Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

De	partmer	nt of the Treasury		social security numbers on			2010
Int	ernal Re	venue Service		irs.gov/Form990PF for instr		ormation.	Open to Public Inspection
_		ndar year 2018 or tax year	beginning		, and ending		
_	TON	f foundation	TABLE FOUND	ATION TRUST		A Employer identificatio	
_	200					26-3042940)
N		and street (or P O box number i		address)	Room/suite	B Telephone number	1655
_		OUTH SUMMIT				(251)928-3	
		own, state or province, cou	intry, and ZIP or foreign p			C If exemption application is	
G	Check	k all that apply:	Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	s, check here
			Final return	Amended return		2 Foreign organizations m	eeting the 85% test
_	_		Address change	Name change	â\4	2 Foreign organizations m check here and attach c	omputation
H		k type of organization:	X Section 501(c)(3) each of the charitable trust	xempt private foundation Other taxable private founda	ition OZ	E If private foundation sta under section 507(b)(1	
ī		arket value of all assets at e		ing method: X Cash	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	• —	ther (specify)		under section 507(b)(1	
	\$	2		nn (d) must be on cash basis	s.)	, ,	
F	art i	Analysis of Revenue an (The total of amounts in columnecessarily equal the amounts)	mne (h) (c) and (d) may not	(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, grant		57,000.		N/A	,
	2		n is not required to attach Sch B				,
	3	Interest on savings and tempo	orary		<u> </u>		1
	4	Dividends and interest fro	om securities				1
	5a	Gross rents					
	Ь	Net rental income or (loss)					
	_{as} 6a	Net gain or (loss) from sale of	assets not on line 10			<u> </u>	<u> </u>
	Ž 6	Gross sales price for all	<u> </u>				1
	Tevenue 7	Capital gain net income (from	Part IV, line 2)		0.	,	•
•	8	Net short-term capital gai	n				
	9	Income modifications Gross sales less returns					
	10a	and allowances			=		
		Less Cost of goods sold	_				
		Gross profit or (loss)			· · · · · · · · · · · · · · · · · · ·		
	11	Other income		F7 000	0		
_	12	Total Add lines 1 throug		57,000. 1,200.	0.		0.
3	13	Compensation of officers, dire		1,200.		·	<u> </u>
) I	14	Other employee salaries a Pension plans, employee	•				
	ມ 15 ມ 163	Legal fees	Denemo	-		-	
1	S 10°	Accounting fees				EIVED	
<u>:</u>	Š c	Other professional fees			6	S S	
֓֞֝֝֟֝֟֝֝֟֝֟֝֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝	9 17	Interest			MAY	1 7 2019	
٠ د	18	Taxes				<u> </u>	
! :	E 19≥	Taxes Depreciation and depletio	n		OGD	EN, UT	
	E 20-	Occupancy				1-10, 0	
	16 b 17 18 19 19 19 23 24 25	Occupancy Travel, conferences, and	meetings				
•	22	Printing and publications					
	23	Other expenses	STMT 1	29,659.	0.		0.
;	24	Total operating and adm					_
*	8	expenses Add lines 13 to		30,859.	0.	•	0.
	1	Contributions, gifts, grant		55,581.			55,581.
6107	26	Total expenses and disb	ursements.		_		FF 504
3	- 1	Add lines 24 and 25		86,440.	0.	·	55,581.
	27	Subtract line 26 from line		00 440			
	1 .	Excess of revenue over expen		-29,440.		 	
	1	Net investment income (N/A	,
		· BAILLETON DOT INCOMO /if or	enative enter -0-1	1		IV/A	1

Form **990-PF** (2018)

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

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)	1	31,599
2	Enter amount from Part I, line 27a	2	-29,440
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3	4	2,159
5	Decreases not included in line 2 (itemize)	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,159

Form **990-PF** (2018)

31,599

31 Total liabilities and net assets/fund balances

2.195

2008					 <u> 26-3042940</u>	Page 3
TONSMEIF	RE CHARIT	ARPE LOO	NDAT.TON	TRUST		

Part IV Capital Gains		sses for Tax on In	vestment	Income					0 304	2340 . ugo 0
(a) List and describe	the kind(s) of property sold (for examor common stock, 200 shs	mple, real esta		(b)	low ac - Purc - Dona	nase į '	c) Date a (mo , da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NO	NE									
C		··			<u> </u>		ŀ			
d					ļ					
_e					Ц,					
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) (f) minus (
a										
b										
<u>c</u>								<u></u>		
Complete only for assets shown									ol. (h) gain iot less thai	
(i) FMV as of 12/31/69	(,	j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					(from col. (
a										
b										
c										
<u>d</u>										
<u>e</u>							,			
2 Capital gain net income or (net ca	apıtal loss)	If gain, also enter	n Part I, line In Part I, line	7 7	}	2		-		
3 Net short-term capital gain or (lo		ned in sections 1222(5) an								
If gain, also enter in Part I, line 8,		:).			 	•				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder S	ection 4940(e) for	Paducad	Tay on Net	Inv	etn	ent Inco	me		
							TOTAL IIIOC	1110		
(For optional use by domestic private	e foundatio	ons subject to the section 4	4940(a) tax on	i net investment ir	icome	9.)				
If section 4940(d)(2) applies, leave t	his part bla	ank.								
			sount of any su	nor in the base se	40					Yes X No
Was the foundation liable for the sec If "Yes," the foundation doesn't quali					1007					L TES LAL INU
1 Enter the appropriate amount in					ntries					
(a)		(b)	1011 40110110 50	Toro maning any o	(c)			T		(d)
Base period years Calendar year (or tax year beginni	ing in/	Adjusted qualifying dis	tributions	Net value of no			use assets	١ .		oùtión ratio rided by col. (c))
2017	119 117	3	8,879.			2	3,300.		(00. (0),0.0	1.668627
2016			3,873.				0,601.			10.741722
2015			1,202.				3,857.			8.089707
2014			5,907.				$\frac{3}{2}, \frac{3}{241}$			24.947345
2013			3,619.		-		3,068.			14.217405
2010		_	5,015				<u> </u>			
2 Total of line 1, column (d)								2		59.664806
3 Average distribution ratio for the	5-year bas	e period - divide the total i	on line 2 by 5	0. or by the numb	er of	vears				
the foundation has been in existe				-,,		•		3		11.932961
4 Enter the net value of noncharital	ble-use ass	sets for 2018 from Part X,	line 5					4		6,872.
5 Multiply line 4 by line 3								5		82,003.
6 Enter 1% of net investment incor	me (1% of	Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		82,003.
8 Enter qualifying distributions from	n Part XII,	line 4						8		55,581.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ch	eck the box in Part VI, line	t 1b, and comp	plete that part usin	ng a 1	% tax i	rate.			

orm	990-PE (2018) 2008	11011		:	26-3	3042	940		Page 4
	t VI Excise Tax Based on Investment Income (Section	4940(a), 4	1940(b), 4940(e), o						
1a`	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 a	and enter "N/A	\" on line 1.		•		_		
	Date of ruling or determination letter (attach copy of letter i	if necessary-	see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here			Ĺ	1				0.
	of Part I, line 27b				ĺ				.
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ent	ter 4% of Part	t I, line 12, col. (b).].					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	ıly; others, en	ter -0-)	Ļ	2				<u>0.</u>
3	Add lines 1 and 2				3				<u>0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations or	nly, others, er	nter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				5				0.
6	Credits/Payments:	1 1	1		l	٠,	•		İ
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a_		0.	ŀ				ŀ
b	Exempt foreign organizations - tax withheld at source	6b		0.	.		•		
C	Tax paid with application for extension of time to file (Form 8868)	6c		0.	- 1		_		- {
d	Backup withholding erroneously withheld	6d		0.			<u> </u>		لــِــ
	Total credits and payments. Add lines 6a through 6d				7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	s attached		-	8				0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed)	▶ │	9				0.
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	nid	, ,	▶	10	-			
	Enter the amount of line 10 to be: Credited to 2019 estimated tax		Refunded	> _	11				
_	t VII-A Statements Regarding Activities							Vaa	N ₂
1a	During the tax year, did the foundation attempt to influence any national, state, or local	legislation or	did it participate or interv	ene i	n			Yes	
	any political campaign?	2.0					1a_		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pro-			ietini	tion		_1b		<u>X</u> ,
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	pies of any m	aterials published or						j
	distributed by the foundation in connection with the activities.						اـــــــــــــــــــــــــــــــــــــ		
	Did the foundation file Form 1120-POL for this year?						1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed durin			^					1
	(1) On the foundation. > \$ (2) On foundation mana			<u>0.</u>			*		.
е	Enter the reimbursement (if any) paid by the foundation during the year for political exp	penditure tax	imposed on foundation						İ
_	managers ► \$O.				*-	•			
2	Has the foundation engaged in any activities that have not previously been reported to	the IRS?					2		<u> </u>
	If "Yes," attach a detailed description of the activities								.
3	Has the foundation made any changes, not previously reported to the IRS, in its govern		ent, articles of incorporation	on, or	,				 -
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the	e year?			NT.	/ 3	4a		<u> </u>
D	If "Yes," has it filed a tax return on Form 990-T for this year?				14	/A	4b		<u>x</u>
•	Was there a liquidation, termination, dissolution, or substantial contraction during the y	year?					_5		<u>-^</u>
	If "Yes," attach the statement required by General Instruction T	and a Aban							-
3	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ied eitner						•	
	 By language in the governing instrument, or 			_1_1_	la				į
					IAW.	•			
	By state legislation that effectively amends the governing instrument so that no mand	datory directi	ons that conflict with the s	state					<u>X</u>
	remain in the governing instrument?			state			6	7.7	
				state			7	Х	—,
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," o	complete Pari		state				X	
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," o Enter the states to which the foundation reports or with which it is registered. See instr	complete Pari		state				Х	
7 8a	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of Enter the states to which the foundation reports or with which it is registered. See instrept.	complete Part	t II, col (c), and Part XV	state				X	
7 8a	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of the states to which the foundation reports or with which it is registered. See instremental AL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the states.	complete Part	t II, col (c), and Part XV	state			7		
7 8a b	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of the states to which the foundation reports or with which it is registered. See instrect AL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to sof each state as required by General Instruction G? If "No," attach explanation	ructions.	t II, col (c), and Part XV General (or designate)					X	
7 8a b	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of the states to which the foundation reports or with which it is registered. See instruction If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning	ructions. the Attorney of section 49	t II, col (c), and Part XV General (or designate) 42(j)(3) or 4942(j)(5) for				8b		
7 8a b	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of the states to which the foundation reports or with which it is registered. See instrect AL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to sof each state as required by General Instruction G? If "No," attach explanation	ructions. the Attorney of section 49 complete Part	t II, col (c), and Part XV General (or designate) 42(j)(3) or 4942(j)(5) for art XIV				7		X

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Pa	rt VII-A	Statements Regarding Activities (continued)			
•	•			Yes	No
11	At any time	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	-	2(b)(13)? If "Yes," attach schedule See instructions	11		х
12		indation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12		ach statement. See instructions	12		х
12		indation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
13		Idress > N/A	_ 10		
1.4		are in care of \triangleright TONSMEIRE Telephone no. \triangleright (251)	928-	165	5
14		► 6 SOUTH SUMMIT STREET, FAIRHOPE, AL ZIP+4 ►	6532	100	<u> </u>
4.5		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	,0332		. Ti
15		he amount of tax-exempt interest received or accrued during the year	N	[/A	
46		e during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
16			16	163	X
		or other financial account in a foreign country?	16		^
		structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Da	foreign cou	Statements Regarding Activities for Which Form 4720 May Be Required			!
Га			1	Vac	No
۵.		n 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
1a	-	year, did the foundation (either directly or indirectly): ie in the sale or exchange, or leasing of property with a disqualified person? Yes X No	-		
		w money from, lend money to, or otherwise extend credit to (or accept it from)	.		
		ualified person?	1		-
		h goods, services, or facilities to (or accept them from) a disqualified person?			
		ompensation to, or pay or reimburse the expenses of, a disqualified person?	.		·
		fer any income or assets to a disqualified person (or make any of either available			
		e benefit or use of a disqualified person)?			
		to pay money or property to a government official? (Exception. Check "No"	J		
		oundation agreed to make a grant to or to employ the official for a period after			[
		iation of government service, if terminating within 90 days)			
b	If any ansv	ver 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 N/A	1b		<u> </u>
	Organizatio	ons relying on a current notice regarding disaster assistance, check here			
C	Did the fou	indation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
		first day of the tax year beginning in 2018?	1c	ļ	Х
2	Taxes on fa	ailure 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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 201	87 Yes X No			
		t the years > , , , , ,			
b	Are there a	iny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation o	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.) N/A	2b		
C	If the provi	isions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
					
3a	Did the fou	indation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the	year? Yes X No		İ	
b	If "Yes," did	d it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
		969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			'
		s acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			<u></u>
), to determine if the foundation had excess business holdings in 2018) N/A	3b	L	
4a		indation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
		indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
-		en removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
			Form 99	0-PF	(2018)

SEE STATEMENT 2		1,200.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	cluded 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

(d) Contributions to employee benefit plans and deferred

compensation

(e) Expense account, other allowances

Form 990-PF (2018)

(c) Compensation

(If not paid,

enter -0-)

(b) Title, and average hours per week devoted to position

(a) Name and address

0.

Total. Add lines 1 through 3

For	m 990-PF (2018) 2008	26-30	42940 Page 8
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	0.
b	Average of monthly cash balances	1b	6,977.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,977.
е	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	6,977.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	105.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,872.
6	Minimum investment return Enter 5% of line 5	6	344.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here and do not complete this part.)	ns and certain	
_	Minimum investment return from Part X, line 6	1	344.
1	Tax on investment income for 2018 from Part VI, line 5	<u>'</u>	722.
2a	Income tax for 2018. (This does not include the tax from Part VI.)	 	
b	Add lines 2a and 2b		0.
C	Distributable amount before adjustments. Subtract line 2c from line 1	3	344.
3	·	4	0.
4	Recoveries of amounts treated as qualifying distributions	5	344.
5	Add lines 3 and 4		<u> </u>
6	Deduction from distributable amount (see instructions)	7	344.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 art XII Qualifying Distributions (see instructions)	/	344.
느		<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	,	FF F01
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	55,581.
b	Program-related investments - total from Part IX-B	1b	
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	
b	Cash distribution test (attach the required schedule)	3b	55 504
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	55,581.
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	55,581.
	Note: The amount on line 6 will be used in Part V. column (h) in subsequent years when calculating whether the founda	tion qualifies for the	section

4940(e) reduction of tax in those years

2008

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI.	Оограз	Tours prior to 2017	2017	2010
line 7	_			344.
2 Undistributed income, if any, as of the end of 2018]
a Enter amount for 2017 only			0.	
b Total for prior years:				ļ
		0.		,
3 Excess distributions carryover, if any, to 2018:				
a From 2013 43,466. b From 2014 55,795.				
c From 2015 31,009.		,		į į
d From 2016 113,343.				1
e From 2017 37,714.				•
f Total of lines 3a through e	281,327.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 55,581.			!	,
a Applied to 2017, 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				1
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				344.
e Remaining amount distributed out of corpus	55,237.			
5 Excess distributions carryover applied to 2018 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	336,564.			
b Prior years' undistributed income. Subtract				l
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		0.		į ,
amount - see instructions				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013				,
not applied on line 5 or line 7	43,466.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	293,098.			
10 Analysis of line 9:				
a Excess from 2014 55, 795.				
b Excess from 2015 31,009.				
c Excess from 2016 113,343.				
d Excess from 2017 37,714.				
e Excess from 2018 55, 237.				<u> </u>

823581 12-11-18

Form **990-PF** (2018)

008_____

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Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation status of show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year ALABAMA COASTAL FOUNDATION NONE UNRESTRICTED CONTRIBUTION 500. MOBILE AL 36602 NONE ALABAMA COASTAL HERITAGE UNRESTRICTED CONTRIBUTION 250. MOBILE, AL 36606 NONE UNRESTRICTED ALABAMA RIVERS ALLIANCE CONTRIBUTION BIRMINGHAM, AL 35203 1,000. AUBURN UNIVERSITY NONE UNRESTRICTED CONTRIBUTION AUBURN, AL 36849 2,000, AUDUBON NONE UNRESTRICTED CONTRIBUTION NEW YORK NY 10014 2 500. SEE CONTINUATION SHEET(S) 55,581 ▶ 3a Total b Approved for future payment NONE Total Form **990-PF** (2018)

Part XV. Supplementary Informati 3 Grants and Contributions Paid During th			-	
				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient	+	
PARTON ACADEMY FOUNDATION	NONE		UNRESTRICTED	•
	NONE		CONTRIBUTION	
OBILE AL 36602	-			1,0
OG RIVER CLEARWATER REVIVAL	NONE		UNRESTRICTED	
-			CONTRIBUTION	1,00
OBILE, AL 36616		-		1,00
ASTERN SHORE ART CENTER	NONE		UNRESTRICTED	
AIRHOPE, AL 36532			CONTRIBUTION	2 . 5
ATMIOLE, AB 30332				
NVIRONMENTAL DEFENSE FUND	NONE		UNRESTRICTED	
ASHINGTON DC 20009			CONTRIBUTION	1.0
AIRHOPE POINT CLEAR ROTARY YOUTH	NONE		UNRESTRICTED	
LUB	NONE		CONTRIBUTION	
PAIRHOPE AL 36532			•	5,8
EEDING THE GULF COAST	NONE		UNRESTRICTED CONTRIBUTION	
PHEODORE, AL 36582			CONTRIBUTION	2.0
RIENDS SCHOOL OF WILMINGTON	NONE		UNRESTRICTED CONTRIBUTION	
VILMINGTON NC				1,0
MPACT 100	NONE		UNRESTRICTED CONTRIBUTION	
AIRHOPE, AL 36532				1.0
MISC. CONTRIBUTIONS (ALL	NONE		UNRESTRICTED	
CONTRIBUTIONS \$1,000 OR UNDER)			CONTRIBUTION	
OBILE, AL			.	8,7
AND THE GUNDANA CONTRACT	l l		INIDECMETOMED	
OBILE SYMPHONY ORCHESTRA	NONE		UNRESTRICTED CONTRIBUTION	
OBILE AL 36602				2,0

on			
show any relationship to	Foundation status of	Purpose of grant or	Amount
or substantial contributor	recipient	Contribution	
NONE		UNRESTRICTED CONTRIBUTION	1,000,
NONE		UNRESTICTED	
		CONTRIBUTION	1,000,
NONE		HURRICANE RELIEF SUPPLIES	2,253,
NONE		UNRESTRICTED CONTRIBUTION	5,500.
NONE .		UNRESTRICTED CONTRIBUTION	1,550,
NONE		UNRESTRICTED CONTRIBUTION	1,500.
NONE		UNRESTRICTED CONTRIBUTION	3,000,
NONE		UNRESTRICTED CONTRIBUTION	1,500.
NONE		UNRESTRICTED CONTRIBUTION	1,000.
NONE		UNRESTRICTED CONTRIBUTION	1,050,
	Year (Continuation)	Year (Continuation)	Year (Continuation)

<u> 26-3042940</u>

Part XV, Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)	•	-,	
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	Contribution	
WEEKS BAY FOUNDATION	NONE		UNRESTRICTED	
FAIRHOPE, AL 36532			CONTRIBUTION	3,930.
PAIRMOPE, AD 30332		_		2,550.
				<u> </u>
			-	
			<u> </u>	
			,	
		,		
				<u> </u>
Total from continuation sheets	<u> </u>		<u> </u>	<u> </u>

Form 990-PF. (2018) 2008				26-3	3042940 Page 12
Part XVI-A Analysis of Income-Prod			 		
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	- -		+ +		
c			1 1		
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			\bot		
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			1		
11 Other revenue:					
a			+		
b			1 1		
d					
e					- · · · · · · · · · · · · · · · · · · ·
12 Subtotal. Add columns (b), (d), and (e)		0		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	s to the Accom	plishment of E	xempt	Purposes	
Line No. Explain below how each activity for which in	ncome is reported in c	olumn (e) of Part XVI-	A contribut	ted importantly to the accom	plishment of
the foundation's exempt purposes (other th	an by providing funds	for such purposes).			
					
	 ·				-
					· · ·
					
		<u> </u>			
					

Form 990-PF.(201	8) 2008	26-3042	940	Pa	age 13
Part XVII	Information Regarding	Transfers to and Transactions and Relationships With Noncharit	table		
•	Exempt Organizations				

	•	Exempt Organ	izations							
1	Did the or	ganization directly or indir	rectly engage in any	of the followin	g with any other organizatio	on described in section	on 501(c)		Yes	No
	(other tha	n section 501(c)(3) organ	lizations) or in section	on 527, relating	g to political organizations?					
a	Transfers	from the reporting founda	ation to a noncharita	ible exempt orç	ganization of:					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other	assets						1a(2)		<u>X</u>
b	Other tran	sactions:						-	_	
	(1) Sales	of assets to a noncharital	ble exempt organiza	tion				1b(1)		<u>X</u>
	(2) Purch	nases of assets from a noi	ncharitable exempt o	organization				1b(2)		<u>X</u>
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)	_	<u>X</u>
	(4) Reim	bursement arrangements						1b(4)	_	<u>X</u>
	(5) Loans	s or loan guarantees						1b(5)		<u>X</u>
	` '	rmance of services or me	•	-				1b(6)		X
	•	f facilities, equipment, ma	•					1c	L	X
d		_		-	dule Column (b) should alw				sets,	
		•			ed less than fair market valu	ie iii any transaction	or snaring arrangement, si	IOW III		
a) .	on anı.	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	harino ar	rangeme	nte
.,.	.iiie iib	(B) Amount involved	(6) 1441116 01	N/A	oxompt or gameation	(b) bescription	or transfers, transactions, and c	na nig ar	angome	
				N/A						
			-	•					_	-
_					······································		<u> </u>			
					·					
_					 .	<u> </u> -				
		· ·-								
_										
2 a		<u>=</u>			or more tax-exempt organiz	zations described	Г	Yes	v] No
		501(c) (other than sectio		ection 527			L	162	ما	_ NO
D	ir yes, co	omplete the following sche (a) Name of org			(b) Type of organization		c) Description of relationsh	HD.		
_		N/A	janization		(b) Type of organization		of Boothpaton of Tolationer	<u></u>		
		N/A								
							<u> </u>			
				•		<u> </u>				
	Under	penalties of perjury, I declare	that I have examined th	is return, includin	ng accompanying schedules and	statements, and to the l	best of my knowledge May	the IRS	discuss	this
Si	gn and b	elief, it is true, or rect, and co	nplete Declaration of pr	reparer (other than	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge retu	rn with th wn below	e prepar	er
He	ere	$(\Lambda \Lambda)$	100		15/10/19	PRESID		Yes		No
	Sigi	nature of officer or trustee	;		Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
				Jeurs	185 Suce	1	self- employed			
	aid	LOUIS G. R	USSELL			04/26/19		474		
	eparer			APSON B	UTLER & HOUS	TON, LLP	Firm's EIN ► 63-05	∂650	59	
Us	se Only									
		Firm's address ▶ P .								
			BILE, AL				Phone no. 251-47			
							Fo	rm 99 0	0-PF	(2018)

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.

TONSMEIRE CHARITABLE FOUNDATION TRUST

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	2008	<u> 26-3042940</u>
Organization type	(check one)	
Filers of:	Section:	
Form 990 or 990-E	501(c)() (enter number) organization	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	,	
	·	ule See instructions
General Rule		
		•
Special Rules		
sections any one o	509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou	, or 16b, and that received from
year, tota	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educion of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributions.	cational purposes, or for the
year, con is checke purpose	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled med, enter here the total contributions that were received during the year for an exclusively religious. Don't complete any of the parts unless the General Rule applies to this organization because it charitable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it must answe	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F r "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F n't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

TONSMEIRE CHARITABLE FOUNDATION TRUST 2008

26-3042940

Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTHUR C. TONSMEIRE, III 14620 RIVER ROAD PENSACOLA, FL 32507	\$37,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TONSMEIRE DEVELOPMENT CORPORATION 6 SOUTH SUMMIT STREET FAIRHOPE, AL 36532		Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>'</u> \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•	\	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

TONSMEIRE CHARITABLE FOUNDATION TRUST 2008

26-3042940

Part II	Noncash Property (see instructions) Use duplicate copies of Part	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
		_ _	
		\$	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
raiti			
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		_	
		\$	990, 990-EZ, or 990-PF)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization TONSMEIRE CHARITABLE FOUNDATION TRUST 2008 26-3042940 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info 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 Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

FORM '990-PF	OTHER EXPENSES				STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C ADJU: NET I	STED C	(D) HARITABL PURPOSES	
ACCOUNTING & LEGAL FEES INSURANCE	2,385. 27,274.	·	0.			0	
TO FORM 990-PF, PG 1, LN 23	29,659.		0.			0	
	LIST OF OF AND FOUNDA			ORS	STAT	EMENT	
NAME AND ADDRESS		LE AND HRS/WK		IPEN- 'ION	EMPLOYEE BEN PLAN CONTRIB		
ARTHUR C. TONSMEIRE, III 6 SOUTH SUMMIT STREET FAIRHOPE, AL 36532		EE/ FDN.	MGR.	0.	0.	0	
ELIZABETH TONSMEIRE 6 SOUTH SUMMIT STREET FAIRHOPE, AL 36532	TRUST 0	EE .00		300.	0.	0	
LOUIS G. RUSSELL	TRUST 0	EE .00		200	0.	0	
7530 PARKER ROAD, SUITE 150 FAIRHOPE, AL 36532	_	•00		300.	•	U	
	TRUST 0	EE		300.	0.		

1,200.