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# Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

	OMB No 1545-0052
	2012
ī	nen to public Inchecti

Department of the Treasury Internal Revenue Service

or cale	ndar year 2012 or tax year beginning		, and ending		
	f foundation			A Employer identification	ı number
	RY J AND ALOYIS L SONNE	BORN			
	RITABLE FOUNDATION		, <u> </u>	26-3868045	<u> </u>
	and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	8 FAIRFAX RD N			251-410-67	00
	town, state, and ZIP code			C If exemption application is p	pending, check here
	ILE, AL 36608			1	
Checi	k all that apply Initial return		ormer public charity	D 1. Foreign organization:	s, check here . $ ightharpoonup$
	Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
	Address change	Name change	<del></del>	check here and attach or	omputation
	k type of organization X Section 501(c)(3) ex			E If private foundation sta	
		Other taxable private founda		under section 507(b)(1	
	arket value of all assets at end of year J Account	•	Accrual	F If the foundation is in a	
•	Part II, col. (c), line 16) 0t 84 , 176 . (Part I, colu	ther (specify)	hoore )	under section 507(b)(1	)(B), check here
\$					(4) 5
Part	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for chantable purposes
<u> </u>	necessarily equal the amounts in column (a)	25,000.			(cash basis only)
1	Contributions, gifts, grants, etc., received	23,000.		<b></b>	<del> </del>
2	Check If the foundation is not required to attach Sch B Interest on savings and temporary		<u> </u>		<del>                                     </del>
3	cash investments	320.	340.		STATEMENT 1
4 5	Dividends and interest from securities	320.	340.		DIGITALIENI 1
Ι.	Gross rents				
	Net rental income or (loss)				
anuavar 7 8	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all			<u> </u>	<del></del>
[ ]	assets on line 6a		0.		
	Capital gain net income (from Part IV, line 2)		<b>0</b>		<b></b>
8	Net short-term capital gain	-			
	Income modifications Gross sales less retums				<b></b>
10a		,			<del></del>
	Cross profit or (loss)				
	Gross profit or (loss) Other income	<u> </u>			
11		25,320.	340.	0.	
	Total. Add lines 1 through 11	237,320.	0.	0.	0.
13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	233.			1
15	Pension plans, employee benefits	<del></del>			<del> </del>
0 162	rension plans, employee bellents 2 Legal fees				<del> </del>
	A Accounting fees STMT 2	170.	0.	0.	85.
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Other professional fees	1700	<b>.</b>		1
Operating and Administrative Expens 12	Interest				<del>                                     </del>
18 18	Taxes STMT 3		9.		<del>                                     </del>
19	Depreciation and depletion				
E 20	Occupancy RECEIVED				<del></del>
E 21	Travel conferences and meetings	-			<del> </del>
B 21	Printing and publications				<del> </del>
E 23	Other expenses NUV 0 1 2013				
24	Printing ani@publications Other expenses NUV 0 1 2013 Total operating and administrative				<u> </u>
<u>ا ج</u>	expenses. Add Intest (13 through) 23 1	405.	9.	0.	. 85
5 25		2,400.			2,400
26					
20	Add lines 24 and 25	2,805.	9.	0.	2,485
97	Subtract line 26 from line 12	2,000	,	·	2,100
	2 Excess of revenue over expenses and disbursements	22,515.			
	D Net investment income (if negative, enter -0-)	22,313	331.		
	Adjusted net income (if negative, enter -0-)		221.	0.	
1 6	/ mulualida Hist Hibbilis III (1602)(Ve. enier -IF)			, ,	/ <b>b</b>

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

CHARITABLE FOUNDATION

26-3868045

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	art	Balance Sheets Attached schedules and amounts in the description column should be for enclosured amounts only	Beginning of year	End of	year
	an	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	59,635.	57,263.	57,263.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S and state government obligations			
	b	investments - corporate stock STMT 4	0.	24,887.	26,913.
	C	Investments - corporate bonds		<del></del>	
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			<del></del>
	12	Investments - mortgage loans			
	13	Investments - other	<u> </u>		
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	59,635.	82,150.	84,176.
_	1	Accounts payable and accrued expenses	3370031	02,1300	01/1/0.
	18	Grants payable		-	
w	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable			
ڐ	1	Other liabilities (describe )	-		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
ğ	25	Temporarily restricted			
or Fund Balance	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	59,635.	82,150.	
Net Assets	30	Total net assets or fund balances	59,635.	82,150.	
	21	Total liabilities and not appets found belongs	59,635.	82,150.	
		Total liabilities and net assets/fund balances		02,130.	
	art	Analysis of Changes in Net Assets or Fund B	alances	·····	
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		E0 (35
_		st agree with end-of-year figure reported on prior year's return)		1	59,635.
_		r amount from Part I, line 27a		2	22,515.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3	•	. 4	82,150.
5	Decr	eases not included in line 2 (itemize)	aluma (b) k = 00	5	<u>0.</u> 82 150

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Part IV Capital Gains and Losses for Tax on Investment Income					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	scribe the kind(s) of property sold (e g warehouse, or common stock, 200 sh			(b) How ac P - Purch D - Dona	nase '	c) Date acquired (mo , day, yr )	( <b>d)</b> Date sold (mo , day, yr )
1a							
	ONE						
C	· · · · · · · · · · · · · · · · · · ·					<del></del>	
e e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale	l		(h) Gain or (loss (e) plus (f) minus (	 ) (a)
a	(**************************************					(-,	
b							
<u> </u>	<u> </u>					· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u>d</u>		-					
Complete only for assets show	ving gain in column (h) and owned by	the foundation	on 12/31/69		(1)	Gains (Col (h) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (1) col (j), if any			(k), but not less that Losses (from col (	n -0-) <b>or</b>
a							
b		<u> </u>					
<u>C</u>		1					
e .							
<u> </u>	(If gain, also enter	r in Part I line '	7	7			
2 Capital gain net income or (net	capital loss)	)- in Part I, line	, 7	) <u>2</u>			
	loss) as defined in sections 1222(5) a						
If gain, also enter in Part I, line				$ \cdot $			
If (loss), enter -0- in Part I, line  Part V Qualification	Under Section 4940(e) for	r Reduced	Tax on Net	Investm	ent Inco	ome	·-
	ate foundations subject to the section						
f section 4940(d)(2) applies, leave		• •		·			
	·						(T)
	ection 4942 tax on the distributable ar		•	10d?			Yes X No
	ualify under section 4940(e) Do not c n each column for each year, see the			ntries			
(a) Base period years	(b)			(c)		Dietat	(d) oution ratio
Calendar year (or tax year begin	ining in) Adjusted qualifying dis	ı	Net value of no			(col (b) div	nded by col (c))
2011		3,150. 588.			8,276. 6,242.		.065250
2010 2009		0.			9,651		.000000
2009					<i>5</i> <b>7</b> 0 5 1 .	1	
2007							
							00765
2 Total of line 1, column (d)				,		2	.08765
3 Average distribution ratio for the the foundation has been in exist	ie 5-year base period - divide the total	on line 2 by 5,	or by the number	of years		3	.029219
the loundation has been in exis	iterice ii iess trair o years						
Enter the net value of noncham	table-use assets for 2012 from Part X	, line 5				4	70,827
						1 1	2 060
Multiply line 4 by line 3	•		••			5	2,069
Enter 1% of net investment inc							
	ome (1% of Part I, line 27b)		•			6	3 .
7 Add lines 5 and 6	ome (1% of Part I, line 27b)					7	<u>-</u>
				••	-	7	2,072
7 Add lines 5 and 6 8 Enter qualifying distributions fr		e 1h. and comp		 	Pata		<u>-</u>

10

X

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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

X

2b

3b

4a

Yes X No

N/A

statement - see instructions )

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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

b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after 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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2012.)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

2	Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	, enter "NONE."	<del></del>	
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
	NONE				
_			_		
_					
_		_			
_			+		<u> </u>
_					
_		-			
To	otal number of other employees paid over \$50,000			<u> </u>	L

HART O AND ALOTTS I SOUNEBORN		
Form 990-PF (2012) CHARITABLE FOUNDATION	26-3	3868045 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		(1, 1111, 1111
	-	
	<u> </u>	
	-	
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produ	sced, etc	
N/A		
2	<del></del>	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on h	nes 1 and 2	Amount
N/A		
2		
All other program-related investments See instructions		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities .	1a	71,906.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	71,906.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	71,906.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,079.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	70,827.
6	Minimum investment return. Enter 5% of line 5	6	3,541.
p	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	is and certain	-
1	Minimum investment return from Part X, line 6	1	3,541.
2a	Tax on investment income for 2012 from Part VI, line 5	3.	
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	3.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,538.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,538.
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	3,538.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,485. 0.
þ	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		
а	Suitability test (prior IRS approval required)	3a	
þ	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	2,485.
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	3.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,482.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundati	on qualifies for the	section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		-		
line 7				3,538.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			537.	
b Total for prior years				
,,		0.		
3 Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007				
<b>b</b> From 2008				
<b>c</b> From 2009				
d From 2010				
e From 2011	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 2,485.			527	
a Applied to 2011, but not more than line 2a		11/ 11 1-1411 114 114 114	537.	Hart
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·	<b>U</b> •		<del></del>
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	<u> </u>			1,948.
d Applied to 2012 distributable amount	0.	·····		1,340.
e Remaining amount distributed out of corpus	0.		1- 1- 111-1-1111 - 1	0.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	<b>.</b>			
6 Enter the net total of each column as indicated below:		`		
& 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 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract			,	
lines 4d and 5 from line 1 This amount must				1 500
be distributed in 2013				1,590.
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 2007	^			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	0.			
Subtract lines 7 and 8 from line 6a	U •			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012		l	<u> </u>	5 000 DE (0010)

Part XIV Private Operating F	oundations (see in:		I-A, question 9)	N/A	700045 Tage Te
1 a if the foundation has received a ruling o				· · · · · · · · · · · · · · · · · · ·	
foundation, and the ruling is effective for	r 2012, enter the date of t	he ruling .	•		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described	in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed .					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c  Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter				!	
2/3 of minimum investment return shown in Part X, line 6 for each year listed	_				
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					1
(4) Gross investment income	······························	A - Al-1		1 1 ME 000	<u> </u>
Part XV Supplementary Info at any time during t			it the toundation	nad \$5,000 or m	ore in assets
	<del></del>	uctions.)			<del></del>
1 Information Regarding Foundation	•	hhan 00/ af tha tatal ann			
a List any managers of the foundation wherear (but only if they have contributed in			indutions received by the	ioungation before the cit	se of any tax
ALOYIS L. SONNEBORN	, , , , , , , , , , , , , , , , , , , ,	(-/(-//			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	or an equally large portion	n of the ownership of a r	artnership or
other entity) of which the foundation has			to, an odeany large botto	ar or the ownership of a p	arthoroup or
NONE					
2 Information Regarding Contributi	on. Grant. Gift. Loan.	Scholarship, etc., P	rograms:		
Check here ▶ ☐ If the foundation o			_	ot accept unsolicited requ	uests for funds If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	ber or e-mail of the perso	n to whom applications	should be addressed		
SEE STATEMENT 7					
b The form in which applications should b	e submitted and informat	ion and materials they s	hould include		
c Any submission deadlines			· -		
d Any restrictions or limitations on awards	s, such as hy geographics	Il areas, charitable fields	kinds of institutions, or o	ther factors	
2, tookiolosio of infilations of unuful	., as a, goog.apmot	2. 200, 0	, 00 01 1100000101010, 01 0		

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Part XV Supplementary Information				<del>-</del>
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SPRING HILL COLLEGE FBO SHELLEY M.	NONE	N/A	SCHOLARSHIP	
HUSBAND				
4000 DAUPHIN STREET				
MOBILE, AL 36608				2,400.
Total			<b>▶</b> 3a	2,400.
b Approved for future payment				
NONE				
NONE				
				<del></del>
			<del>                                     </del>	
Total			. D 3b	0.

### Part XVI-A Analysis of Income-Producing Activities

1 Program service revenue  a Business Code  Amount code	Enter gross amounts unless otherwise indicated	Unrelated t	usiness income		ded by section 512, 513, or 514	(e)
a b c c d d d d d d d d d d d d d d d d d		Business		sion		Related or exempt
b c d d d d d d d d d d d d d d d d d d	-					
c d e e e e e e e e e e e e e e e e e e	h	-		+-+		· <del></del>
d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property 5 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 sales of inventory 11 Other revenue 2		_		_		
t g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 e e e e e e e e e e e e e e e e e e	4					
f g Fees and contracts from government agencies  2 Membership dues and assessments  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  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 d e e e e e e e e e e e e e e e e e				1		
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 Subtotal Add columns (b), (d), and (e) 0 320. 0 .	f					
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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 e 12 Subtotal Add columns (b), (d), and (e)  0 . 320 . 0 .	5 Net rental income or (loss) from real estate					
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 e 12 Subtotal Add columns (b), (d), and (e)  0 • 320 • 0	a Debt-financed property					
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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 e 12 Subtotal Add columns (b), (d), and (e)  0 . 320 . 0 .						
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 e 12 Subtotal Add columns (b), (d), and (e)  0 . 320 . 0 .				$\dashv$		
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	12 Subtotal Add columns (b), (d), and (e)		C	).	320.	0.
13 Total. Add line 12, columns (b), (d), and (e) 13 320.	13 Total. Add line 12, columns (b), (d), and (e)	<del></del>				
(See worksheet in line 13 instructions to verify calculations )		)				

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)						
-							
+							

Relationship of Activities to the Accomplishment of Exempt Purposes

223621 12-05-12

Part XVI-B

26-3868045 Form 990-PF (2012) CHARITABLE FOUNDATION Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions X 1b(1) (1) Sales of assets to a noncharitable exempt organization X 1b(2) (2) Purchases of assets from a noncharitable exempt organization  $\overline{\mathbf{x}}$ 1b(3) (3) Rental of facilities, equipment, or other assets X (4) Reimbursement arrangements 1b(4) X 1<u>b(5)</u> (5) Loans or loan guarantees Х 1b(6) (6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (b) Type of organization (c) Description of relationship (a) Name of organization N/A xamined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties May the IRS discuss this return with the preparer shown below (see instr.)? ation of preparer (other than taxpayer) is based on all information of which preparer ha Sign X Yes Here Signature of difficer or trustee Date Title Check PTIN ıf Print/Type preparer's name Date self-employed P00168043 Paid MARK E HIERONYMUS MARK E HIERONYMUS

Form 990-PF (2012)

(251)410-6700

Firm's EIN ► 27-0355040

Phone no

Preparer

**Use Only** 

Firm's address ▶ P.O. BOX 70047

Firm's name ► WILKINS MILLER HIERONYMUS, LLC

MOBILE, AL 36670

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

OMB No 1545-0047

2012

**Employer identification number** 

HARRY J AND ALOYIS L SONNEBORN CHARITABLE FOUNDATION 26-3868045 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, total 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. 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HARRY J AND ALOYIS L SONNEBORN CHARITABLE FOUNDATION

Employer identification number

26-3868045

Part I	Contributors	(see instructions)	Lise duplicate copies of	f Part I if additional space is nee	ded
Pall	Continuators	(See mondonoms).	ose auplicate copies of	i i ai i ii additional space is nee	ucu.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALOYIS L. SONNEBORN  5808 FAIRFAX ROAD NORTH  MOBILE, AL 36608	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

HARRY J AND ALOYIS L SONNEBORN

CHARITABLE FOUNDATION

Employer identification number

26-3868045

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization **Employer identification number** HARRY J AND ALOYIS L SONNEBORN CHARITABLE FOUNDATION 26-3868045 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

							•	
FORM 990-PF DIVIDENI	OS AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	С	OLUMN (A AMOUNT	)
DIVIDENDS THROUGH BANKTRUST	•		320.		0.		3:	20.
TOTAL TO FM 990-PF, PART I, 1	LN 4		320.		0.		3:	20.
FORM 990-PF	AC	COUNTI	NG FEES			ST	ATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC	EST-			(D) CHARITAI PURPOSI	
ACCOUNTING FEES		170.		0.	0.			85.
TO FORM 990-PF, PG 1, LN 16B		170.		0.		0. 85.		85.
FORM 990-PF		TAX	ES			ST	ATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC	EST-			(D) CHARITAI PURPOSI	
FOREIGN TAXES		0.		9.		0.		0.
TO FORM 990-PF, PG 1, LN 18		0.		9.		0.		0.
FORM 990-PF	CO	RPORAT	E STOCK	<u> </u>		ST	ATEMENT	4
DESCRIPTION				вос	OK VALUE	FA	IR MARKE' VALUE	T
BARCLAYS BK PLC DOW JONES - A ETF VANGUARD EMERGING MARKETS ETF VANGUARD REIT INDEX IQ TR HEDGE MLTI ETF ISHARES RUSSELL ISHARES S&P MIDCAP 400 INDEX ISHARES TR MSCI ACWI INDX ISHARES TR MSCI ACWI INDX ISHARES TRUST	S FUND		Y ETN		1,759. 2,489. 1,711. 1,001. 1,018. 3,499. 9,449. 996. 2,965.		1,69 2,89 1,7 1,00 1,00 3,80 10,00 1,10 3,50	94. 11. 01. 96. 65. 20. 06.
Total to total you if that i	_,							

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

FORM 990-PF LIST OF SUI PART	STATEMENT					
NAME OF CONTRIBUTOR	ADDRESS					
ALOYIS L. SONNEBORN	5808 FAIRFAX ROAD MOBILE, AL 36608					
	ST OF OFFICERS, D D FOUNDATION MANA		STAT	EMENT 6		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB			
ALOYIS L. SONNEBORN 5808 FAIRFAX ROAD MOBILE, AL 36608	DIRECTOR 1.00	0.	0.	0.		
ROBERT B. KING 4226 BELLEVUE LANE MOBILE, AL 36608	DIRECTOR 1.00	0.	0.	0.		
GREGORY L. LUCE 4251 THE CEDARS MOBILE, AL 36608	DIRECTOR 1.00	0.	0.	0.		
WALTER F. D'OLIVE, III 41 W INTERSTATE 65 SERVICE RD N, SUITE 400 MOBILE, AL 36608	DIRECTOR	0.	0.	0.		
BANKTRUST 100 SAINT JOSEPH STREET	TRUSTEE 2.00	235.	0.	0 .		

0.

0.

235.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

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

#### 8868

lanuary 2013)

nent of the Treasury Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or HARRY J AND ALOYIS L SONNEBORN print CHARITABLE FOUNDATION 26-3868045 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 5808 FAIRFAX RD N return See City, town or post office, state, and ZIP code For a foreign address, see instructions MOBILE, AL 36608 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code is For Code Form 990-T (corporation) 07 Form 990 or Form 990-EZ 02 Form 1041-A 80 Form 990-BL Form 4720 Form 4720 (individual) 09 Form 5227 Form 990-PF 04 10 Form 990-T (sec 401(a) or 408(a) trust) Form 6069 11 Form 8870 Form 990-T (trust other than above) BANKTRUST The books are in the care of  $\triangleright$  P.O. BOX 3067 - MOBILE, AL 36652 Telephone No ► 2514386217 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_ If this is for the whole group, check this box 🕨 🔲 If it is for part of the group, check this box 🕨 🧰 and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2012 or \_\_\_ tax year beginning \_\_\_\_\_ , and ending Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ЗЬ Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev 1-2013)

		-			
m 8868 (Rev. 1-2013)				8908.	700 a
f you are filing for an Additional (Not Automatic) 3-Month Ex	rtension, c	complete only Part II and check the	s hox		V Z
te. Only complete Part II if you have already been granted an					تما
If you are filing for an Automatic 3-Month Extension, complete			1110 F 01111 00	108	
Part II Additional (Not Automatic) 3-Month E			nal (no cor	nies needed)	
Type or Name of exempt organization or other filer, see instru		Enter mer s		number, see ins	
print HARRY J AND ALOYIS L SONNEB			Employer ic	dentification numb	ber (EIN) or
CITAD THE DY H. HOLDS HE COL	ORIV		}	26 20600/	1 =
due date for Number, street, and room or suite no. If a P.O. box, s		A:		26-386804	
			Social secu	urity number (SSN	1)
return See C/O WILKINS MILLER HIERONYM instructions  City, town or post office, state, and ZIP code For a first control of the			i		
MOBILE, AL 36670-1047	oreign add	iress, see instructions			
MODING, AD 30070-1047				<del></del>	
Enter the Beturn code for the return that this application is for (fil	la a aanara	to analyzation for each satural			0 4
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4
Application	Return	Application			T 5 - 4
Is For	Code	is For			Return
Form 990 or Form 990-EZ	01	is For			Code
Form 990-BL	02	Form 1041-A		<del></del>	80
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante	<del></del>	<del></del>	viously filed	Eorm 9969	1 12
BANKTRUST	u all auton	natic 3-month extension on a pre-	viousiy inea	F0111 8808.	
• The books are in the care of ▶ P.O. BOX 3067	- MOR	TT.E. AT. 36652			
Telephone No ▶ 2514386217		FAX No. ▶		<del></del>	
If the organization does not have an office or place of business	ss in the life				
<ul> <li>If this is for a Group Return, enter the organization's four digit</li> </ul>			If this is for t	the whole aroun (	check this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐	_	ach a list with the names and EINs of		= -	
		BER 15, 2013		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
5 For calendar year 2012, or other tax year beginning	210122	, and endir	าต		
6 If the tax year entered in line 5 is for less than 12 months,	check reas	<del>~~~~~~~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Final ret	turn	
Change in accounting period	o. icon road	intaretan	/2. / CC	.arri	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION NECE	SSARY	TO PREPAR	RE A
COMPLETE AND ACCURATE RETURN	<u> </u>	LIL CIULITICH HECE			· <del></del>
Commission in the country was own	<del></del>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			

Under penalties of peru

it is true, correct, and

Signature and Verification must be completed for Part II only.

ware that I have exampled this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid.

Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using

8a

8b

0.

0.

Form 8868 (Rev. 1-2013)

nonrefundable credits. See instructions

EFTPS (Electronic Federal ax Payment System) See instructions.

complete, and that I am authorized to prepare this form.

previously with Form 8868

Form 886	88 (Rev. 1-2013)					Page 2		
● If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		ightharpoons X		
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fil	ed Form 8	3868.			
,	are filing for an Automatic 3-Month Extension, complete							
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the orig	inal (no	<u>copie</u>	es needed).		
			Enter filer's	identifyin	g numb	er, see instructions		
Type or	rpe or Name of exempt organization or other filer, see instructions Employer identification number (Ell							
print	HARRY J AND ALOYIS L SONNEBO	ORN			26	2060045		
File by the								
due date for filing your return See C/O WILKINS MILLER HIERONYMUS, LLC - PO BOX 70047						mber (SSN)		
instructions	City, town or post office, state, and ZIP code. For a form MOBILE, AL 36670-1047	oreign add	ress, see instructions.					
Cotouth o			to analyzation for each voture)			0 4		
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)					
Applicati	ion	Return	Application			Return		
Is For		Code	Is For			Code		
	) or Form 990-EZ	01						
Form 990	)-BL	02	Form 1041-A			08		
	20 (Individual)	03	Form 4720			09		
Form 990		04	Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	O-T (trust other than above)	06	Form 8870			12		
STOP! D	o not complete Part II if you were not already granted BANKTRUST	an auton	natic 3-month extension on a previ	ously file	<u>a Form</u>	0000.		
• The b	ooks are in the care of > 107 ST FRANCIS	ST -	MORILE - AL 36602					
	hone No. ► 2514386217		FAX No. ►					
•	organization does not have an office or place of business	e in the l lir				- ▶ □		
	is for a Group Return, enter the organization's four digit			this is foi	the who	ole group, check this		
box ►	. If it is for part of the group, check this box	٦	ch a list with the names and EINs of					
			BER 15, 2013.	<u>an manna</u>	0.00	Actional to lot.		
	r calendar year 2012, or other tax year beginning		, and ending	1				
	he tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	eturn			
	Change in accounting period							
7 Sta	ate in detail why you need the extension							
ΑI	DDITIONAL TIME IS NEEDED TO	GATHE!	R INFORMATION NECES	SSARY	TO	PREPARE A		
CC	OMPLETE AND ACCURATE RETURN							
8a Ift	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
	nrefundable credits. See instructions.			8a	\$	0.		
	his application is for Form 990-PF, 990-T, 4720, or 6069,							
tax	cpayments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			0		
	eviously with Form 8868.			8b	\$	0.		
	lance due. Subtract line 8b from line 8a. Include your pa	-	h this form, if required, by using		_	0.		
EF	TPS (Electronic Federal Tax Payment System). See instri		A be seemleded for Dord II o	8c	\$			
Under per	Signature and verificat nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ling accomi	st be completed for Part II of panying schedules and statements, and to		f my knov	wledge and belief,		
Signature				Date	<b>•</b>			
Gignature	Title	<u>-</u>		Date		rm <b>8868</b> (Rev. 1-2013)		
						(1 1011 1 <b>2</b> 010)		