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Return of Private Foundation

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

OMB No 1545-0052

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning

, and ending

Name of foundation ALABAMA RESTAURANT & HOSPITALITY ALLIANCE FOUNDATION		A Employer identification number 63-0977617
Number and street (or P.O. box number if mail is not delivered to street address) 3 SOUTH JACKSON STREET	Room/suite	B Telephone number 334-244-1320
City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36104		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 124,404.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	29,432.		N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	1,819.	1,819.		STATEMENT 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	28,540.	172.		STATEMENT 2
12 Total. Add lines 1 through 11	59,791.	1,991.		
13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees STMT 3	2,290.	0.		0.
c Other professional fees STMT 4	12,000.	0.		0.
17 Interest				
18 Taxes STMT 5	20.	20.		0.
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	3,237.	0.		0.
22 Printing and publications				
23 Other expenses STMT 6	17,353.	0.		9,764.
24 Total operating and administrative expenses. Add lines 13 through 23	34,900.	20.		9,764.
25 Contributions, gifts, grants paid	7,000.			7,000.
26 Total expenses and disbursements. Add lines 24 and 25	41,900.	20.		16,764.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	17,891.			
b Net investment income (if negative, enter -0-)		1,971.		
c Adjusted net income (if negative, enter -0-)			N/A	

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	32,196.	42,445.	42,445.
	2 Savings and temporary cash investments	2,508.	2,351.	2,351.
	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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 9		80,774.	79,608.	79,608.
14 Land, buildings, and equipment; basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		115,478.	124,404.	124,404.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue	6,900.		
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	6,900.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	108,578.	124,404.	STATEMENT 8	
30 Total net assets or fund balances	108,578.	124,404.		
31 Total liabilities and net assets/fund balances	115,478.	124,404.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	108,578.
2 Enter amount from Part I, line 27a	17,891.
3 Other increases not included in line 2 (itemize) ▶	0.
4 Add lines 1, 2, and 3	126,469.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 7	2,065.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	124,404.

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Part IV Capital Gains and Losses for Tax on Investment Income

(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.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b NONE				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	20,644.	89,857.	.229743
2013	26,095.	88,437.	.295069
2012	20,488.	93,436.	.219273
2011	2,000.	91,924.	.021757
2010	20,967.	88,480.	.236969
2 Total of line 1, column (d)			2 1.002811
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .200562
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			4 111,079.
5 Multiply line 4 by line 3			5 22,278.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 20.
7 Add lines 5 and 6			7 22,298.
8 Enter qualifying distributions from Part XII, line 4			8 16,764.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

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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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	39.
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-)		2	0.
3 Add lines 1 and 2		3	39.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	39.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
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		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		39.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
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.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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 remain in the governing instrument?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> AL		
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) of each state as required by General Instruction G? If "No," attach explanation	X	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X
14 The books are in care of ► <u>MINDY HANAN</u> Telephone no. ► <u>334-244-1320</u> Located at ► <u>3 SOUTH JACKSON STREET, MONTGOMERY, AL</u> ZIP+4 ► <u>36104</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 <u>N/A</u>		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <u>N/A</u>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <u>N/A</u> c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2015 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, Form 4720, to determine if the foundation had excess business holdings in 2015) <u>N/A</u>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4a	X
	4b	X

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Part VII-B
Statements Regarding Activities for Which Form 4720 May Be Required
(continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes
☒ No

☐ Yes
☒ No

☐ Yes
☒ No

☐ Yes
☒ No

☐ Yes
☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?
Organizations relying on a current notice regarding disaster assistance check here

N/A
☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A
☐ Yes
☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes
☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes
☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

Part VIII
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included 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 devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000
0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**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		

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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
SEE STATEMENT 11	16,764.
2	
3	
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 lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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Part 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:		
a	Average monthly fair market value of securities	1a	83,101.
b	Average of monthly cash balances	1b	29,670.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	112,771.
e	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	112,771.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,692.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	111,079.
6	Minimum investment return. Enter 5% of line 5	6	5,554.

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	5,554.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	39.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	39.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,515.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,515.
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	5,515.

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	16,764.
b	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	16,764.
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	16,764.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the 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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				5,515.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	16,609.			
b From 2011				
c From 2012	15,875.			
d From 2013	21,721.			
e From 2014	16,191.			
f Total of lines 3a through e	70,396.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$	16,764.			
a Applied to 2014, 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 2015 distributable amount				5,515.
e Remaining amount distributed out of corpus	11,249.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	81,645.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	16,609.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	65,036.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012	15,875.			
c Excess from 2013	21,721.			
d Excess from 2014	16,191.			
e Excess from 2015	11,249.			

N/A

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(1)(3) or ☐ 4942(1)(5)

- | Tax year | Prior 3 years | | | (e) Total |
|----------|---------------|----------|----------|-----------|
| (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | |

- (4) Gross investment income**

Form **990-PF** (2015)

ALABAMA RESTAURANT & HOSPITALITY

Form 990-PF (2015)

ALLIANCE FOUNDATION

63-0977617 Page 11

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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 recipient	Purpose of grant or contribution	Amount
a Paid during the year				
YANNA JOHNSON 800 31ST STREET, APT. 3108 TUSCALOOSA, AL 35401			SCHOLARSHIP - UNIVERSITY OF ALABAMA	2,500.
KATHERINE BLAEDOW 9390 AL HWY 169 SALEM, AL 36874			SCHOLARSHIP - AUBURN UNIVERSITY	1,500.
JOY PHILLIPS 420 BRANCH COVE ODENVILLE, AL 35120			SCHOLARSHIP - JEFFERSON STATE COMMUNITY COLLEGE	1,000.
ALBERTVILLE HIGH SCHOOL 402 E. MCCORD AVENUE ALBERTVILLE, AL 35950			PROSTART PROGRAM CONTRIBUTION	1,250.
EDEN CAREER TECH CENTER, MOODY HIGH SCHOOL 714 HIGH SCHOOL DRIVE MOODY, AL 35004			PROSTART PROGRAM CONTRIBUTION	750.
Total			3a	7,000.
b Approved for future payment				
NONE				
Total			3b	0.

**ALABAMA RESTAURANT & HOSPITALITY
ALLIANCE FOUNDATION**

Form 990-PF (2015)

63-0977617 Page 13

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | <p>1 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?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p> (1) Cash</p> <p> (2) Other assets</p> <p>b Other transactions:</p> <p> (1) Sales of assets to a noncharitable exempt organization</p> <p> (2) Purchases of assets from a noncharitable exempt organization</p> <p> (3) Rental of facilities, equipment, or other assets</p> <p> (4) Reimbursement arrangements</p> <p> (5) Loans or loan guarantees</p> <p> (6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>d 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.</p> | <table border="1" style="width:100%"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>1a(1)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1a(2)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(1)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(2)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(3)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(4)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(5)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1b(6)</td> <td></td> <td align="center">X</td> </tr> <tr> <td>1c</td> <td></td> <td align="center">X</td> </tr> </table> | | Yes | No | 1a(1) | | X | 1a(2) | | X | 1b(1) | | X | 1b(2) | | X | 1b(3) | | X | 1b(4) | | X | 1b(5) | | X | 1b(6) | | X | 1c | | X |
|--|---|----------|-----|----|--------------|--|----------|--------------|--|----------|--------------|--|----------|--------------|--|----------|--------------|--|----------|--------------|--|----------|--------------|--|----------|--------------|--|----------|-----------|--|----------|
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a(1) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a(2) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(1) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(2) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(3) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(4) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(5) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1b(6) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1c | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(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 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
ALABAMA RESTAURANT AND HOSPITALITY ALLIANCE, INC.	501 (C) (6)	SEE STATEMENT 12

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p>Signature of officer or trustee</p> </div> <div style="width: 20%;"> <p>15-13-16</p> <p>Date</p> </div> <div style="width: 30%;"> <p>EXECUTIVE DIRECTOR</p> <p>Title</p> </div> </div>	<p>May the IRS discuss this return with the preparer shown below (see instr.)?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>															
Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/Type preparer's name PHYLLIS S. INGRAM, CPA</td> <td style="width:30%;">Preparer's signature PHYLLIS S. INGRAM</td> <td style="width:20%;">Date 05/09/16</td> <td style="width:20%;">Check <input type="checkbox"/> if self-employed</td> <td style="width:20%;">PTIN P00837269</td> </tr> <tr> <td colspan="3">Firm's name ▶ CARR, RIGGS & INGRAM, L.L.C.</td> <td colspan="2">Firm's EIN ▶ 72-1396621</td> </tr> <tr> <td colspan="3">Firm's address ▶ 7550 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117</td> <td colspan="2">Phone no. 334-271-6678</td> </tr> </table>		Print/Type preparer's name PHYLLIS S. INGRAM, CPA	Preparer's signature PHYLLIS S. INGRAM	Date 05/09/16	Check <input type="checkbox"/> if self-employed	PTIN P00837269	Firm's name ▶ CARR, RIGGS & INGRAM, L.L.C.			Firm's EIN ▶ 72-1396621		Firm's address ▶ 7550 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117			Phone no. 334-271-6678	
Print/Type preparer's name PHYLLIS S. INGRAM, CPA	Preparer's signature PHYLLIS S. INGRAM	Date 05/09/16	Check <input type="checkbox"/> if self-employed	PTIN P00837269													
Firm's name ▶ CARR, RIGGS & INGRAM, L.L.C.			Firm's EIN ▶ 72-1396621														
Firm's address ▶ 7550 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117			Phone no. 334-271-6678														

Form 990-PF (2015)

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
KIRKLAND	572.	572.	
PNC	1,247.	1,247.	
TOTAL TO PART I, LINE 3	1,819.	1,819.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REALIZED GAINS/LOSSES	172.	172.	
STARS DINNER	4,800.	0.	
PROSTART COMPENTITION	2,000.	0.	
GOLF TOURNAMENT	21,568.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	28,540.	172.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	2,290.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	2,290.	0.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	12,000.	0.		0.	
TO FORM 990-PF, PG 1, LN 16C	12,000.	0.		0.	

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAXES	20.	20.		0.	
TO FORM 990-PF, PG 1, LN 18	20.	20.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK SERVICE CHARGES	1,249.	0.		0.	
MISCELLANEOUS	94.	0.		0.	
GOLF TOURNAMENT EXPENSES	6,246.	0.		0.	
PRO START EDUCATIONAL EXPENSES	2,464.	0.		2,464.	
CONTRACT LABOR	6,900.	0.		6,900.	
AWARDS	400.	0.		400.	
TO FORM 990-PF, PG 1, LN 23	17,353.	0.		9,764.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	2,065.
TOTAL TO FORM 990-PF, PART III, LINE 5	2,065.

FORM 990-PF	OTHER FUNDS	STATEMENT	8
-------------	-------------	-----------	---

DESCRIPTION	(A) BEGINNING OF YEAR	(B) END OF YEAR
ENDOWMENT FUND	108,578.	124,404.
TOTAL TO FORM 990-PF, PART II, LINE 29	108,578.	124,404.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS	FMV	79,608.	79,608.
TOTAL TO FORM 990-PF, PART II, LINE 13		79,608.	79,608.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NICK HARTMAN P.O. BOX 241413 MONTGOMERY, AL 36124	CHAIRMAN 0.00	0.	0.	0.
MINDY HANAN P.O. BOX 241413 MONTGOMERY, AL 36124	SECRETARY/TREASURER 0.00	0.	0.	0.
DAVID CLARK P.O. BOX 241413 MONTGOMERY, AL 36124	EXECUTIVE COMMITTEE MEMBER 0.00	0.	0.	0.
DAVID MARTIN P.O. BOX 241413 MONTGOMERY, AL 36124	EXECUTIVE COMMITTEE MEMBER 0.00	0.	0.	0.
WAYNE REAVES P.O. BOX 241413 MONTGOMERY, AL 36124	EXECUTIVE COMMITTEE MEMBER 0.00	0.	0.	0.
BRANDON THRASH P.O. BOX 241413 MONTGOMERY, AL 36124	EXECUTIVE COMMITTEE MEMBER 0.00	0.	0.	0.
HANS VAN DER REIJDEN P.O. BOX 241413 MONTGOMERY, AL 36124	EXECUTIVE COMMITTEE MEMBER 0.00	0.	0.	0.
TOM WHITE P.O. BOX 241413 MONTGOMERY, AL 36124	EXECUTIVE COMMITTEE MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 11

ACTIVITY ONE

THE PRO START COMPETITION/EDUCATIONAL PROGRAM IS A STATEWIDE PROGRAM IN ALABAMA. THE PROGRAM IS DESIGNED TO EDUCATE THE GENERAL PUBLIC ABOUT VARIOUS ASPECTS OF THE RESTAURANT AND FOOD SERVICE INDUSTRY. IN ADDITION TO EDUCATIONAL OBJECTIVES, IT INCLUDES A CULINARY COMPETITION AMOUNT STUDENTS FROM THROUGHOUT THE STATE OF ALABAMA

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

16,764.

990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)	STATEMENT 12
--------	--	--------------

NAME OF AFFILIATED OR RELATED ORGANIZATION

ALABAMA RESTAURANT AND HOSPITALITY ALLIANCE, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

ORGANIZATIONS SHARE COMMON OFFICE SPACE, OFFICERS AND DIRECTORS.

STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION
AMENDMENT TO FORMATION/ARTICLES

PURPOSE: In order to amend a Nonprofit Corporation's Certificate of Formation/Articles of Incorporation under Section 10A-3-4.02 and 10A-1-3.13 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation was initially formed/incorporated.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$50.00 for standard processing or \$150.00 if expedited processing within 3 business days of receipt by the Office of the Secretary of State is requested (10A-1-4.31) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name or number. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your Amendment will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This form must be typed or laser printed.

1. The name of the corporation from the Certificate of Formation/Articles of Incorporation:

Alabama Restaurant and Food Service Charitable Foundation, Inc.

2. The date the Certificate of Formation was filed in the county: 04 / 18 / 1988 (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): 066 - 336 **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

This form was prepared by: (type name and full address)

Mindy B. Hanan
61-B Market Place
Montgomery, Alabama 36117



20150616000594900 1/4
Bk: LR201513 Pg: 18326
Jefferson County, Alabama
I certify this instrument filed on
06/16/2015 12:35 10 PM NPAMEND
Judge of Probate- Alan L. King

(For County Probate Office Use Only)

(For SOS Use Only)

Alabama
Sec. of State

Entity Change	
066-336	DNP
Date	6/22/2015
Time	17:00
150717	6 Pg
File	\$50.00
Ackn	\$0.00
Exp	\$0.00
Total	\$50.00
03/070	

DOMESTIC NONPROFIT CORPORATION AMENDMENT

4. The county in which the Certificate of Formation was filed: Jefferson
5. The titles, dates, and places of filing of any previous Amendments: _____

Attach a listing if necessary.

[Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State must be attached.

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as an Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a) (2) to effect the change in the public records database.]

6. The following amendment was adopted on 03 / 19 / 2015 (format MM/DD/YYYY):

Name change to Alabama Restaurant & Hospitality Alliance Foundation

☐ Additional Amendments and the dates on which they were adopted are attached.

7. The Amendment or Amendments have been approved in the manner required by Title 10A of the Code of Alabama 1975 and the governing documents of the entity.

Item 8, 9, or 10 MUST be checked.

8. ☐ The members met on ____ / ____ / ____ (MM/DD/YYYY) and adopted the Amendment by at least two-thirds of the votes entitled to be cast by members present or represented by proxy – a quorum was present.
9. ☐ The Amendment was adopted by a consent in writing signed by all members entitled to vote.
10. ☒ The board of directors met on 03 / 19 / 2015 (MM/DD/YYYY) and adopted the Amendment by majority vote of the directors in office – there are no members or no members entitled to vote.

04 / 02 / 2015
Date (MM/DD/YYYY)



Signature of President or Vice President required by 10A-3-4.02

Nicholas Hartmann, President

Typed Name and Title of Above Signature

DOMESTIC NONPROFIT CORPORATION AMENDMENT

4 12 2015
Date (MM/DD/YYYY)

Mindy B. Hanan
Signature of Secretary or Assistant Secretary required by 10A-3-4.02

Mindy B. Hanan
Typed Name and Title of Above Signature

4 12 2015
Date (MM/DD/YYYY)

Shea L Perkins
Witness Signature of Officer Signing Original Formation/Articles
required by 10A-3-4.02

Shea L Perkins
Typed Name and Title of Above Signature

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Alabama Restaurant & Hospitality Alliance Foundation

This name reservation is for the exclusive use of Alabama Restaurant and Food Service, 61B Market Place, Montgomery, AL 36117 for a period of one year beginning June 15, 2015 and expiring June 15, 2016



RES692577

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

June 15, 2015

Date

A handwritten signature in dark ink, appearing to read "J. H. Merrill", is written over a horizontal line.

John H. Merrill Secretary of State

State of Alabama
Jefferson County

I, the Undersigned, as Judge of Probate in and for
said County, in said State, hereby certify that the
foregoing is a full, true and correct copy of the
instrument with the filing of same as appears of
record in this office in vol. 20513 page 18326

Given under my hand and official seal, this the 16
day of JUNE, 2015.

Alan L. King
Judge of Probate

20150616000594900 4/4
Bk: LR201513 Pg:18326
Jefferson County, Alabama
06/16/2015 12:35:10 PM NPRMEND
Fee - \$38.00

Total of Fees and Taxes-\$38.00
LYNN

State of Alabama
Jefferson County

CERTIFICATE OF AMENDMENT

OF

ALABAMA RESTAURANT & HOSPITALITY ALLIANCE FOUNDATION

The undersigned, as Judge of Probate of Jefferson County, State of Alabama, hereby certifies that _____ Articles of

AMENDMENT

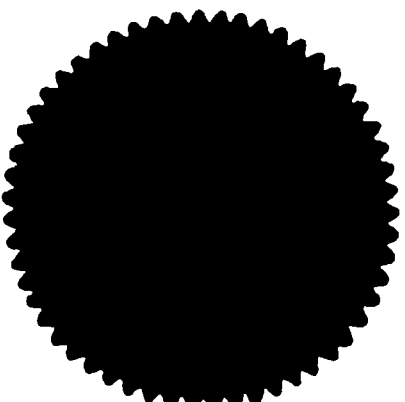
duly signed and verified pursuant to the provisions of Alabama _____ NONPROFIT Corporation Act, have been received in this office and are found to conform to law.

Accordingly the undersigned, as such Judge of Probate, and by virtue of the authority vested in him by law, hereby, issues this Certificate of _____ AMENDMENT

of ALABAMA RESTAURANT & HOSPITALITY ALLIANCE FOUNDATION and attaches hereto a copy of the _____ Articles of

AMENDMENT

Given Under My Hand and Official Seal on this the 17TH day of JUNE, 2015.





Judge of Probate

Alabama	
Sec. Of State	
Entity Change	DNP
066-336	
Date	6/22/2015
Time	17:00
150717	6 Pg
File	\$50.00
Ackn	\$1.00
Exp	\$1.00
Total	\$50.00
03/070	