EXTENDED TO NOV	VEMBE	ER 15, 2019	27000.	JJ.	4 ~ I	. 0 2 /
Form 990-T Exempt Organization Bus	sines	ss Income T	ax Return)	OMB	No 1545-0687
(and proxy tax und	(and proxy tax under section 6033(e))					040
For calendar year 2018 or other tax year beginning		, and ending		_		U IO
Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it ma				}	Open to P 501(c)(3) (Public Inspection for Organizations Only
A Check box if address changed Name of organization (Check box if name of address changed)	changed a	and see instructions.)		(Emp	loyer identi otoyees' tru uctions)	ification number ist, see
B Exempt under section Print BELLINGRATH-MORSE FOUN	דים גרוו	ON		l .	•	17803
X 501(C)(B) Or Number, street, and room or suite no. If a P.O. bo				E Unre	lated busin	ness activity code
408(e) 220(e) Type 12401 BELLINGRATH GARI	•			(See	instructions	s)
408A 530(a) City or town, state or province, country, and ZIP				1		
529(a) THEODORE, AL 36582				531	.120	
F Group exemption number (See instructions.)	>	77 F04/-> A	104(5)			7 045 07 471104
86,002,364. G Check organization type ► 501(c) cor H Enter the number of the organization's unrelated trades or businesses. ►	rporation 1	X 501(c) trust	401(a)			Other trust
trade or business here SEE STATEMENT 1			the only (or first) un complete Parts I-V.			0
describe the first in the blank space at the end of the previous sentence, complete P	Parts Land					5,
business, then complete Parts III-V.	unto runo	, ,, , , , , , , , , , , , , , , , , ,	The same same same same same same same sam		0 0.	
I During the tax year, was the corporation a subsidiary in an affiliated group or a pare	ent-subsid	liary controlled group?	▶ [Y(es 🗓	No
If "Yes," enter the name and identifying number of the parent corporation.			·			
J The books are in care of CULLAN DUKE, REGIONS BA	ANK	Telepho	one number 🕨 (251		8-8083
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		<u> </u>	(C) Net
1a Gross receipts or sales						•
b Less returns and allowances c Balance	1c				 	
2 Cost of goods sold (Schedule A, line 7)	2		<u> </u>		 	
3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D)	3 4a			<u>· · ·</u>	 	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a 4b	-10.			 	-10.
c Capital loss deduction for trusts	4c				 	
5 Income (loss) from a partnership or an S corporation (attach statement)	5	10.	· STMT 2			10.
6 Rent income (Schedule C)	6					
7 Unrelated debt-financed income (Schedule E)	7					
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				<u> </u>	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G					ــــــــــــــــــــــــــــــــــــــ	
10 Exploited exempt activity income (Schedule I)	10				 -	
11 Advertising income (Schedule J)	11	1 160			 -	1,169.
12 Other income (See instructions; attach schedule) STATEMENT 3	12	1,169. 1,169.	<u> </u>		 -	$\frac{1,169.}{1,169.}$
13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for						1,109.
(Except for contributions, deductions must be directly connected			s income)			
14 Compensation of officers, directors, and trustees (Schedule K)				14		
15 Salaries and wages				15		
16 Repairs and maintenance				16	ļ	
17 Bad debts				17	 	
18 Interest (attach schedule) (see instructions)				18	 -	
19 Taxes and licenses	anton E	SEE STAT	enene 4	19	 	
 Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) 	FIN.T. D	1 7	EMENT 4	20	 	0.
22 Less depreciation claimed on Schedule A and elsewhere on return		21 22a		22b	}	
	-11 /-			23	 	 _
23 Depiction 24 Contributions to deferred compensation plans	IVE	U		24		
25 Employee benefit programs 26 Excess exempt expenses (Schedule I)				25		
26 Excess exempt expenses (Schedule I)	4 2019	[8]		26		
27 Excess readership costs (Schedule J)		RS-OS(27		
28 Other deductions (attach schedule)	NII	デー		28		
29 Total deductions Add lines 14 through 28	<u>, v, U</u>	باسيار		29	 -	1 160
Unrelated business taxable income before net operating loss deduction. Subtra				30	 	1,169.
 Deduction for net operating loss arising in tax years beginning on or after Janua Unrelated business taxable income. Subtract line 31 from line 30 	ary 1, 201	o (see instructions)		31	 	1,169.
32 Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions			Oil	<u> 32</u>	Form	990-T (2018)

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orm 990-1	BELLETION TO THE PARTY OF THE P	17803	Page 2
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	1,169.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 6	35	$\overline{1},169.$
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	36	
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,		
30	enter the smaller of zero or line 36	38	0.
Part I		<u> </u>	
		20	<u> </u>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	40	٥
	Tax rate schedule or Schedule D (Form 1041)	40	0.
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	_	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
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 50a 4, 160		
	2018 estimated tax payments 50b	i	
	Tax deposited with Form 8868	i	
	Foreign organizations; Tax paid or withheld at source (see instructions) 50d	i l	
	Backup withholding (see instructions) 50e	-	
	Credit for small employer health insurance premiums (attach Form 8941) 506 506	7	
	Other credits, adjustments, and payments: Form 2439	-	
9			
-4		١.,١	4,160.
51	Total payments. Add lines 50a through 50g	51	4,100.
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	4 160
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	4,160.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 4,160. Refunded	55	0.
Part \			
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 trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
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 best of my kn correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	owledge and belie	ef, it is true,
Sign		May the IRS dies.	iss this return with
Here		the preparer show	
		instructions)?	
	Print/Type preparer's name Respater's gignature Date Check	if PTIN	
.	self- employed		
Paid	TAMAD DESIRE TAMAD DESIRE 10/20/19		75847
Prepa	F CONTROL DIVING C DICUNTENTIAL IID		191630
Use C	Only FIRM S NAME SMITH DUKES & BUCKALLEW LLIF		

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Phone no. (251)343-1200 Form **990-T** (2018)

823711 01-09-19

Schedule A'- Cost of Good	s Sold. Enter	method of inve	ntory v	valuation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		_6	
2 Purchases	2		7	Cost of goods sold Su	ubtract l	ine 6		
3 Cost of labor	3		_]	from line 5. Enter here	and in l	Part I,		
4a Additional section 263A costs				line 2			_7_	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert 	y)
1. Description of property								
(1)	<u> </u>	<u> </u>						
(2)								
(3)								
(4)		1						
	2 Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) a		cted with the income in (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)				
	_		2	Gross income from or allocable to debt-	ļ.,	Deductions directly cor to debt-finance	nected ced pro	perty
Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)
(1)								
(2)	***************************************		_					
(3)			<u> </u>					
(4)		•						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	a adjusted basis allocable to unced property h 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)			1	%		<u></u>	1	
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions in	icluded in columi	n 8		,			•	0.

Schedule F - Interest,	Annuities, Roya		ts From Co Controlled O			ations (see in	struction	s)
		 		<u> </u>			- T	
 Name of controlled organization 	ıdentı		nrelated income se instructions)		al of specified ients made	5. Part of column 4 included in the con organization's gross	trolling	6 Deductions directly connected with income in column 5
(1)		- 						-
(2)								
(3)								
(4)								
Nonexempt Controlled Organi	zations							
7 Taxable Income	8 Net unrelated inco (see instruction		al of specified payr made	nents	in the controlling	nn 9 that is included ng organization's income		ductions directly connected income in column 10
<u>(1)</u>				+			_	
(2)	 -							
(3)		-					-	
(4)	 -		·					 -
		, , , , t			Enter here and	ns 5 and 10 on page 1, Part I, olumn (A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						0.		0.
Schedule G - Investme		Section 501(c)	(7), (9), or ((17) Org	ganization			
(see insti	ructions)							
1. Desc	ription of income		2. Amount of	income	 Deduction directly connect (attach schedu 	ted 4 Set-	asides schedule)	 Total deductions and set-asides (col 3 plus col 4)
(1)					_			
(2)								
(3)						•		
(4)								
			Enter here and of Part I, line 9, co	lumn (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals		•		0.				0.
Schedule I - Exploited (see instru		y Income, Othe	er Than Ad	vertisii	ng Income			· · · · · · · · · · · · · · · · · · ·
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 incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross incor from activity the is not unrelate business incor	nat attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1				
(2)							- -	
(3)					·			
(4)								
Tabel	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (8)						Enter here and on page 1, Part II, line 26
Schedule J - Advertision	na Income (see	Instructions)	•1					1 0.
	Periodicals Rep		nsolidated	Basis	-			
1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co s col 3) If a ga cols 5 th	il 2 minus iin, compute	5 Circulation income	on 6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)			_					<u>,</u>
(3)								·
(4)								
Totals (carry to Part II, line (5))	•	0	<u>.</u>					0 . Form 990-T (2018)
								rorm 330- i (2018)

	Variable Localities and Localities a		<u> </u>	
Part II	Inconte From Periodicals Reported on a Separate Basis (For each periodical lis	sted in Pa	rt II, fi	ll in
	1 columns 2 through 7 on a line-by-line basis 1			

1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	Advertising gain or (toss) (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)	Ť				- -		
(3)				,			
(4)							
Totals from Part I		0.	0.	-			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.				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 7		%	
Total, Enter here and on page 1, Part II, line 14		▶ĺ	0.

Form 990-T (2018)

BELLINGRATH-MORSE FOR	UNDATION	63-6017	803 ——
FORM 990-T' DESCRIP	TION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
INVESTMENT IN REAL ES	TATE PARTNERSHIP		
TO FORM 990-T, PAGE 1			
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION		NET INCOM	_
HARBERT REAL ESTATE FUI RENTAL REAL ESTATE INC	ND III (20-2372689) - NET - NET	_ 	24.
HARBERT REAL ESTATE FUI	ND III (20-2372689) - NET - INTEREST	:	34.
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5		10.
FORM 990-T	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
STATE TAX REFUNDS		1,10	<u> </u>
TOTAL TO FORM 990-T, PA	AGE 1, LINE 12	1,10	69. —
		<u>:.</u>	

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS FOR YEAR END 12/31/18	N/A	4,394,690.
TOTAL TO FORM 990-T, PAGE 1, I	INE 20	4,394,690.

'ORM 99Ò-т'	CONTRIBUTIONS SUMMARY		STATEMENT	5
CARRYOVER OF PRIOR YEAR	S UNUSED CONTRIBUTIONS			-
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER	3,814,147 3,658,978 4,273,921 4,237,425 4,393,757	20,378,228		
TOTAL CURRENT YEAR 50% TOTAL CONTRIBUTIONS AVA TAXABLE INCOME LIMITATI		4,394,690 24,772,918 0		
EXCESS 50% CONTRIBUTION TOTAL EXCESS CONTRIBUTI		24,772,918 24,772,918	ť	
ALLOWABLE CONTRIBUTIONS	DEDUCTION			(
TOTAL CONTRIBUTION DEDU	CTION			(

FORM 990-T'	NET	OPERATING LOSS D	EDUCTION	STATEMENT
TAX YEAR LOS	S SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	5,342.	0.	5,342.	5,342.
NOL CARRYOVER A	VAILABLE THIS	5,342.	5,342.	
FORM 990-T		- COMPENSATION O		STATEMENT
FORM 990-T				STATEMENT COMPENSATION

8801

Credit for Prior Year Minimum Tax - Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/Form8801 for instructions and the latest information.

Attach to Form 1040, 1040NR, or 1041.

2018

OMB No 1545-1073

Attachment 74

Name(s) shown on return

Identifying number

<u>B</u> 1	ELLINGRATH-MORSE FOUNDATION		63-6017803
	art I Net Minimum Tax on Exclusion Items		
1	Combine lines 1, 6, and 10 of your 2017 Form 6251 Estates and trusts, see instructions	1	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	
•	Management the consistence of a consistence (and consistence)		,
3	Minimum tax credit net operating loss deduction (see instructions)	3 (
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II If more		
•	than \$249,450 and you were married filing separately for 2017, see instructions	4	0.
	That we lot to and you have married ming separately for 2011, 600 methods and		
5	Enter \$84,500 if married filing jointly or qualifying widow(er) for 2017, \$54,300 if single or head of household for		
	2017, or \$42,250 if married filing separately for 2017 Estates and trusts, enter \$24,100	5	24,100.
6	Enter \$160,900 if married filing jointly or qualifying widow(er) for 2017; \$120,700 if single or head of household		
	for 2017, or \$80,450 if married filing separately for 2017 Estates and trusts, enter \$80,450	6	80,450.
7	Subtract line 6 from line 4 If zero or less, enter -0- here and on line 8 and go to line 9	7	0.
8	Multiply line 7 by 25% (0 25)	8	
9	Subtract line 8 from line 5 If zero or less, enter -0- If under age 24 at the end of 2017, see instructions	9	<u>24,100.</u>
10	Subtract line 9 from line 4 If zero or less, enter -0- here and on line 15 and go to Part II Form		•
	1040NR filers, see instructions	10	0.
11	• If for 2017 you filed Form 2555 or 2555-EZ, see instructions for the amount to enter		
	9165 0047 vary reported control and distributions distributions for a 1040 line 12 year reported explicited		
	• If for 2017 you reported capital gain distributions directly on Form 1040, line 13, you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)), or you had a gain on both lines 15 and 16 of		
	Schedule D (Form 1040) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of		
	Form 8801 and enter the amount from line 55 here. Form 1040NR filers, see instructions	11	
	Total Goot and office the amount non-mile of hele Total Total Thirds, see medicalione		
	 All others: If line 10 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply 		
	line 10 by 26% (0 26) Otherwise, multiply line 10 by 28% (0 28) and subtract \$3,756 (\$1,878 if married		
	filing separately for 2017) from the result Form 1040NR filers, see instructions		
40	Management of the second day and the second day of the second sec		
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
12	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	42	
13	THE TAIL AND THE CANDING THE TAIL SUDDING THE TAIL THE TH	13	
14	Enter the amount from your 2017 Form 6251, line 34, or 2017 Form 1041, Schedule I, line 55	14	
7	and and an and finite year bear 1 only obert, into on, or both 1 only 10 miles of		_
15	Net minimum tax on exclusion items. Subtract line 14 from line 13 If zero or less, enter -0-	15	0.
LH			Form 8801 (2018)
	•		

12,832.

Form 8801 (2018)

26

you may use it in future years

		<u> </u>				
Part III	1	Tax Compu	itation l	Jsing Maximum	Capital	Gains Rates

Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Worksheet in the instructions

Caution: If you didn't complete the 2017 Qualified Dividends and Capital Gain Tax Worksheet, the 2017 Schedule D Tax Worksheet, or Part V of the 2017 Schedule D (Form 1041), see the instructions before completing this part *

- 27 Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2017, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions.
 Caution: If for 2017 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 28, 29, and 30.
- 28 Enter the amount from line 6 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2017 Schedule D Tax Worksheet, or the amount from line 26 of the 2017 Schedule D (Form 1041), whichever applies*

If you figured your 2017 tax using the 2017 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 20

- 29 Enter the amount from line 19 of your 2017 Schedule D (Form 1040), or line 18b, column (2), of the 2017 Schedule D (Form 1041)
- 30 Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2017 Schedule D Tax Worksheet
- 31 Enter the smaller of line 27 or line 30
- 32 Subtract line 31 from line 27
- 33 If line 32 is \$187,800 or less (\$93,900 or less if married filing separately for 2017), multiply line 32 by 26% (0 26) Otherwise, multiply line 32 by 28% (0 28) and subtract \$3,756 (\$1,878 if married filing separately for 2017) from the result Form 1040NR filers, see instructions
- 34 Enter
- \$75,900 if married filing jointly or qualifying widow(er) for 2017,
- \$37,950 if single or married filing separately for 2017,
- \$50,800 if head of household for 2017, or
- \$2,550 for an estate or trust

Form 1040NR filers, see instructions

- 35 Enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2017 Schedule D Tax Worksheet, or the amount from line 27 of the 2017 Schedule D (Form 1041), whichever applies If you didn't complete either worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1040, line 43, or 2017 Form 1041, line 22, whichever applies, if zero or less, enter -0- Form 1040NR filers, see instructions
- 36 Subtract line 35 from line 34. If zero or less, enter -0-
- 37 Enter the smaller of line 27 or line 28
- 38 Enter the smaller of line 36 or line 37
- 39 Subtract line 38 from line 37
- 40 Enter
- \$418,400 if single for 2017,
- \$235,350 if married filing separately for 2017,
- \$470,700 if married filing jointly or qualifying widow(er) for 2017,
- \$444,550 if head of household for 2017, or
- \$12,500 for an estate or trust

Form 1040NR filers, see instructions

- 41 Enter the amount from line 36
- Form 1040 filers, enter the amount from line 7 of your 2017 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 19 of your 2017 Schedule D Tax Worksheet, whichever applies If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2017 Schedule D (Form 1041) or line 18 of your 2017 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2017 Schedule D (Form 1041), enter the amount from your 2017 Form 1041, line 22, if zero or less, enter ·0- Form 1040NR filers, see instructions

* The 2017 Qualified Dividends and Capital Gain Tax Worksheet is in the 2017 Instructions for Form 1040. The 2017 Schedule D Tax Worksheet is in the 2017 Instructions for Schedule D (Form 1040) (or the 2017 Instructions for Schedule D (Form 1041)).

819883 11-16-18

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Tax Worksheet in the instructions for line 11

Bellingrath-Morse Foundation Form 990-T 2018 63-6017803

Form 990-T Attachment

K-1. Harbert Real Estate Fund III, LLC EIN # 20-2372689

	K-1 Amount	UBI Amount	
Ordinary business income (loss)	\$ -	\$ -	
Net rental income (loss)	(30,458)	(10,905)	
Interest income	34	14	
Net section 1231 gain	(13,855)	(5,320)	
Cash contributions	(192)	(82)	
	(44,471)	(16,293)	