		ations on deductions)		····			
		utions, deductions must be directly connecte							
14 Compensation of off	icers, dii	rectors, and trustees (Schedule K)	1	RECEIVI		14			
15 Salaries and wages	15 Salaries and wages					15	ļ		
	•			9 107 4 . 4	019 050	16			
				NOV 142	Light Find	17	 		
18 Interest (attach sche19 Taxes and licenses	, (
20 Charitable contributions (See instructions for limitation rules)			OGDEN, UT			19 20			
21 Depreciation (attach	•	·	,	21					
		n Schedule A and elsewhere on return		22a			†		
23 Depletion				[224]					
24 Contributions to deferred compensation plans						23			
	·								
26 Excess exempt exper	26 Excess exempt expenses (Schedule I)								
27 Excess readership costs (Schedule J)						27			
· ·	· · · · · · · · · · · · · · · · · · ·						ļ		
	•						0.		
							1,369.		
	4 260						1 360		
		ncome. Subtract line 31 from line 30				32	1,369.		

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!Parti	III .Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	· · · · · · · · · · · · · · · · · · ·	33	1,369.				
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	al of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	lines 33 and 34	36_	<u>1,</u> 369.					
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	369.				
Partil	VI Tax Computation							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39	77.				
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)							
41	roxy tax. See instructions							
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	77.				
Parti	Tax and Payments							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a							
b	Other credits (see instructions) 45b							
C	General business credit. Attach Form 3800 45c							
ď	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	77.				
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other							
48	Total tax. Add lines 46 and 47 (see instructions)	,	48	77.				
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	66						
	2018 estimated tax payments 50b							
	Tax deposited with Form 8868 50c							
	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							
,	Other credits, adjustments, and payments: Form 2439		 255 					
y	Form 4136 Other - Total 50g							
51	Total payments. Add lines 50a through 50g		51	66.				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52					
52 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	_	53	11.				
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	<u></u> -				
54 55		efunded	55					
Part ₁			55					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author			Yes No				
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil	-		Tes No				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here			X				
67	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	rough truct?		$- -\frac{x}{x} $				
57		ireigii trustr						
58	If "Yes," see instructions for other forms the organization may have to file.							
26	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	a hest 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	je	reage and benef, it					
Here	N () ON P P LILE LO N DESCRIPTION		May the IRS discus					
	Signature of officer Date PRESIDENT		the preparer shown instructions)?					
	7	Obacli		Yes No				
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN					
Paid	THE PARTY MORPING TO BE STORED TO SEE THE STORE	self- employe		70757				
Prepa	rer W. DAVID NORRIS W. DAVID NORRIS 11/06/19	Te		70757				
Use Only Firm's name ▶ PARKER, GILL, EISEN & STEVENSON, P.C. Firm's EIN ▶ 63-1003744								
	4228 LOMAC STREET	81	/22/\05	0 0061				
	Firm's address ► MONTGOMERY, AL 36106-2928	Phone no.	(334)27	0-8061				
			F					

FORM 990-T	OTHER INCOME	STATEMENT 8	
DESCRIPTION		AMOUNT	
MINERAL ROYALTIES FROM WOR	1,369.		
TOTAL TO FORM 990-T, PAGE	1, LINE 12	1,369.	