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2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	19 , ar	nd ending 12-31-	2019				
		Indation AND ALOYIS L SONNEBORN		A Employer id	entification numbe	r			
		BLE FOUNDATION		26-3868045					
	ber and D BOX 1	I street (or P.O. box number if mail is not delivered to street address) 1625	Room/suite	B Telephone nu	B Telephone number (see instructions)				
			(251) 375-7805	(251) 375-7805					
		, state or province, country, and ZIP or foreign postal code 36633		C If exemption	application is pendin	g, check here			
G CI	neck al	I that apply: Initial return Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere			
		Final return Amended return		2. Foreign or	ganizations meeting	the 85%			
		Address change Name change		test, chec	k here and attach co	mputation 🕨 🔲			
H C	neck ty	pe of organization: $lacksquare$ Section 501(c)(3) exempt private t	oundation		ındation status was t n 507(b)(1)(A), chec				
	Section	1 4947(a)(1) nonexempt charitable trust	private foundation						
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 6,393,872 J Accounting method: □ Other (specify) (Part I, column (d) must		F If the founda under sectio	ation is in a 60-montl n 507(b)(1)(B), chec				
_			De on cash basis.)		Г				
Pa	rt 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) (see instructions).)	(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 (attach schedule)	1,031,941						
	2	Check ▶ ☑ if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	125,499	125,499					
	5a	Gross rents							
	b	Net rental income or (loss)							
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-13,073						
	ь 7	Gross sales price for all assets on line 6a 211,467 Capital gain net income (from Part IV, line 2)		0					
щ	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	1,144,367	125,499	0				
	13	Compensation of officers, directors, trustees, etc.	0	0	0	0			
	14	Other employee salaries and wages							
ses	15	Pension plans, employee benefits	06-1 0.700	2.762					
ens	16a	Legal fees (attach schedule)	2,763	•	0				
Expenses	b	Accounting fees (attach schedule)	1,750	1,750					
Ve	c 1	Other professional fees (attach schedule)	21,198	21,198	0	0			
and Administrative	17	Interest	66-1 4 50.4	4 504	0	0			
ist	18	Taxes (attach schedule) (see instructions)	4,594	4,594		-			
II.	19	Depreciation (attach schedule) and depletion							
Ad	20 21	Occupancy							
pu	22	Printing and publications							
	23	Other expenses (attach schedule)	22,964	22,964	0	0			
Operating	24	Total operating and administrative expenses.		· ·					
)er:		Add lines 13 through 23	53,269	53,269	О	0			
ō	25	Contributions, gifts, grants paid	208,222			208,222			
	26	Total expenses and disbursements. Add lines 24 and 25	261,491	53,269	0	208,222			
	27	Subtract line 26 from line 12:	201, 131	33,203	Ĭ	200,222			
	a	Excess of revenue over expenses and							
	 h	disbursements Net investment income (if negative, enter -0-)	882,876	70.000					
	b c	Adjusted net income (if negative, enter -0-)		72,230	_				
For		work Reduction Act Notice, see instructions.		Cat. No. 11289>	0 (For	m 990-PF (2019)			

Beginning of year

Form 990-PF (2019)

Other increases not included in line 2 (itemize) -

Decreases not included in line 2 (itemize) ▶ _

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	153,679	246,660	246,660
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
ets	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U.S. and state government obligations (attach schedule)			
٦		- · · · · · · · · · · · · · · · · · · ·	4,110,805	4,900,702	6,147,212
	b	Investments—corporate stock (attach schedule)	4,110,803	4,900,702	0,147,212
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	4,264,484	5,147,362	6,393,872
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
┙╽	22	Other liabilities (describe >)			
	23	Total liabilities(add lines 17 through 22)	0	0	
٠,					
Ses		Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.			
悥		•			
<u> </u>	24	Net assets without donor restrictions			
힏	25	Net assets with donor restrictions			
Assets or Fund Balance		Foundations that do not follow FASB ASC 958, check here 🕨 🗹			
٦		and complete lines 26 through 30.			
S	26	Capital stock, trust principal, or current funds	0	0	
set	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
As	28	Retained earnings, accumulated income, endowment, or other funds	4,264,484	5,147,362	
Set	29	Total net assets or fund balances (see instructions)	4,264,484	5,147,362	
_	30	Total liabilities and net assets/fund balances (see instructions) .	4,264,484	5,147,362	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	•		
1		l net assets or fund balances at beginning of year—Part II, column (a), line	29 (must agree with		
_	-	ear figure reported on prior year's return)		. 1	4,264,484
2	⊨nte	r amount from Part I, line 27a 2	882,876

5,147,362

3

4

5

6

Page 2

End of year

Part IV Capita	Gains and Lo	osses for Tax on Invest	ment Income			
		ind(s) of property sold (e.g., e; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a ISHARES RUSS	ELL MID CAP				2016-08-05	2019-12-03
b ENERGY SELEC	T SECTOR				2018-01-11	2019-08-14
c ENERGY SELEC	T SECTOR				2017-12-20	2019-12-20
d FINANCIAL SEL	ECT SECTOR SPO	OR .			2018-08-07	2019-08-09
e CAPITAL GAINS	DIVIDENDS			P		
(e) Gross sales	s price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a	51,242			42,400		8,842
b	4,530			6,139		-1,609
С	85,739			102,752		-17,013
d	69,759			73,249		-3,490
e	197					197
Complete only	for assets showin	ng gain in column (h) and ow	ned by the foundation	on 12/31/69	,	I)
(i) F.M.V. as of		(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) . (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
a						8,842
b						-1,609
С						-17,013
d						-3,490
<u>е</u>						197
	nter in Part I, line	(loss) as defined in sections 1 e 8, column (c) (see instruction	ons). If (loss), enter -0) . }	3	
_		Section 4940(e) for Refoundations subject to the sec				
If "Yes," the foundatio	able for the section on does not qualif	is part blank. on 4942 tax on the distributal fy under section 4940(e). Do n each column for each year;	not complete this part.	·		es 🗸 No
(a) Base period years Ca year (or tax year begin	lendar Adiu	(b) usted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col. (b) divided by c	
2018		160,187		3,368,211	, -,-	0.047558
2017		113,513		1,025,962		0.110641
2016		42,499		1,006,291		0.042233
2015		9,350		807,914		0.011573
2013		8,900		314,493		0.028300
	anlumn (d)	·		<u> </u>	Γ	0.240305
number of year 4 Enter the net va	ution ratio for the s the foundation alue of noncharita	e 5-year base period—divide thas been in existence if less able-use assets for 2019 from	than 5 years n Part X, line 5	3		0.048061 4,909,497
5 Multiply line 4 b	,			5		235,955
		ome (1% of Part I, line 27b)		6		722
7 Add lines 5 and	6			7		236,677
		m Part XII, line 4 , . . an line 7, check the box in Pa			g a 1% tax rate. Se	208,222 e the Part VI
msu ucuons.					Fo	rm 990-PF (2019

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Pai	rt VII-B Statemer	nts Regarding	Activities for Which	Form 4720 May Be	Required (continued)							
5a	During the year did the	foundation pay o	r incur any amount to:				Yes	No				
	(1) Carry on propagano	da, or otherwise a	nerwise attempt to influence legislation (section 4945(e))?									
	(2) Influence the outco	ome of any specifi	pecific public election (see section 4955); or to carry									
	on, directly or indire	ectly, any voter re	registration drive?									
	(3) Provide a grant to a	an individual for t	ravel, study, or other sim	No.								
		-	·	ner than a charitable, etc., organization described								
	` ' '		eligious, charitable, scien		··	No						
	educational purpose	es, or for the prev	ention of cruelty to childr	ren or animals?	· · □ Yes 🗸							
b	If any answer is "Yes" t	o 5a(1)–(5), did	any of the transactions fa	nil to qualify under the ex	ceptions described in	No						
	Regulations section 53.	4945 or in a curre	ent notice regarding disas	ter assistance? See instr	uctions	5b						
	Organizations relying or	n a current notice	regarding disaster assist	ance check here	▶ □							
c	If the answer is "Yes" to	o question 5a(4),	does the foundation clain	n exemption from the	Ш							
	tax because it maintain	ed expenditure re	esponsibility for the grant	?	· · □ Yes □	No						
	If "Yes," attach the stat	tement required b	y Regulations section 53.	4945-5(d).	□ fes □	NO						
6a	Did the foundation, dur	ing the year, rece	ive any funds, directly or	indirectly, to pay premiu	ims on							
	a personal benefit contr	ract?			· 🗌 Yes 🗸	N.						
b	Did the foundation, dur If "Yes" to 6b, file Form		premiums, directly or ind	lirectly, on a personal be	nefit contract?	6b		No				
7a	•		foundation a party to a p	prohibited tax shelter tran	nsaction?							
			proceeds or have any net		∟ Yes 💌	No 7b						
8			1960 tax on payment(s) o									
	=		ar?									
					nagers, Highly Paid Er							
Pai	and Contra		ers, Directors, Trust	tees, I dundation Fia	magers, mgmy Faid Li	пртоусса,	1					
1	List all officers, direct		oundation managers ar									
	(a) Name and addre		(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) Exper other a						
ROBE	RT B KING		CTOR	0	. 0			0				
	BELLEVUE LANE	1.00										
	LE, AL 36608	D.10.5	CTOR									
	THE CEDARS	1.00	CTOR	0	0	1		0				
	LE, AL 36608											
WALT	ER F D'OLIVE III	DIRE	CTOR	0	0			0				
	SPRINGWOOD DR EAST	1.00										
	LE, AL 36608		·	_								
	VORTH CAPITAL BANK	TRUS 2.00	STEE	0	0	1		0				
	LOUIS STREET 3200 LE, AL 36602											
2	Compensation of five	highest-paid er	nployees (other than t	hose included on line 1	-see instructions). If no	ne, enter "	NONE	."				
(a)	Name and address of eac more than \$50,0		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expended the control of the cont						
NON	E											
]									
			1									
Tota	I number of other emplor	yees paid over \$5	0,000					0				
	·	·				Form 99	0-PF ((2019)				

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). 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 rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

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1,445

244,030

244.030

244.030

208,222

208.222

208.222

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2a

3

4 5

6

1

2

3

4

5

b

Part XII

4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	74,764
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,909,497
6	Minimum investment return. Enter 5% of line 5	6	245,475
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at XI	ınd cei	rtain foreign
Par	organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	245,475

2a

2b

1,445

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Distributable amount before adjustments. Subtract line 2c from line 1.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

208,222

16,569

19,239

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Part XIII	כ

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Part XIII	Un

distributed Income (see instructions)

a From 2014. **b** From 2015. c From 2016. . . d From 2017.

e From 2018.

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019.

(If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

6 Enter the net total of each column as

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) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

indicated below:

same amount must be shown in column (a).)

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019:

a Enter amount for 2018 only.

b Total for prior years: 20______, 20______ 3 Excess distributions carryover, if any, to 2019:

16.569

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part

XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

required—see instructions). **d** Applied to 2019 distributable amount. . . .

(a)

Corpus

16,569

16.569

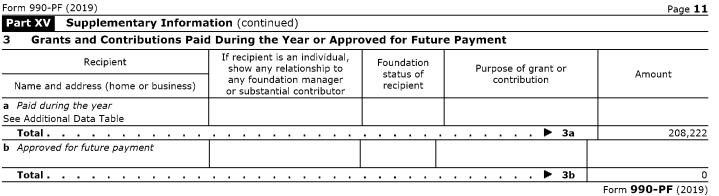
(b)

Years prior to 2018

(c)

2018

	Part XIV Private O	perating Founda	ations (see instru	ictions and Part V	II-A, question 9)		·g			
1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling									
b	Check box to indicate who	ether the organization	on is a private opera	ting foundation desc	cribed in section \Box	4942(j)(3) or] 4942(j)(5)			
2a	Enter the lesser of the ac		Tax year		Prior 3 years		(e) Total			
	income from Part I or the investment return from P		(a) 2019	(b) 2018	(c) 2017	(d) 2016	(5)			
	year listed									
	85% of line 2a	ŀ								
	Qualifying distributions fr line 4 for each year listed									
d	Amounts included in line directly for active conductactivities	t of exempt								
е	Qualifying distributions m for active conduct of exer Subtract line 2d from line	mpt activities.								
3	Complete 3a, b, or c for the alternative test relied upon									
а	"Assets" alternative test-									
	(1) Value of all assets .									
	(2) Value of assets qual under section 4942(
b	"Endowment" alternative of minimum investment	return shown in								
c	Part X, line 6 for each ye "Support" alternative test	· · · · · · · · · · · · · · · · · · ·								
·	(1) Total support other									
	investment income (
	dividends, rents, pa on securities loans (:									
	512(a)(5)), or royalt									
	(2) Support from genera									
	and 5 or more exem organizations as pro	·								
	section 4942(j)(3)(B	(iii)								
	(3) Largest amount of s from an exempt organized									
	(4) Gross investment in									
	Sunnlementa		(Complete this	part only if the f	oundation had s	5,000 or more	in			
	assets at any	time during the	e year—see inst							
1	Information Regarding List any managers of the			than 20% of the total	contributions receive	ad by the foundatio	n			
a	before the close of any ta						11			
b	List any managers of the					rge portion of the				
2	ownership of a partnersh Information Regarding									
_		•		• • • •	-	J				
	Check here ▶ ☐ if the forunsolicited requests for f	oundation only make funds. If the foundat	es contributions to p tion makes gifts, gra	reselected charitable ints, etc. to individua	e organizations and als or organizations i	uoes not accept Inder				
	other conditions, comple			,	.					
а	The name, address, and	telephone number o	or email address of t	he person to whom a	applications should b	e addressed:				
	See Additional Data Tab	le								
b	The form in which applica	ations should be sub	mitted and informal	ion and materials th	ney should include:					
	See Additional Data Tab	le								
С	Any submission deadlines	5 ;								
	See Additional Data Tab	le								
d	Any restrictions or limitat factors:	cions on awards, suc	ch as by geographica	al areas, charitable f	ields, kinds of institu	itions, or other				
	See Additional Data Table									



nter gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
е						
g Fees 2 Membe 3 Interes	and contracts from government agencies ership dues and assessments					
	nents nds and interest from securities ntal income or (loss) from real estate:			14	125,499	
b Not d 6 Net rer	-financed property lebt-financed property					
8 Gain or invento	nvestment income. r (loss) from sales of assets other than bry come or (loss) from special events:			18	-13,073	
O Gross Other	profit or (loss) from special events: profit or (loss) from sales of inventory revenue: a					
c						
3 C	ral. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	4.	112,426	112,420
(See w	orksheet in line 13 instructions to verify calcu	lations.)			3	,
See wo Part XV Line No. ▼	orksheet in line 13 instructions to verify calcu	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
(See work) Part XV: Line No.	orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	

٠.	>>> (20			
		Information Regarding Transfers To and Transactions and Relationships With Noncharit	abla	
l	Part XVII	Exempt Organizations	abic	
1	Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		

		organization directly or in or than section 501(c)(3)								ion 501		Yes	No
а⊤	ransfers	s from the reporting foun	dation to a n	oncha	ritable exe	empt organizatio	n of:						
(1) Cas	h									1a(1)		No
(2) Oth	er assets									1a(2)		No
b 0	ther tra	ansactions:											
(1) Sale	es of assets to a nonchar	itable exemp	t orga	nization.						1b(1)		No
		chases of assets from a r									1b(2)		No
(3) Ren	tal of facilities, equipmer	nt, or other a	ssets.							1b(3)		No
(4) Reir	mbursement arrangemen	its								1b(4)		No
		ns or loan guarantees.									1b(5)		No
(6) Perfo	ormance of services or m	embership o	r fundi	raising soli	icitations					1b(6)		No
c S	haring	of facilities, equipment, r	nailing lists,	other a	assets, or	paid employees.					1c		No
o ir	f the go n any tr	swer to any of the above ods, other assets, or ser ansaction or sharing arra	vices given b ingement, sh	y the ow in	reporting f column (d	foundation. If the) the value of the	e foundatior le goods, otl	n receive her asse	ed less than fair ma ets, or services rece	irket valu eived.	e		
(a) L	ine No.	(b) Amount involved	(c) Name of	noncha	ritable exer	npt organization	(d) Desc	ription of	transfers, transaction	s, and sha	ing arrar	ngement	ts
	-												
2 a Is	s the fo	undation directly or indire	ectly affiliate	d with	, or related	d to, one or more	e tax-exemp	ot organ	izations				
d	escribe	d in section 501(c) (other	r than section	n 501(c)(3)) or i	n section 527? .			🗆`	Yes 🔽	∑ No		
b If	f "Yes,"	complete the following s	chedule.										
		(a) Name of organization	on		(b) Type of organizat	tion		(c) Description	n of relatio	nship		
	- - - - - - - - - - 												
		der penalties of perjury, my knowledge and belief											
		ich preparer has any kno		J11 CCL,	ana comp	rece. Deciaration	r or prepare	(ounci	char taxpayer, is i	Jasea on	an mioi	i i i di ci o i i	
Sig	n	*****	-				Ψ.	****		May th	e IRS dis	cuss th	is
чē	re l	*****				2020-11-19	\ **	****		return	ne prepar		
	🗗						— y −			below	іе ргераі	er snow	<i>/</i> 11
	'	Signature of officer or t	rustee			Date	' Ti	itle		(see ir	nstr.) 🔽	Yes □] No
		Print/Type preparer's	name	Prepa	arer's Sign	ature	Date		Check if self-	PTIN			
									employed ▶		P00168	043	
) - !	لد	MARK E HIERONYN	MUS				2020-:	11-19	employed • 🗀				
Pai													
	pare		RONYMUS CP.	AS LLO	-					Firm's E	 [N ▶47-	19755	20
JSE	e Onl	•	N DOY 7000										
		Firm's address ► PC	BOX 7006										
		Mo	OBILE, AL 36	5670						Phone n	o. (2 51)	680-9	9848
										Fo	rm aar	LPF /	2010

orr	orm 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:				
а	The name, address, and telephone number of the person to whom applications should be addressed:				
	KATIE P SMITH OAKWORTH CAPTIAL BANK PO BOX 1625 MOBILE, AL 36633 (251) 375-7807				
b	The form in which applications should be submitted and information and materials they should include:				
	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 MATERIES (I.E., ANNUAL REPORTS, BROCHURES, FLYERS, PRESS CLIPPING, ETC.)				

c Any submission deadlines:

factors:

NONE

NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other a The name, address, and telephone number of the person to whom applications should be addressed:

KATIE P SMITH OAKWORTH CAPTIAL BANK

MOBILE, AL 36633
(251) 375-7807

b The form in which applications should be submitted and information and materials they should include:

SCHOLARSHIPS WILL BE PUBLICIZED BY DISTRICT NOTIFICATION OF THE ADMINISTRATIONS OF PUBLIC AND PRIVATE HIGH SCHOOLS

PO BOX 1625

within the Mobile County, Al. A written scholarship application will be required.

c Any submission deadlines:

NONE

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

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

THE SELECTION OF QUALIFIED STUDENTS WILL BE BASED UPON EXCEPTIONAL ACADEMIC ACHIEVEMENT, FINANCIAL NEED, DEMONSTRATED LEADERSHIP CAPACITY, DEMONSTRATED COMMUNITY SERVICE, AND OUSTANDING MORAL CHARACTER. PRIOR SCHOLARSHIP RECIPIENTS WILL RECEIVE PRIORITY FOR SCHOLARSHIPS WHILE THEY ARE ENROLLED FULL TIME IN THEIR RESPECTIVE COLLEGE, PROVIDED THEY MAINTAIN A 2.9 GPA (OR ITS EQUIVALENT) AND EITHER ENGAGE IN A CERTIFIED WORK STUDY PROGRAM OR WORK PART TIME (AT LEAST 10 HOURS) DURING THEIR COLLEGE STUDIES.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a. Paid during the year				

a Paid during the year			
Name and address (nome or business)	or substantial contributor		

BISHOP STATE COMMUNITY COLLEGE	NONE	501(C)(3)	SCHOLARSHIPS	4,424
351 N BROAD ST				
MOBILE, AL 36603				

351 N BROAD ST MOBILE, AL 36603	NONE	501(C)(3)	SCHOLARSHIPS	4,424
DANCE WITHOUT LIMITS	NONE	501(C)(3)	CHARITABLE DONATION	2,500

MOBILE, AL 36603				
DANCE WITHOUT LIMITS 4715 AIRPORT BLVD	NONE	501(C)(3)	CHARITABLE DONATION	2,500

DANCE WITHOUT LIMITS 4715 AIRPORT BLVD MOBILE, AL 36608	NONE	501(C)(3)	CHARITABLE DONATION	2,500
DELTA BIKE PROJECT	NONE	501(C)(3)	CHARITABLE DONATION	2,500

208,222

4715 AIRPORT BLVD MOBILE, AL 36608				
DELTA BIKE PROJECT	NONE	501(C)(3)	CHARITABLE DONATION	2,500

MOBILE, AL 30008				
DELTA BIKE PROJECT 561 SAINT FRANCIS STREET MOBILE, AL 36602	NONE	501(C)(3)	CHARITABLE DONATION	2,50

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recinient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
GOODWILL EASTER SEALS OF THE	NONE	501(C)(3)	CHARITABLE DONATION	4,000

2440 GORDON SMITH DRIVE MOBILE, AL 36617				
HISTORIC BLAKELY AUTHORITY 34745 STATE HWY 225	NONE	501(C)(3)	CHARITABLE DONATION	2,500

MODIEL, AL 30017				
HISTORIC BLAKELY AUTHORITY 34745 STATE HWY 225 SPANISH FORT, AL 36527	NONE	501(C)(3)	CHARITABLE DONATION	2,500
HISTORIC RESTORATION SOCIETY	NONE	501(C)(3)	CHARITABLE DONATION	3,000

HISTORIC BLAKELY AUTHORITY 34745 STATE HWY 225 SPANISH FORT, AL 36527	NONE	501(C)(3)	CHARITABLE DONATION	2,500
HISTORIC RESTORATION SOCIETY 300 OAKLEIGH PLACE	NONE	501(C)(3)	CHARITABLE DONATION	3,000

SPANISH FORT, AL 36527				
HISTORIC RESTORATION SOCIETY 300 OAKLEIGH PLACE MOBILE, AL 36604	NONE	501(C)(3)	CHARITABLE DONATION	3,000

208,222

HISTORIC RESTORATION SOCIETY 300 OAKLEIGH PLACE MOBILE, AL 36604	NONE	501(C)(3)	CHARITABLE DONATION	3,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

LIAD CUEATA C ANIN CT	NONE	E04 (C) (D)	CHARTTARI E DOMATION	1 000
a Paid during the year				
Name and address (home or business)	or substantial contributor	recipient		

L'ARCHE151 S ANN ST MOBILE, AL 36604	NONE	501(C)(3)	CHARITABLE DONATION	1,000
LITTLE SISTERS OF THE POOR 1655 MCGILL AVENUE	NONE	501(C)(3)	CHARITABLE DONATION	2,500

1				
LITTLE SISTERS OF THE POOR 1655 MCGILL AVENUE MOBILE, AL 366041299	NONE	501(C)(3)	CHARITABLE DONATION	2,500

MOBILE, AL 366041299				
MEN OF ST JOSEPH 3704 SRPINGHILL AVE	NONE	501(C)(3)	CHARITABLE DONATION	1,000

•				1
MEN OF ST JOSEPH 3704 SRPINGHILL AVE MOBILE, AL 36608	NONE	501(C)(3)	CHARITABLE DONATION	1,000

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208,222

MEN OF ST JOSEPH	NONE	501(C)(3)	CHARITABLE DONATION	
3704 SRPINGHILL AVE				
MOBILE, AL 36608				

MEN OF ST JOSEPH	NONE	501(C)(3)	CHARITABLE DONATION	1
3704 SRPINGHILL AVE				
MOBILE, AL 36608				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
MITCHELL CANCER INSTITUTE 1660 SPRINGILL AVENUE MOBILE, AL 36606	NONE	501(C)(3)	CELEBRATE HOPE	23,757

MOBILE, AL 36606				
MULHERIN HOME2496 HALLS MILL RD MOBILE, AL 36606	NONE	501(C)(3)	CHARITABLE DONATION	2,500
RONALD MCDONALD	NONE	501(C)(3)	CHARITABLE DONATION	1,000

MULHERIN HOME2496 HALLS MILL RD MOBILE, AL 36606	NONE	501(C)(3)	CHARITABLE DONATION	2,500
RONALD MCDONALD 1626 SPRINGHILL AVE MOBILE, AL 36604	NONE	501(C)(3)	CHARITABLE DONATION	1,000

RONALD MCDONALD 1626 SPRINGHILL AVE MOBILE, AL 36604	NONE	501(C)(3)	CHARITABLE DONATION	1,000

208,222

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SOUTWEST ALABAMA WORKFORCE DEVELOP COUNCIL REGION 9 605 BEL AIR BLVD SUITE 32 MOBILE, AL 36606	NONE	501(C)(3)	SCHOLARSHIPS	15,000

MOBILE, AL 36606				
SPRINGHILL COLLEGE4000 DAUPHIN ST MOBILE, AL 36608	NONE	501(C)(3)	CHARITABLE DONATION	63,400

SPRINGHILL COLLEGE4000 DAUPHIN ST MOBILE, AL 36608	NONE	501(C)(3)	CHARITABLE DONATION	63,400
ST MARY'S HOME4350 MOFFETT RD	NONE	501(C)(3)	CHARITABLE DONATION	2,500

MOBILE, AL 36608				
ST MARY'S HOME4350 MOFFETT RD	NONE	501(C)(3)	CHARITABLE DONATION	2,500

Total .

208,222

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
UNIVERSITY OF MOBILE 5735 COLLEGE PKWY	NONE	501(C)(3)	SCHOLARSHIPS	39,910

5735 COLLEGE PKWY MOBILE, AL 36613		, ,, ,		·
BARTON ACADEMY 504 GOVERNMENT STREET MOBILE, AL 36602	NONE	501(C)(3)	SCHOLARSHIPS	10,000

BARTON ACADEMY 504 GOVERNMENT STREET MOBILE, AL 36602	NONE	501(C)(3)	SCHOLARSHIPS	10,000
COASTAL ALABAMA COMMUNITY COLLEGE 1900 HIGHWAY 31 SOUTH	NONE	501(C)(3)	SCHOLARSHIPS	1,731

MOBILE, AL 36602				
COASTAL ALABAMA COMMUNITY COLLEGE 1900 HIGHWAY 31 SOUTH BAY MINETTE, AL 36507	NONE	501(C)(3)	SCHOLARSHIPS	1,731

•				
COASTAL ALABAMA COMMUNITY COLLEGE 1900 HIGHWAY 31 SOUTH BAY MINETTE, AL 36507	NONE	501(C)(3)	SCHOLARSHIPS	1,731
Total			▶ 3a	208,222

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

` .	or substantial contributor			
a Paid during the year				
DUMAS WESLEY126 MOBILE ST	NONE	501(C)(3)	CHARITABLE DONATION	2,500

MOBILE, AL 36607				
VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY	NONE	501(C)(3)	CHARITABLE DONATION	2,500
MODILE AL 36600				

VICTORY HEALTH PARTNERS 3750 PROFESSIONAL PKWY MOBILE, AL 36609	NONE	501(C)(3)	CHARITABLE DONATION	2,500
SALVATION ARMY1009 DAUPHIN ST	NONE	501(C)(3)	CHARITABLE DONATION	7,000

MOBILE, AL 36609				
SALVATION ARMY1009 DAUPHIN ST	NONE	501(C)(3)	CHARITABLE DONATION	7,000

MOBILE, AL 36609				
SALVATION ARMY1009 DAUPHIN ST MOBILE, AL 36604	NONE	501(C)(3)	CHARITABLE DONATION	7,000

208,222

SALVATION ARMY1009 DAUPHIN ST NONE 501(C	C)(3) CHARITABLE DONATION	
--	---------------------------	--

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WATERERONT RESCUE MISSION	NONE	501(C)(3)	CHARITABLE DONATION	2,500

PO BOX 1095 MOBILE, AL 36633				_,,
WINGS OF LIFE800 ST LOUIS ST MOBILE, AL 36602	NONE	501(C)(3)	CHARITABLE DONATIONCHARITABLE	2,500

WINGS OF LIFE800 ST LOUIS ST MOBILE, AL 36602	NONE	501(C)(3)	CHARITABLE DONATIONCHARITABLE DONATION	2,

MOBILE, AL 36602			DONATIONCHARITABLE	
ELIJAH HOUSE867 DUVAL ST	NONE	501(C)(3)	CHARITABLE DONATION	2,500

▶ 3a

208,222

,			DONATION	
ELIJAH HOUSE867 DUVAL ST	NONE	501(C)(3)	CHARITABLE DONATION	2,500

ELIJAH HOUSE867 DUVAL ST	NONE	501(C)(3)	CHARITABLE DONATION	2,
MOBILE, AL 36606				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

raciniant

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ST LUKE'S EPISCOPAL SCHOOL	NONE	501(C)(3)	SCHOLARSHIPS	5,500

LUKE'S EPISCOPAL SCHOOL	NONE	501(C)(3)	SCHOLARSHIPS
00 S UNIVERSITY BLVD			
BILE, AL 36609			

any faundation manager

1400 S UNIVERSITY BLVD MOBILE, AL 36609			
Total	 	▶ 3a	208,222

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TY 2019 Accounting Fees Schedule						
		AND ALOYIS L SON ABLE FOUNDATION 045	NNEBORN			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	1,750	1,750	0	0		

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TY 2019 Investments Corpora	sta Stack School	dulo	
11 2019 threstments corpora	ite Stock Schei	uuie	
Name:	HARRY 1 AND ALC	YIS L SONNEBORN	
	CHARITABLE FOU		
EIN:	26-3868045		

EIN: 20-3000043		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY FUNDS	3,020,973	4,145,210
FIXED INCOME FUNDS	1,879,729	2,002,002

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491325003020	
TY 2019 Legal Fees Schedule	3				
Name	: HARRY JAN	D ALOYIS L SONN	EBORN		
	CHARITABLE FOUNDATION				
	CHARTABLE	LICONDATION			
EIN	l: 26-3868045	;			
Catagoriu	A	Not Tourselment	A diverse d Net	Disbursements	
Category	Amount	Net Investment Income	Adjusted Net Income	for Charitable	
		Income	Income	Purposes	
LEGAL FEES	2,763	2,763	0	0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491325003020			
TY 2019 Other Expenses Schedule							
Name:	HARRY J AND A	LOYIS L SONNEB	ORN				
	CHARITABLE FO	DUNDATION					
EIN: 26-3868045							
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

Other Expenses beneatie				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OAKWORTH INVESTMENT MANAGEMENT FEES	22,964	22,964	0	0

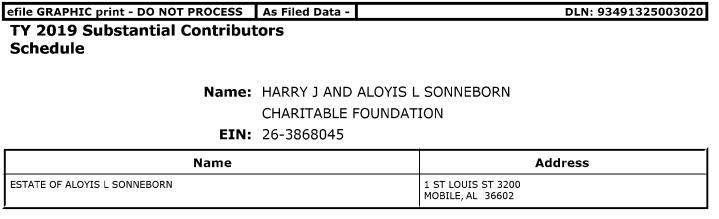
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491325003	020				
TY 2019 Other Increases Schedule								
Name:	HARRY J AND	ALOYIS L SONNEBORN						
	CHARITABLE F	OUNDATION						
EIN:	26-3868045							
De	escription		Amount					
TIMING DIFFERENCES				2				

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491325003020			
TY 2019 Other Professional Fees Schedule							
Nar	me: HARRYJAN	D ALOYIS L SONN	EBORN				
	CHARITABLE FOUNDATION						
EIN: 26-3868045							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

21,198

21,198

OAKWORTH TRUSTEE FEES



efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DLN	N: 93491325003020	
TY 2019 Taxes Schedule					
Name: HARRY J AND ALOYIS L SONNEBORN					
CHARITABLE FOUNDATION					
EIN: 26-3868045					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ESTIMATED TAXES	2,070	2,070	0	0	
2018 TAX DUE	2,401	2,401	0	0	
PY BALANCE DUE	123	123	0	0	