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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

	venue Service	Note. The foundation	n may	be able to use a copy of this	s return to sati	sfy state repo	rtın <mark>g</mark> requireme	nts.	
		or tax year beginning		11, 2009	, and e		DEC 31	2009	
G Check	call that apply:	X Initial return Amended return		Initial return of a f	•	charity	Name change	Final return	
Use the label Otherwi	HARRY	oundation J AND ALOYIS TABLE FOUNDAT		SONNEBORN	.90	<u> </u>	A Employer id	dentification	number
print or type	Number and	street (or P O box number if mail				Room/suite	B Telephone r		
See Spe	- 141 - DOGG					l			
Instructi	one I City of to	vn, state, and ZIP code E, AL 36608					D 1. Foreign o	organizations	ending, check here , check here
	type of organization 4047(a)(1	ration: X Section 501(empt private foundation Other taxable private found	lation		2. Foreign org	ganizations me and attach co	eting the 85% test, mputation
				ng method: X Cash	Acci	rual			us was terminated (A), check here
	Part II, col (c)			ther (specify)				. , , ,	60-month termination
▶\$, ,,,		I, colu	mn (d) must be on cash	basis)				(B), check here
Part I	☐ (The total of am)	evenue and Expenses ounts in columns (b), (c), and (d) ma al the amounts in column (a))	ıy not	(a) Revenue and expenses per books		vestment ome	(c) Adjus incor		(d) Disbursements for charitable purposes (cash basis only)
1	Contributions,	gifts, grants, etc., received		25,000.					
2		if the foundation is not required to attach S	ch B		ļ				
3	cash investment	=		10		10			ama menana 1
4		interest from securities		19.		19.			STATEMENT 1
	Gross rents Net rental incomi	()			 				
62	Net gain or (loss)	from sale of assets not on line 10		-				-	
Revenue 2	Gross sales price assets on line 6a	of for all							
ã 7	Capital gain net income (from Part IV, line 2)				ļ. — — — — — — — — — — — — — — — — — — —	0.			
9	Net short-tern Income monit Goes sales less	eathoris VEU							
10a b	Less Cost of Jos	100 mg 2010 0 2010 0 2010							
C	Gross profit or	(loss)						_	
12	total. Add In	Sant Sprit S		25,019.		19.		0.	
13	Compensation o	officers, directors, trustees, etc		288.		0.		0.	0.
14	Other employe	e salaries and wages							· · · · ·
ro I	•	, employee benefits	_	5 500	ļ				
일 16a	Legal fees		2	7,583	 -	0.		0.	0.
<u> </u>	 Accounting fer Other professi 		3	1,500.			<u> </u>	<u> </u>	
ш с 9 17	Interest	unai iees							
18	Taxes			·- <u>-</u>					
19	Depreciation a	nd depletion							
[20	Occupancy	·							
₹ 21	Travel, confere	ences, and meetings							<u> </u>
E 22	Printing and p								
[23	Other expense		4	750.	ļ <u>-</u>	0.	ļ	0.	0.
Operating 23		g and administrative		10 101		0		•	
Ö "	•	d lines 13 through 23		10,121.		0.		0.	0.
		gifts, grants paid s and disbursements.							
26	Add lines 24 a			10,121.		0.		0.	0.
27	Subtract line 2			10,121				· ·	.
		e over expenses and disbursemen	ts	14,898.					
		nt income (if negative, enter -0-)				19.			
c	Adjusted net i	NCOME (if negative, enter -0-)						0.	
923501 02-02-10	LHA For Pr	ivacy Act and Paperwork Red	duction	Act Notice, see the instru	ctions.				Form 990-PF (2009)

	DILLOTED - DOTTEDOTET	
CHARITABLE	FOUNDATION	26-3868045

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts received 14,898. 14,898. 14,898. 1		-	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
2 Savings and temporary cash avestments 1 4, 898. 14,898. 1 Accounts reaceable Less: allowance for doubtful accounts ► 4 Pedage receable 5 Grants receable 6 Receables due from officers, directors, trusters, and other deguarded persons 7 Use reas satissments 1 East, allowance for doubtful accounts ► 8 Receables for also or use 8 Remembers for also or use 1 Use investments - U.S. and satis government obligations 3 Investments - Comporate blonds 1 Investments - Outpout also bonds 1 Investments - Outpout also outpout bonds 1 Investments - Outpout bonds 1 Investments		art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
3 Accounts receivable Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualited persons 7 The nees relates receivable 10 Prepared separes and deferred charges 10 Prepared separes and deferred charges 10 Prepared separes and deferred charges 11 Less, disquares - corporate bonds 11 Interstinents - corporate bonds 12 Interstinents - corporate bonds 13 Interstinents - corporate bonds 14 Lend, buildings, and equipment basis 15 Other assatis (discribe 16 Land, buildings, and equipment basis 16 Grants payable and activated expenses 17 Accounts payable and activated expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 21 Mortgarges and other notes payable 22 Total liabilities (add lines 17 through 22		1	Cash - non-interest-bearing			
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S carlist receivable		4	Pledges receivable ►			
6 Researables due from officers, directors, trustees, and other disqualified persons 7 this released and interested charges 8 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 10 Investments - Corporate block 10 Investments - Corporate block 11 Investments - Corporate block 12 Investments - Corporate block 13 Investments - Corporate block 13 Investments - Corporate block 15 Investments - Corporate block 16 Investments - Corporate block 17 Investments - Corporate block 18 Investments - Corporate block 19 Investments - Corporate block 19 Investments - Corporate block 10 Investments - Corporate block 11 Investments - Corporate block 12 Investments - Corporate block 13 Investments - Corporate block 15 Tother assets (describe ▶ 16 Tother assets (describe ▶ 16 Total seasets (floe be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Universiments - Corporate block by all filers by 10 Louis from officers, investment and other dequalified persons 21 Mortgages and other notes payable 22 Other labilities (describe ▶ 23 Total Biabilities (describe ▶ 24 Total Biabilities (describe ▶ 25 Toundations that follow SFAS 117, check here ▶ 26 Toundations that follow SFAS 117, check here ▶ 27 Toundations that follow SFAS 117, check here ▶ 28 Paul-no capital surples, occurrent flunds 29 Personal control flunds block here by 10 Louis flunds by 10			Less: allowance for doubtful accounts ▶			
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				olumn (b), line 30	6	14,898.

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Page 2

<u> </u>		osses for Tax on in		t Income	(b)	How ac	quired	(c) Date acc	nured	(d) Date sold
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			Q (- Purc - Dona	quired hase ation	(mo., day,	yr.)	(mo., day, yr.)		
1a					_					
b NC	NE									-
<u>c</u>					\vdash					-
e e										
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		expense of sale		-		(h) Gain (e) plus (f	or (loss)) minus (
<u>a</u>	-									
<u>b</u>										
d d	-									
e				 						
Complete only for assets show	ng gain in	column (h) and owned by t	he foundatio	n on 12/31/69				(I) Gains (Col.	(h) gain i	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		xcess of col. (ı) r col. (ı), ıf any			C	òl. (k), but not Losses (fr	less than om col. (I	1-0-) or 1))
a										
b										
C										
<u>d</u>	 									
<u>e</u>	1	<u> </u>		_	_					
2 Capital gain net income or (net c	apital loss	$\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$	in Part I, line in Part I, line	e 7	}	2				
3 Net short-term capital gain or (lo			d (6):		١ ١					
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		(c).				3				
Part V Qualification l	Jnder S	Section 4940(e) for	Reduced	d Tax on Net	Inv	estn	nent In	come		
(For optional use by domestic private	te foundat	ions subject to the section 4	1940(a) tax oi	n net investment ir	ncom	e.)				N/A
If section 4940(d)(2) applies, leave	thic part b	dank								
Was the foundation liable for the set If "Yes," the foundation does not qua				•	riody					Yes No
1 Enter the appropriate amount in					es.					
(a) Base period years		(b)			(c))			Dietrib	(d)
Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist	tributions	Net value of no	nchá	rıtable-	ritable-use assets Distribûtión ratio (col. (b) divided by col. (c))			
2008										
2007										
2006				 						·
2005										
2004				1				- -		
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year ba	ase period - divide the total c	on line 2 by 5,	, or by the number	of ye	ears				<u>-</u> -
the foundation has been in existe	ence if les	s than 5 years						3		
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5						4	· · 			
5 Multiply line 4 by line 3					5		······································			
6 Enter 1% of net investment inco	6 Enter 1% of net investment income (1% of Part I, line 27b)									
7 Add lines 5 and 6								b		
7 Add lines 5 and 6	me (1% o	f Part I, line 27b)								
7 Add lines 5 and 68 Enter qualifying distributions fro		·								

HARRY J AND ALOYIS L SONNEBORN Form 990-PF (2009) 26-3868045 CHARITABLE FOUNDATION Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 0. **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here __ and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 **b** Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ____ if Form 2220 is attached 8 0. 9 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded Part VII-A | Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No Х any political campaign? 1a X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: ______O . (2) On foundation managers. ► \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. 2 X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b 5 X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 6 X remain in the governing instrument? X 7 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

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X

X

8b

10

of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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Х

3b

4a

N/A

HARRY J AND ALOYIS L SON	NEBORN		06 00600	4.5
Form 990-PF (2009) CHARITABLE FOUNDATION Part VII-B Statements Regarding Activities for Which F	form 4720 May Bo F	Poguired (see	<u>26-38680</u>	45 Page 6
	Offit 4720 May be r	nequired (contin	uea)	
5a During the year did the foundation pay or incur any amount to:	4045(-)\9		es X No	
 (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or 			S LAJ NO	
• • • • • • • • • • • • • • • • • • • •	r to carry on, directly or indire		es X No	
any voter registration drive?	1		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'		T6	S LAL NO	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in Section		es X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?	an adventional avenages of	_	S LALINO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		es X No	
the prevention of cruelty to children or animals?	l		S LALINO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	NT / N	.
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	ib
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. —	
expenditure responsibility for the grant?		1/A L Y	es L No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		es X No	
a personal benefit contract?		Y(I .	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		- <u>-</u>	b X
If "Yes" to 6b, file Form 8870	h - lk k	[es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y('b
b If yes, did the foundation receive any proceeds or have any net income attribute Information About Officers, Directors, Trusto		nagara Highl		<u> </u>
Part VIII Paid Employees, and Contractors	ees, roundation ivid	mayers, mgm	y	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
		,		
SEE STATEMENT 6		288.	0.	0.
				·
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than 450,000	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
				
				· · · · · · · · · · · · · · · · · · ·
		ļ		
		<u> L</u>		
Total number of other employees paid over \$50,000			rana C	90-PF (2009)
			Form &	73U-F F (2009)

02-02-10

Form **990-PF** (2009)

0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	19,950.
Ь	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	19,950.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	_ 0.
3	Subtract line 2 from line 1d	3	19,950.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	299.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,651.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	549.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	549.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	549.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	549.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	549.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
а	(-),	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	ne section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7			-	549.
2 Undistributed income, if any, as of the end of 2009				<u> </u>
a Enter amount for 2008 only			0.	
b Total for prior years:				
g votal to prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 0 .				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	•			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		· ·		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line		**		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				549.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009	<u> </u>			

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Grants and Contributions Paid During the	he Year or Approved for Future P	ayment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Paid during the year				
NONE				
	i			
	1			
Total			> 0.	
Approved for future payment			→ 3a	<u>-</u>
NONE				
	l			
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activ

Enter gross amounts unless otherwise indicated.	Unrelated I	business income	Exclude	ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	iunction income
a	-		 		
b			 		
	1 1	 _			
· · · · · · · · · · · · · · · · · · ·	1 1		1		
f			1		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	 	 			
3 Interest on savings and temporary cash					
investments			1 1		
4 Dividends and interest from securities			14	19.	
5 Net rental income or (loss) from real estate:		 	 -= - 		
a Debt-financed property			-		
b Not debt-financed property		, .	 -		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		-			
11 Other revenue:					
a	_				
b					
C					
d	l I				
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	19.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	19.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities					
Explain below how each activity for which inc the foundation's exempt purposes (other than			contribu	ited importantly to the accom	plishment of
the foundation's exempt purposes (other than	ir by providing land.	s for such purposes).			
	· · · · ·			<u>-</u> .	
				-	<u> </u>
	· · · · · · · · ·		_ <u></u>	-	
			-	.=.	
		· ·		-	
	<u>-</u>				
				-	
			.	-	
923621 02-02-10					Form 990-PF (2009)

Part X	VII Information Re Exempt Organ	egarding Transfers To a izations	and Transactions a	nd Relationshi	s With Nonchar	itable)	
1 Did th		ectly engage in any of the following	ng with any other organization	n described in section	501(c) of		Yes	No
		(3) organizations) or in section 52			,			
		ation to a noncharitable exempt or						
(1)		·				1a(1)		X
(2)	Other assets					1a(2)		X
b Other	transactions:							
(1) 5	Sales of assets to a noncharital	ble exempt organization				1b(1)		_X
(2)	Purchases of assets from a no	ncharitable exempt organization				1b(2)		X
(3) F	Rental of facilities, equipment,	or other assets				1b(3)		X
(4) f	Reimbursement arrangements					1b(4)		X
(5) l	oans or loan guarantees					1b(5)		X
		mbership or fundraising solicitation				1b(6)		X
		ılıng lısts, other assets, or paid en				1c		X
		"Yes," complete the following scho					ets,	
		oundation. If the foundation receiv		e in any transaction or	sharing arrangement, sh	iow in		
		other assets, or services received.		T (A) -				
(a) Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(0) Description of	transfers, transactions, and s	haring arr	rangeme	:nts
		N/A			.=			
				 				
			.					
		-			 · · ·			
		<u></u>						
		<u>,</u>						
		. , , , ,						
								
								_
2a Is the	e foundation directly or indirec	tly affiliated with, or related to, one	e or more tax-exempt organi	zations described		_		_
ın se	ction 501(c) of the Code (other	r than section 501(c)(3)) or in sec	tion 527?			Yes	X	. No
_b If Ye	s," complete the following sch		T-11:1211	· · · · · · · · · · · · · · · · · · ·				
	(a) Name of org	anization	(b) Type of organization	(c)	Description of relationsh	<u>ıb</u>		
	N/A							
			<u> </u>					
							_	
Under	penalties of perjury I declare that I h	ave examined this return, including acc	omnanying schedules and statem	ents, and to the best of m	knowledge and belief, it is to	rue. corre	ct.	
		r man (axpayer or fiduciary) is based or) H.J		,	
	1117		16/8/13	\ <up4< td=""><td>Non Clust</td><td></td><td></td><td></td></up4<>	Non Clust			
<u>e</u>	ignature of officer or trustee		Date	Title	<u> </u>			
£ /	Dranararia	<u> </u>		Date Chec	(If Preparer	's identify	ying nur	nber
Sign Here	signature WALTE	R F. D'OLIVE, 1		5/18/10 self-	oved ▶			
aid aid	Firm's name (or yours WILK	INS MILLER HIEF			in ▶			
Sign Paid Preparer's Use Only	if self-employed), 2800	DAUPHIN STREET		ľ				
~ ~	address, and ZIP code MOBI				Phone no. (251)	476	<u>-55</u>	00
	Form 990-PF (2009)							

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

	ARRY J AND ALOYIS L SONNEBORN	06.0060045					
	HARITABLE FOUNDATION	26-3868045					
Organization type (check of	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
· -	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule See instructions					
General Rule							
X For an organization contributor Comp	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in rollete Parts I and II	noney or property) from any one					
Special Rules							
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II						
aggregate contrib	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for u If this box is chect purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contuse exclusively for religious, charitable, etc., purposes, but these contributions did not a ked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because le, etc., contributions of \$5,000 or more during the year	ggregate to more than \$1,000. rely religious, charitable, etc,					
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule n Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)					

for Form 990, 990-EZ, or 990-PF.

	J AND ALOYIS L SONNEBORN TABLE FOUNDATION	26-3868045		
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4 Aggree		(d) ons Type of contribution	
1	ALOYIS L. SONNEBORN 5808 FAIRFAX ROAD NORTH MOBILE, AL 36608	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	ons Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution	
:		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution	
			Person Payroll Noncash	

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

(Complete Part II if there is a noncash contribution.)

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMEN	TT 1
SOURCE GROSS AMOUNT				TAL GAINS	COLUMN (A) AMOUNT		
DIVIDENDS THROUGH BANKTRUST	•	19.		0.		19.	
TOTAL TO FM 990-PF, PART I, I	LN 4		19.		0.		19.
FORM 990-PF		LEGAL	FEES			STATEMEN	IT 2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) (C) NET INVEST- ADJUSTED MENT INCOME NET INCOME		CHARI		
LEGAL FEES		7,583.		0.		0.	0.
TO FM 990-PF, PG 1, LN 16A =		7,583.		0.		0.	0.
FORM 990-PF	ACCOUNTING FEES			STATEMENT 3			
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		TABLE
ACCOUNTING FEES		1,500.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16B		1,500.		0.		0.	0.
FORM 990-PF		OTHER EXPENSES			STATEMENT		IT 4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM)) TABLE
IRS USER FEE		750.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 23		750.	·	0.		0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

0.

FORM 990-PF	DRM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10				STATEMENT 5		
NAME OF CONTRIBUTOR		ADDRESS					
ALOYIS L. SONNEBORN		5808 FAIRFA					
EODW 000 DE DAD	m vitt titom	OF OFFICERS	DIRECTION	Cmam'	EMENIII 6		
FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STAT	EMENT 6		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
ALOYIS L. SONNEBORN 5808 FAIRFAX ROAD MOBILE, AL 36608		DIRECTOR 2.00	0.	0.	0.		
ROBERT B. KING 4226 BELLEVUE LANE MOBILE, AL 36608	:	DIRECTOR 2.00	0.	0.	0.		
GREGORY L. LUCE 4251 THE CEDARS MOBILE, AL 36608	:	DIRECTOR 2.00	0.	0.	0.		
WALTER F. D'OLIVE, II 10 N. FLORIDA STREET MOBILE, AL 36608	I :	DIRECTOR 2.00	0.	0.	0.		
BANKTRUST 100 SAINT JOSEPH STRE MOBILE, AL 36652		TRUSTEE 2.00	288.	0.	0.		

288.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN HENSLEY C/O BANKTRUST

P.O. BOX 3067

MOBILE, AL 36652

TELEPHONE NUMBER NAME OF GRANT PROGRAM

251-438-6217

GRANT PROGRAM

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN WRITTEN FORMAT AND INCLUDE A COVER LETTER, A PROPOSAL INCLUDING TIMELINE, BUDGET OUTLINE AND ESTIMATED IMPACT OF PROJECT ON PRIMARY AND SECONDARY STAKEHOLDERS (INCLUDING THE NUMBER OF INDIVIDUALS THAT WILL BENEFIT FROM THE FUNDING.) THE APPLICATION SHOULD ALSO INCLUDE A COPY OF THE ORGANIZATION'S IRS 501(C)(3) FEDERAL EXEMPTION LETTER, A LIST OF THE BOARD OF DIRECTORS AND SUPPORT MATERIALS (I.E., ANNUAL REPORTS, BROCHURES, FLYERS, PRESS CLIPPINGS, ETC.)

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN HENSLEY C/O BANKTRUST

P.O. BOX 3067

MOBILE, AL 36652

TELEPHONE NUMBER NAME OF GRANT PROGRAM

251-438-6217

COLLEGE EDUCATION SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

SCHOLARSHIPS WILL BE PUBLICIZED BY DIRECT NOTIFICATION OF THE ADMINISTRATIONS OF PUBLIC AND PRIVATE HIGH SCHOOLS WITHIN MOBILE COUNTY, AL. A WRITTEN SCHOLARSHIP APPLICATION WILL BE REQUIRED.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

EACH POTENTIAL APPLICANT MUST ATTEND HIGH SCHOOL IN MOBILE COUNTY, ALABAMA, MUST HAVE AT LEAST A 2.9 GPA (OR ITS EQUIVALENT) UPON GRADUATION FROM HIGH SCHOOL AND IN COLLEGE; AND MUST ATTEND A UNIVERSITY, COLLEGE, JUNIOR COLLEGE OR OTHER POST-SECONDARY EDUCATION INSTITUTION LOCATED WITHIN MOBILE COUNTY, ALABAMA.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

-	re filing for an Automatic 3-Mon	th Extension, complete only Pa	art I and check this box	► X
- n you a	-	• •	complete only Part II (on page 2 of this	·
Do not co	omplete Part II unless you have	already been granted an automa	atic 3-month extension on a previously f	led Form 8868
Part I	Automatic 3-Month I	Extension of Time. Only su	ibmit original (no copies needed).	-
A corpora	tion required to file Form 990-T a	nd requesting an automatic 6-mo	onth extension - check this box and con	nplete
Part I only	·	, ,		▶ □
	corporations (including 1120-C file ome tax returns	ers), partnerships, REMICs, and t	rusts must use Form 7004 to request ar	n extension of time
noted bel (not autor you must	ow (6 months for a corporation re natic) 3-month extension or (2) yo	equired to file Form 990-T). Howe ou file Forms 990-BL, 6069, or 88 signed page 2 (Part II) of Form 88	you want a 3-month automatic extension ver, you cannot file Form 8868 electron 170, group returns, or a composite or co 168 For more details on the electronic fi	ically if (1) you want the additional nsolidated Form 990-T Instead,
Type or	Name of Exempt Organization			Employer identification number
print	HARRY J AND ALO			
File by the	CHARITABLE FOUN			26-3868045
due date for filing your	Number, street, and room or si 5808 FAIRFAX RD	uite no If a P.O. box, see instruc	tions	
return See Instructions	City, town or post office, state, MOBILE, AL 366	, and ZIP code. For a foreign add	fress, see instructions.	
Check ty	pe of return to be filed(file a sep	arate application for each return)	
For	m 990 🔲 I	Form 990-T (corporation)	Form 4	720
$\overline{}$		Form 990-T (sec 401(a) or 408(a)		·
=		Form 990-T (trust other than abo		 ·
X For		Form 1041-A	Form 8	370
		KTRUST	26652	
● Thaha	oks are in the care of P.O.	BOX 3067 - MOB		
			FAX No. ▶	
Teleph	one No ▶ <u>2514386217</u>			
Teleph	one No \triangleright $2514386\overline{217}$ organization does not have an offi	ice or place of business in the Ur		
Teleph If the c	one No \triangleright $2514386\overline{217}$ organization does not have an offis for a Group Return, enter the or	ice or place of business in the Ur rganization's four digit Group Exe	emption Number (GEN) If th	• •
Teleph If the c	one No \triangleright $2514386\overline{217}$ organization does not have an offis for a Group Return, enter the or	ice or place of business in the Ur rganization's four digit Group Exe		• •
Teleph If the co If this into the co Doox ► [one No ► 2514386217 organization does not have an offit of a Group Return, enter the orthogonal of the group, or the group or the group.	ice or place of business in the Urrganization's four digit Group Executes this box	emption Number (GEN) If th	members the extension will cover
Teleph If the co If this into the co Doox ► [one No ► 2514386217 organization does not have an offit of a Group Return, enter the orthogonal of the group, or the group or the group.	ice or place of business in the Ur rganization's four digit Group Exe check this box and atta onths for a corporation required	emption Number (GEN) If th ach a list with the names and EINs of all	members the extension will cover
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Teleph If the color if this is formula if the color i	one No 2514386217 organization does not have an offit is for a Group Return, enter the organization of the group, organization of the group, organization of the or	ice or place of business in the Urrganization's four digit Group Execheck this box and attached and accordance on the for a corporation required to the exempt organization, to file the exempt organization, and the corporation of the exempt organization organiza	emption Number (GEN) If the ach a list with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named and ending DEC31_,2009	members the extension will cover the cover the extension Change in accounting period
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923831 05-26-09

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

-	e filing for an Automatic 3-Month Extension, complete only Part I and check this box e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	▶ [X		
Do not cor	mplete Part II unless you have already been granted an automatic 3-month extension on a previously f	led Fo	orm 8868.				
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		_				
A corporati Part I only	on required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete		▶ [
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ai ne tax returns	n exte	nsion of time	•			
noted below (not automated) you must si	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or combonit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file file and click on e-file for Chanties & Nonprofits	ically i	f (1) you wai lated Form 9	nt the additi 190-T. Instea	ional		
Type or print	Name of Exempt Organization HARRY J AND ALOYIS L SONNEBORN			Employer identification number			
-	CHARITABLE FOUNDATION	2	6-3868	045			
File by the due date for filing your	or Number, street, and room or suite no. If a P.O. box, see instructions. 5808 FAIRFAX RD N						
return See	e						
Check type	e of return to be filed (file a separate application for each return)						
Form	990 Form 990-T (corporation) Form 47 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 990-EZ Form 990-T (trust other than above) Form 60 990-PF Form 1041-A Form 88	27 169					
	BANKTRUST As are in the care of P.O. BOX 3067 - MOBILE, AL 36652						
If the orgIf this is f	_		r the whole (
box ▶ ∟	If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all i	memb	ers the exte	nsion will co	over		
A	est an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- UGUST 15, 2010 , to file the exempt organization return for the organization named a		The extension	on			
Is for t	the organization's return for: calendar year or						
► X	tax year beginning JUN 11, 2009 and ending DEC 31, 2009		<u>.</u> .				
2 If this	tax year is for less than 12 months, check reason X Initial return Final return		Change in a	ccounting p	eriod		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	fundable credits. See instructions.	3a			0.		
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated yments made. Include any prior year overpayment allowed as a credit.	3ь	\$		0.		
	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required.	30	<u> </u>		••		
	it with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
See in	structions.	3с	\$		0.		
Caution. If y	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	3879·E	O for payme	ent instructi	ions.		
HA For	Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8	3868 (Rev. 4	-2009)		