Form **990-PF**

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.

| V | For calendar year 2019 or tax year beginning , and ending | | | | | | | |
|----------------|---|---|--|------------------------------------|------------------------------------|---------------------------|--|---|
| | | | f foundation | | | | A Employer identification | number |
| | - | _ | <u>B</u> AMA RESTAUR | | TALITY | | | |
| | | | OCIATION FOU | | | | 63-0977617 | |
| | Nur | | and street (or P O box number if | B Telephone number | | | | |
| | _3 | S | OUTH JACKSON | STREET | | | 334-244-13 | 20 |
| | Cit | y or t | own, state or province, cou | | postal code | | C If exemption application is po | ending, check here |
| | _ <u>M</u> | ION | TGOMERY, AL | 36104 | | | _ | |
| | G (| Check | all that apply | Initial return | Initial return of a fo | ormer public charity | D 1 Foreign organizations | s, check here |
| | | | | Final return | Amended return | | 2 Faraga avanagations ma | ating the 95% toot |
| | | | | Address change | X Name change | | 2 Foreign organizations me check here and attach co | mputation |
| 0 | 3 H | H_Check type of organization: X Section 501(c)(3) exempt private foundation | | | | | E If private foundation sta | tus was terminated |
| <u> </u> | - | | ction 4947(a)(1) nonexemp | | Other taxable private founda | | under section 507(b)(1) | (A), check here |
| | , | | arket value of all assets at e | · — | | Accrual | F If the foundation is in a | 60-month termination |
| | | | | | Other (specify) | | under section 507(b)(1) | (B), check here |
| | | <u> </u> | | | mn (d), must be on cash basi | S.) | | |
| | [Pa | art l | Analysis of Revenue and (The total of amounts in column | nns (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes |
| | | Ι. | necessarily equal the amounts | | | - Income | income | (cash basis only) |
| | | 1 | Contributions, gifts, grant | - | 272,800. | | <u> </u> | <u> </u> |
| | | 2 | Interest on savings and tempor | n is not required to attach Sch. B | 10 | 16. | | COM A COUNTY 1 |
| | | 3 | cash investments | • | 2,019. | 2,019. | | STATEMENT 1 STATEMENT 2 |
| | , | 4 | Dividends and interest fro | m securities | 2,019. | 2,019. | | STATEMENT Z |
| 2020 | | '. | Gross rents | | | | | |
| | | 1 . | Net rental income or (loss) | | - | | REC | ETVED |
| 90 | e | ·I | Net gain or (loss) from sale of a Gross sales price for all | assets not on line 10 | | <u> </u> | | 18 |
| _ | evenu | , b | assets on line 6a | 2-4 N/ (0) | | 0. | | . 101 |
| 9 | g G | | Capital gain net income (from P Net short-term capital gair | | | | B JUL | 101 020 |
| | 3 | 9 | Income modifications | (I | | · | | <u> </u> |
| | 23 | 10a | Gross sales less returns | | | | OGD | Eivi, UT |
| SCANNED NOV 18 | 8 | l . | Less Cost of goods sold | | | | | |
| Z | 8 | | Gross profit or (loss) | | | _ | | |
| \ddot{c} | 3 | 1 | Other income | | 9,000. | 0. | 9,000. | STATEMENT 3 |
| U. | ,- | 12 | Total Add lines 1 through | h 11 | 283,835. | 2,035. | 9,000. | |
| | , - - | 13 | Compensation of officers, direct | | 0. | 0. | 0. | 0. |
| | ; | 14 | Other employee salaries a | nd wages | | | | |
| | ວ ໌ | 15 | Pension plans, employee t | benefits | | | | |
| ر (2) | دى دى قىرى | | Legal fees | | | | | |
| Ü | | ь | Accounting fees | STMT 4 | 2,375. | 0. | 0. | 0. |
| 7 | Jicuc Expense | С | Other professional fees | STMT 5 | 13,465. | 1,465. | 0. | 0. |
| 2 9 2020 | Š | | Interest | | | | | |
| Δ. | řatí | 18 | Taxes | STMT 6 | 40. | 0. | 0. | 0. |
| SEP | níst | 19 | Depreciation and depletion | n | | | | |
| ~ | Administrative | 20 | Occupancy | | | | | |
| œ | | | Travel, conferences, and n | meetings | 3,051. | 0. | 0. | 3,051. |
| 3 | and | 1 | Printing and publications | | | | | |
| 9 | / ating | 23 | Other expenses | STMT 7 | 9,314. | 0. | 8,587. | 392. |
| 4 | rati | 24 | Total operating and admi | | 00 045 | 1 465 | 0 505 | 2 442 |
| 9 | | | expenses Add lines 13 th | | 28,245. | 1,465. | 8,587. | 3,443. 10,750. |
| 24 | 2 | 23 | Contributions, gifts, grants | · · | 10,750. | | | 10,/50. |
| 45464 | η, | 26 | Total expenses and disbu | irsements | 20 005 | 1,465. | 0 507 | 1/1 102 |
| 0 | 7 | 07 | Add lines 24 and 25 | 10 | 38,995. | 1,403. | 8,587. | 14,193. |
| | \cap | | Subtract line 26 from line | | 244,840. | | | |
| (| 1 | | Excess of revenue over expens | | 244,040. | 570. | | - |
| 3 | 5 | I | Net investment income (if ne Adjusted net income (if ne | | | | 413. | · |
| | | , 6 | TAIDSTON HER HIGOINE OF DE | gauve, citter "U"] | 1 | | . <u> </u> | 1. |

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Page 2

| Part | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|---|---|--------------------|----------------|---------------------------|
| Tait | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 96,309. | 340,595. | |
| 2 | Savings and temporary cash investments | 2,158. | 2,712. | 2,712. |
| 3 | Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| 4 | Pledges receivable | | | · |
| - 1 | 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 | | | |
| j | Less. allowance for doubtful accounts | | | |
| 8 3 | Inventories for sale or use | | | |
| o, i | Prepaid expenses and deferred charges | | | |
| ▼ 10a | Investments - U.S. and state government obligations | | | |
| | Investments - corporate stock | | | |
| C | Investments - corporate bonds | | | |
| 11 | Investments - land, buildings, and equipment basis | | | |
| | Less accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | 104 056 | |
| 13 | Investments - other STMT 9 | 89,237. | 104,056. | 104,056. |
| 14 | Land, buildings, and equipment: basis | | ···· | |
| | Less accumulated depreciation | | | |
| ı | Other assets (describe) | <u> </u> | | |
| 16 | Total assets (to be completed by all filers - see the | 107 704 | 447 262 | 447 262 |
| - | instructions Also, see page 1, item I) | 187,704. | 447,363. | 447,363. |
| | Accounts payable and accrued expenses | | | |
| 18 | Grants payable Deferred revenue | | | |
| Liabilities 50 20 20 20 20 20 20 20 20 20 20 20 20 20 | ľ | | | |
| 20 21 21 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | |
| E 2 | Other liabilities (describe ► MOBILE SCHOLARSHIP) | 17,803. | 17,803. | |
| 122 | Other Habilities (describe 11021111 2010111111111) | 21,70001 | 27,70000 | - " |
| 23 | Total liabilities (add lines 17 through 22) | 17,803. | 17,803. | |
| | Foundations that follow FASB ASC 958, check here | | | |
| (0 | and complete lines 24, 25, 29, and 30 | | | |
| S 24 | Net assets without donor restrictions | | | |
| E 25 | Net assets with donor restrictions | | | |
| or Fund Balance | Foundations that do not follow FASB ASC 958, check here ▶ 🗓 | | | |
| Ĕ | and complete lines 26 through 30 | | | |
| b 26 | Capital stock, trust principal, or current funds | 0. | 0. | |
| <u>د</u> 27 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 0. | |
| SS 28 | Retained earnings, accumulated income, endowment, or other funds | 169,901. | 429,560. | |
| Net Assets 58 58 59 | Total net assets or fund balances | 169,901. | 429,560. | |
| Ž | | | | |
| 30 | Total liabilities and net assets/fund balances | 187,704. | 447,363. | · |
| Part | III, Analysis of Changes in Net Assets or Fund Ba | lances . | | |
| | | | | |
| | net assets or fund balances at beginning of year - Part II, column (a), line to | 29 | | 160 001 |
| - | t agree with end-of-year figure reported on prior year's return) | | | 169,901. |
| | amount from Part I, line 27a | פעים פייוי | ATEMENT 8 3 | 244,840. 14,819. |
| | r increases not included in line 2 (itemize) | <u> </u> | | 429,560. |
| | lines 1, 2, and 3 eases not included in line 2 (itemize) | | 5 | 429,560. |
| | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | Jumn (h) line 20 | | 429,560. |
| <u>v_10(a)</u> | not assets of fund palatices at one of year time 4 million line 3) * Falt II, bu | Marini (O), mio 20 | | Form 990-PF (2019) |

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| Part IV Capital Gains a | nd Losses for Tax on Ir | vestment | Income | | | | | |
|---|---|---|---------------------------------------|-------------------|--------------------------------------|---------------|--------------------------------------|--|
| (a) List and describe the 2-story brick war | ne kind(s) of property sold (for exa ehouse, or common stock, 200 sh | mple, real esta s. MLC Co.) | ate, | (b) D | How acqui - Purchas - Donation | red e n | (c) Date acquired (mo., day, yr) | (d) Date sold (mo., day, yr.) |
| 1a | | | | <u> </u> | | | | |
| b NON | <u> </u> | | | <u> </u> | | _ | | |
| C | | | | - | | | | |
| e e | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | (h) Gain or (lo ((e) plus (f) min | |
| a | · <u> </u> | | | | | | | |
| <u>b</u> | | | | _ | | | | |
| <u>c</u> | | <u> </u> | | _ | | | | |
| e e | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Complete only for assets showing | gain in column (h) and owned by | the foundation | on 12/31/69 | _ | | (I) | Gains (Col. (h) g | ain minus |
| | (j) Adjusted basis | (k) E | xcess of col. (I) | | | còl. (| k), but not less t | han -0-) or |
| (i) FMV as of 12/31/69 | as of 12/31/69 | `over | col. (j), if any | | | | Losses (from co | ы. (п)) |
| a | | | | | | | | |
| <u>b</u> | | | | _ | | | | |
| С | | | | | | | | |
| <u>d</u> | | | | \dashv | | | | |
| <u>e</u> | | 5 | | \neg | | | | ······································ |
| 2 Capital gain net income or (net capi | If gain, also ente $\{f(loss), enter -0\}$ | r in Part I, line I- in Part I, line | 7 | } | 2 | | | |
| , , | 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | | | | | | <u> </u> | |
| If gain, also enter in Part I, line 8, c | | iu (0). | | 1 | 1 | | | |
| If (loss), enter -0- in Part I, line 8 | | | | | 3 | | | |
| Part V Qualification Un | der Section 4940(e) for | Reduced | lax on Net I | inve | stmeni | Incor | ne | |
| (For optional use by domestic private f | oundations subject to the section 4 | 4940(a) tax on | net investment ind | come. | .) | | | |
| If section 4940(d)(2) applies, leave this | s part blank. | | | | | | | |
| Was the foundation liable for the section | on 4040 toy on the distributable am | yount of any yo | ar in the bace per | Cho | | | | Yes X No |
| If "Yes," the foundation doesn't qualify | | | • | 100, | | | | 165 [21] NO |
| Enter the appropriate amount in ea | | · | | ntries. | | | | |
| (a) Base period years | (b) | | | (c) | | | Die | (d) tribution ratio |
| Calendar year (or tax year beginning | ın) Adjusted qualifying dis | | Net value of no | nchar | | | (col. (b) | divided by col (c)) |
| 2018 | | 4,068. | | | | 193. | | .071341 |
| 2017 | | 2,155. | | | | 228. | | .065269 |
| 2016 | | 3,473. | | | | 202. | | .098919 |
| 2015 | | 6,764. 0,644. | | | | 079. 857. | | .229743 |
| 2014 | | 0,044. | <u> </u> | | 0, | 037. | | • 227143 |
| 2 Total of line 1, column (d)3 Average distribution ratio for the 5- | wear bace period - divide the total | on line 2 by 5 (| O or by the number | er of w | Pars | | 2 | .616192 |
| the foundation has been in existence | • | on line 2 by o.v | o, or by the name | J1 U1 y | ours | | 3 | .123238 |
| 4 Enter the net value of noncharitable | -use assets for 2019 from Part X, | line 5 | | | | | 4 | 98,767. |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | 12,172. |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | | 6 | 6. |
| 7 Add lines 5 and 6 | | | | | | | 7 | 12,178. |
| 8 Enter qualifying distributions from I | Part XII, line 4 | | | | | | 8 | 14,193. |
| If line 8 is equal to or greater than I See the Part VI instructions | | tb, and comp | olete that part using | g a 19 | % tax rate | | | |
| | | | | | | | | Form 990-PF (2010) |

ALABAMA RESTAURANT & HOSPITALITY Form 990-PF (2019) ASSOCIATION FOUNDATION Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1à Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 6. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) O. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 6. 3 0. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 6. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments. 18. a 2019 estimated tax payments and 2018 overpayment credited to 2019 0. **b** Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 0. d Backup withholding erroneously withheld 18. 7 Total credits and payments. Add lines 6a through 6d 0. 8 Enter any penalty for underpayment of estimated tax. Check here _____ 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 12. 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 12. Refunded ▶ Enter the amount of line 10 to be: Credited to 2020 estimated tax 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 Х any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year 0. 0 • (2) On foundation managers. > \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? Х 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered. See instructions ALb 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

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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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address.

Page !

| Pa | nrt.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 | | х |
| 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 | | х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| 10 | Website address WWW.ARHAONLINE.COM/ARHA-FOUNDATION | | | |
| 14 | The books are in care of ► MINDY B. HANAN Telephone no. ► 334 – 24 | 4-1 | 320 | |
| 17 | Located at > 3 SOUTH JACKSON STREET, MONTGOMERY, AL ZIP+4 > 36 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | $\overline{}$ | $\overline{}$ |
| 10 | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| 10 | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 7 . | ī · | |
| | foreign country | ì | , | , |
| Pa | rt,VII;B) Statements Regarding Activities for Which Form 4720 May Be Required | <u></u> | | |
| <u> </u> | 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 | 1 | 7 |
| , , | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No |] | ì | 3 |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1 | , | |
| | a disqualified person? | | : | 1 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | Įį į | [| j |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | } | ' | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 1 | ' | 1 |
| | for the benefit or use of a disqualified person)? | 1 1 | : | <u>i</u> |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | } | | 1 |
| | 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.) | | ; | : |
| h | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 1 | | . |
| • | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | ` | |
| | Organizations relying on a current notice regarding disaster assistance, check here | 1-13 | , | ; |
| 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 2019? | 10 | •- | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | <u> </u> | · · | 7 |
| _ | defined in section 4942(j)(3) or 4942(j)(5)) | i l |] | , |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | 1 | ' | <i>!</i> |
| • | 6d and 6e) for tax year(s) beginning before 2019? | i | , | ; |
| | If "Yes," list the years \triangleright | | ; \ | i |
| 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 | 3 | ' | : |
| - | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | [2] | ; | : : |
| | statement - see instructions) N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | 1- | - | , - |
| - | • | } | : | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | [] | . [| ! [|
| _ | during the year? | [] | ٠ ، | ı |
| b | If "Yes," did it have excess business holdings in 2019 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 Form 4720, | | . [| ' [|
| | Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | Ţ | <u> </u> |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | X |
| | | m 99 0 | PF | _ |

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

0

ALABAMA RESTAURANT & HOSPITALITY Form 990-PF (2019) ASSOCIATION FOINDATION

| Form 990-PF (2019) ASSOCIATION FOUNDATION | 63-0 | 977617 Page 7 |
|---|---------------------------------------|---------------------------|
| Part VIII: Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NC | NE." | |
| (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 | <u>_</u> | <u>▶</u> 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 in number of organizations and other beneficiaries served, conferences convened, research papers produced, | nformation such as the | Expenses |
| 1 | | |
| ' | | |
| SEE STATEMENT 12 | | 22,780. |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| 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. |
| Total, Assumed I shought | | Form 990-PF (2019) |

| F | Part:X Minimum Investment Return (All domestic foundations must complete this part. Foreig | n foundations, see | e instructions) |
|-----|--|------------------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | | 1a | 98,175. |
| b | | 1b | 98,175. 2,096. |
| C | | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 100,271. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | <u> </u> |
| | 1c (attach detailed explanation) | 0. | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 100,271. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,504. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 98,767. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 4,938. |
| L F | Part:XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations foreign organizations, check here ■ and do not complete this part.) | ons and certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 4,938. |
| 2a | | 6. | |
| b | | | |
| C | | 2c | 6. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 4,932. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 4,932. |
| 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 | 4,932. |
| = | Qualifying Distributions (see instructions) | ··· | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | <u> </u> | 14 102 |
| a | | 1a | 14,193. 0. |
| 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. | 1 | |
| a | , /b | 3a | |
| b | (allow the requirements) | 3b | 14,193. |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 14,133. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | _ | c |
| c | Income. Enter 1% of Part I, line 27b | 6 | 6. 14,187. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | | |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundated 4940(e) reduction of tax in those years. | ation qualines for the | : 26011011 |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|---|---------------|----------------------------|-------------|---------------------|
| 1 Distributable amount for 2019 from Part XI, | 00.720 | | | |
| line 7 | | | | 4,932. |
| 2 Undistributed income, if any, as of the end of 2019 | | | |] |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years | | 0 | | |
| S. Evano distributions correspond to 2010: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2019: | | | | |
| a From 2014 16,191. b From 2015 11,249. | | | | |
| b From 2015 11,249. c From 2016 6,702. | | | | |
| d From 2017 2,877. | | | | |
| e From 2018 4, 230. | | | | |
| f Total of lines 3a through e | 41,249. | | • | <u>-</u> |
| Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ▶\$ 14,193. | | | | |
| a Applied to 2018, 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 2019 distributable amount | | | | 4,932. |
| e Remaining amount distributed out of corpus | 9,261. | | | |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount | 0. | | | 0. |
| 6 Enter the net total of each column as | | | - | |
| indicated below: | E0 E10 | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 50,510. | | | |
| b Prior years' undistributed income. Subtract | | 0. | 1 | |
| line 4b from line 2b | | | | |
| 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 | | 0.1 | | |
| d Subtract line 6c from line 6b Taxable | · | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | i' |
| f Undistributed income for 2019 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | 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 2014 | | , . | | · |
| not applied on line 5 or line 7 | 16,191. | | | |
| 9 Excess distributions carryover to 2020. | 34 34 3 | | | |
| Subtract lines 7 and 8 from line 6a | 34,319. | | | |
| 10 Analysis of line 9 | , | | ' | |
| a Excess from 2015 11,249. | | | | |
| b Excess from 2016 6,702. | | | | |
| c Excess from 2017 2,877. | , | | | |
| d Excess from 2018 4,230. e Excess from 2019 9,261. | |) | ı |] |
| e Excess from 2019 9, 261. | | | | |

923581 12-17-19

ALABAMA RESTAURANT & HOSPITALITY ASSOCIATION FOUNDATION 63-0977617 Form 990-PF (2019) Page 10 Part XIV/ Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 à 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 whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (c) 2017 (d) 2016 (e) Jotal (a) 2Q19 (b) 2018 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4, for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(fii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV/ Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here $\triangleright [X]$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed. b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

| Rart XV Supplementary Information | | | | |
|--|--|---------------------|---------------------|---------|
| 3 ` Grants and Contributions Paid During the | | Payment | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| JOEL GERMANN | | I | EDUCATIONAL | |
| 116 ORANGE STREET | : | | SCHOLARSHIP | |
| TUSCALOOSA, AL 35401 | | <u> </u> | | 2,500 |
| | | | | |
| LAUREN HART | | ı | EDUCATIONAL | li |
| 24070 CANAL ROAD | | - | SCHOLARSHIP | |
| ORANGE BEACH, AL 36561 | | | | 1,500 |
| | | | | |
| | | | | |
| EMMALEE STORY | | I | EDUCATIONAL | |
| 111 DABNEY DRIVE | | | SCHOLARSHIP | |
| MADISON, AL 35757 | | | | 1,000 |
| | | | | |
| | | | | |
| BLAKNIE CARLILE | . | I | EDUCATIONAL | |
| 5205 MEADOW GARDEN LANE | | | SCHOLARSHIP | |
| BIRMINGHAM, AL 35242 | | | | 750 |
| | | | | |
| | | | | |
| AIREAL SMITH | | I | EDUCATIONAL | |
| 600 HARPER LEE DRIVE | | | SCHOLARSHIP | |
| TUSCALOOSA, AL 35404 | | | | 750 |
| | NTINUATION SHEE | T(S) | > 3a | 10,750. |
| b Approved for future payment | | | | • |
| NONE | | | | |
| 140141 | | | | |
| | | | | |
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| | | | | |
| Total | | <u></u> | > 3b | 0. |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) recipient or substantial contributor JULIA HAMILTON EDUCATIONAL Ι 1228 EIGHT STREET SCHOLARSHIP TUSCALOOSA, AL 35401 750. HAILEY BLANCHARD EDUCATIONAL Ι SCHOLARSHIP 1 HARRISON PLAZA FLORENCE, AL 35630 500. AUSTIN SALINAS I EDUCATIONAL 321 S COLE ROAD SCHOLARSHIP GUNTERSVILLE, AL 35976 500. DESTINY TOMAS EDUCATIONAL 1 498 TAHOE TRAIL SCHOLARSHIP ALBERTVILLE, AL 35950 500. MOODY HIGH SCHOOL SCHOOL PROSTART PROGRAM CONTRIBUTION 714 HIGH SCHOOL DRIVE MOODY, AL 35094 1,000. HUNTSVILLE CENTER FOR TECHNOLOGY SCHOOL PROSTART PROGRAM CONTRIBUTION 2800 DRAKE AVE SW 1,000. HUNTSVILLE, AL 35805 4,250. Total from continuation sheets

| nter gross amounts unless otherwise indicated. | Unrelated b | usiness income | | y section 512, 513, or 514 | (e) |
|--|-----------------|----------------|-----------------|----------------------------|--|
| · | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue | code | Amount | sion code | Amount | function income |
| a PROSTART COMPETITION | | | | | 9,000. |
| b | | | | | |
| c | | | | | |
| d | | | | | " |
| e | | | | | |
| f | | | | | <u></u> |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | - |
| investments | | | 14 | 16. | |
| 4 Dividends and interest from securities | | _ | 14 | 2,019. | |
| 5 Net rental income or (loss) from real estate: | | | | - | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | _ | | | | |
| c | _ | | | | |
| d | _ | | | | |
| e | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | |) | 2,035. | 9,000. |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 11,035. |
| See worksheet in line 13 instructions to verify calculations) | | | | | |
| Part XVI-B. Relationship of Activities | to the Accomi | olishment of E | xempt Pu | rposes | |
| : <u> </u> | | | | <u> </u> | |
| Line No Explain below how each activity for which in | | | I-A contributed | importantly to the accomp | lishment of |
| the foundation's exempt purposes (other that | | | | | |
| LA PROSTART COMPETITION F | OR CULINA | RY STUDEN | TS | | |
| | | | | | |

Form **990-PF** (2019)

923621 12-17-19

| | 990-PF (2019) ASSOCIATION FOUND | ATION63-097761 | <u>7</u> ı | Page 1 |
|----|--|---|------------|--------|
| Pa | Information Regarding Transfers Exempt Organizations | to and Transactions and Relationships With Noncharitable | e | |
| 1 | Did the organization directly or indirectly engage in any of the | following with any other organization described in section 501(c) | Ye: | s No |
| | (other than section 501(c)(3) organizations) or in section 527 | relating to political organizations? | | |

| (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash | | \neg |
|--|--|------------------|
| (1) Cash | | |
| • • | | |
| | 1a(1) X | _ |
| (2) Other assets | 1a(2) X | |
| b Other transactions | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) X | |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) X | |
| (3) Rental of facilities, equipment, or other assets | 1b(3) X | |
| (4) Reimbursement arrangements | 1b(4) X | |
| (5) Loans or loan guarantees | 1b(5) X | |
| | | |
| (6) Performance of services or membership or fundraising solicitations | 7.7 | |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | _ |
| 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 good | | |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement | t, snow in | |
| column (d) the value of the goods, other assets, or services received. | | _ |
| a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, a | and sharing arrangements | _ |
| N/A | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | |
| | | _ |
| | | _ |
| | | - |
| | | - |
| | . | - |
| | | - |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| | | _ |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described | | |
| ın section 501(c) (other than section 501(c)(3)) or in section 527? | X Yes No | |
| | | |
| b If "Yes," complete the following schedule. | onship | |
| b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relation | | |
| (a) Name of organization (b) Type of organization (c) Description of relati | | |
| (a) Name of organization (b) Type of organization (c) Description of relations LABAMA RESTAURANT AND SEE STATEMENT 13 | | _ |
| (a) Name of organization (b) Type of organization (c) Description of relations LABAMA RESTAURANT AND SEE STATEMENT 13 | | _ |
| (a) Name of organization (b) Type of organization (c) Description of relations LABAMA RESTAURANT AND SEE STATEMENT 13 | | - - - |
| (a) Name of organization (b) Type of organization (c) Description of relations LABAMA RESTAURANT AND SEE STATEMENT 13 | | - - - |
| (a) Name of organization (b) Type of organization (c) Description of relative statement 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) | | - - - - |
| (a) Name of organization (b) Type of organization (c) Description of relative statement 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) | May the IRS discuss this return with the preparer | - - - 1 |
| (a) Name of organization (b) Type of organization (c) Description of relative ALABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) 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 shell of the statements and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. SECRETARY TREAS | shown below? See instr | - - - |
| (a) Name of organization (b) Type of organization (c) Description of relating the property of | May the IRS discuss this return with the preparer shown below? See instructions and the second secon | - - - |
| (a) Name of organization (b) Type of organization (c) Description of relative standard relative stan | shown below? See instr X Yes No | |
| (a) Name of organization (b) Type of organization (c) Description of relative LABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) Sign 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. Signature of officer or trystee Print/Type preparer's name Preparer's signature Date Check Print Print/Type Declaration of Preparer's signature | shown below? See instr X Yes No | |
| (a) Name of organization (b) Type of organization (c) Description of relative LABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) Sign 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 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 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 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 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 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 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 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 and the preparer (other than taxpayer) is based on all information of which preparer has any knowledge and the preparer (other than taxpayer) is based on all information of which preparer has any knowledge and the preparer (other than taxpayer) is based on all information of which preparer has any knowledge and the p | shown below? See instr X Yes No | |
| (a) Name of organization (b) Type of organization (c) Description of relative LABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) Sign 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 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 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 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 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 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 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 and the preparer of | shown below? See instr X Yes No | |
| (a) Name of organization (b) Type of organization (c) Description of relative ALABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) Sign Under penalties of perjury, 1 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 penarer has any knowledge and belief. It is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which penarer has any knowledge and belief. It is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which penarer has any knowledge belief. Title Print/Type preparer's name Preparer's signature Date Check PT Self- employed Preparer Firm's name JACKSON THORNTON & CO., PC Firm's EIN 63- | shown below? See instr X Yes No | |
| (a) Name of organization (b) Type of organization (c) Description of relativished Preparer (a) Name of organization (b) Type of organization (c) Description of relativished Preparer (c) Description of relativished Preparer (d) Type of organization (e) Description of relativished Preparer (c) Description of relativished Preparer (e) Description of relativished Preparer (e) Description of relativished Preparer (c) Description of relativished Preparer Preparer (c) Description of relativished Preparer Preparer (c) Description of relativished Preparer (c) Description Preparer (c) Description of relativished Preparer (c) Description of relativished Preparer (c) Description Preparer (c) Descripti | shown below? See instr X Yes No | |
| (a) Name of organization (b) Type of organization (c) Description of relative LABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) Sign 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. Signature of officer or try) stee Print/Type preparer's name Preparer's signature CHRISTINE K. COOK CHRISTINE K. COOK 07/14/20 Firm's name ■ JACKSON THORNTON & CO., PC Firm's address ▶ PO BOX 96 | No. 10.0537690 10.35228 | |
| (a) Name of organization (b) Type of organization (c) Description of relative LABAMA RESTAURANT AND SEE STATEMENT 13 IOSPITALITY ASSOCIATION, INC. 501(C)(6) Sign 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. Signature of officer or try) stee Print/Type preparer's name Preparer's signature CHRISTINE K. COOK CHRISTINE K. COOK 07/14/20 Firm's name ■ JACKSON THORNTON & CO., PC Firm's address ▶ PO BOX 96 | shown below? See instr X Yes No | |

923622 12-17-19

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545 0047

2019

Name of the organization

ALABAMA RESTAURANT & HOSPITALITY
ASSOCIATION FOUNDATION

Employer identification number

63-0977617

| Organiza | ation type (check or | |
|------------|---|--|
| Filers of: | : | Section: |
| Form 990 | or 990-EZ | 501(c)() (enter number) organization |
| | | 4947(a)(1) nonexempt chantable trust not treated as a private foundation |
| | | 527 political organization |
| Form 990 |)-PF | X 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| | | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions |
| General | Rule | |
| | | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special | Rules | |
| | sections 509(a)(1) a any one contributor | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II |
| | year, total contribut | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ity to children or animals. Complete Parts I, II, and III |
| | year, contributions is checked, enter h purpose Don't con | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year. |
| but it mi | ust answer "No" on | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) |

Name of organization

ALABAMA RESTAURANT & HOSPITALITY ASSOCIATION FOUNDATION

Employer identification number

63-0977617

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed | | | | |
|-------------------|--|----------------------------|---|--|--|
| (a) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | |
| 1 | STATE OF ALABAMA 11 SOUTH UNION STREET MONTGOMERY, AL 36130 | \$250,000. | 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 | | |
| 2 | ALABAMA RESTAURANT & HOSPITALITY ASSOCIATION, INC. 3 SOUTH JACKSON STREET MONTGOMERY, AL 36104 | | Person X Payroll | | |
| (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) | (b) | (c) | (d) | | |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions | | |
| (a) No. | (b) | (c) Total contributions | (d) Type of contribution | | |
| 110. | Name, address, and ZIP + 4 | - \$ | Person Payroll Complete Part II for noncash contributions) | | |
| (a) <u>No.</u> | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Occupate Part II for noncash contributions) | | |

Name of organization
ALABAMA RESTAURANT & HOSPITALITY

ASSOCIATION FOUNDATION

Employer identification number

63-0977617

| = | ash Property (see instructions) Use duplicate copies of P | | |
|------------------------------|---|--|----------------------|
| (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 |
| _ | | <u>-</u> | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
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Employer identification number

ALABAMA RESTAURANT & HOSPITALITY

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| | IATION FOUNDATION | | | 63-0977617 | | | | |
|-----------------|--|------------------------------------|---|--|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) | ons to organizations desc | ribed in section 5 | 01(c)(7), (8), or (10) that total more than \$1,000 for the year | | | | |
| | 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 s | space is needed | | | | | | |
| (a) No. from | 41.5 | | | | | | | |
| Part I | (b) Purpose of gift | (c) Use of | gift | (d) Description of how gift is held | | | | |
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| | | (e) Trans | fer of gift | | | | | |
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| | Transferee's name, address, an | d ZIP + 4 | R | Relationship of transferor to transferee | | | | |
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| (a) No. from | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of | gift | (d) Description of how gift is held | | | | |
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| | | (e) Transt | fer of gift | | | | | |
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| [| Transferee's name, address, an | d ZIP + 4 | R | elationship of transferor to transferee | | | | |
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| | (e) Transfer of gift | | | | | | | |
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| SOURCE AMOUNT DIVIDENDS PER BOOKS MEN DIVIDEND INCOME 2,019. 0. 2,019. TO PART I, LINE 4 2,019. 0. 2,019. FORM 990-PF OTHER INCOME (A) REVENUE NET I PER BOOKS MENT PROSTART COMPETITION 9,000. TOTAL TO FORM 990-PF, PART I, LINE 11 9,000. FORM 990-PF ACCOUNTING FEES | | STATEMENT 1 | |
|--|-------------------------------|-------------------------------|--|
| TOTAL TO PART I, LINE 3 FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES GROSS GAINS REVENUE NET AMOUNT DIVIDENDS PER BOOKS MENT DIVIDEND INCOME 2,019. TO PART I, LINE 4 2,019. OTHER INCOME (A) REVENUE NET I PER BOOKS MENT PER BOOKS ME | | (C) ADJUSTED NET INCOME 0. | |
| FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES GROSS GAINS REVENUE NET DIVIDENDS PER BOOKS MEN DIVIDEND INCOME 2,019. 0. 2,019. TO PART I, LINE 4 2,019. 0. 2,019. FORM 990-PF OTHER INCOME (A) (REVENUE NET I PER BOOKS MENT PER BOOKS PER BO | 16. | | |
| CAPITAL (A) NET | 16. | | |
| SOURCE GROSS AMOUNT DIVIDENDS PER BOOKS MEN | ES S | STATEMENT 2 | |
| TO PART I, LINE 4 2,019. 0. 2,019. FORM 990-PF OTHER INCOME (A) REVENUE NET I PER BOOKS MENT PROSTART COMPETITION 9,000. TOTAL TO FORM 990-PF, PART I, LINE 11 9,000. FORM 990-PF ACCOUNTING FEES | (B) T INVEST- NT INCOME | | |
| FORM 990-PF OTHER INCOME (A) REVENUE NET I PER BOOKS MENT PROSTART COMPETITION TOTAL TO FORM 990-PF, PART I, LINE 11 FORM 990-PF ACCOUNTING FEES | 2,019. | 0. | |
| DESCRIPTION PROSTART COMPETITION TOTAL TO FORM 990-PF, PART I, LINE 11 FORM 990-PF ACCOUNTING FEES | 2,019. | 0. | |
| PROSTART COMPETITION 9,000. TOTAL TO FORM 990-PF, PART I, LINE 11 9,000. FORM 990-PF ACCOUNTING FEES | (B) INVEST- INCOME | (C) ADJUSTED NET INCOME | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 9,000. FORM 990-PF ACCOUNTING FEES | 0. | 9,000. | |
| | 0. | 9,000. | |
| | S | STATEMENT 4 | |
| | (C) DJUSTED I INCOME | (D) CHARITABLE PURPOSES | |
| ACCOUNTING 2,375. 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 16B 2,375. 0. | | 0. | |

| FORM 990-PF (| THER PROFES | SIONAL FEES | STATEMENT 5 | | |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLI PURPOSES | |
| PROFESSIONAL FEES INVESTMENT MANAGEMENT FEES | 12,000. 1,465. | | 0. | 0 | |
| TO FORM 990-PF, PG 1, LN 16C | 13,465. | 1,465. | 0. | 0 . | |
| FORM 990-PF | TAX | ES | | FATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | |
| FEDERAL TAX PAYMENT | 40. | 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 40. | 0. | 0. | 0. | |
| FORM 990-PF | OTHER E | (B) | (C) | TATEMENT 7 | |
| DESCRIPTION | EXPENSES PER BOOKS | NET INVEST- MENT INCOME | | | |
| MISCELLANEOUS GRANT EXPENDITURES - TEACHER | 335. | 0. | 0. | 0. | |
| TRAINING PROSTART COMPETITION | 392. | 0. | 0. | 392 | |
| EXPENSES | 8,587. | 0. | 8,587. | 0 . | |
| TO FORM 990-PF, PG 1, LN 23 | 9,314. | 0. | 8,587. | 392 | |
| FORM 990-PF OTHER INCREASES | IN NET ASS | ETS OR FUND BA | LANCES S | PATEMENT 8 | |
| | | | | | |
| DESCRIPTION | | | | AMOUNT | |

14,819.

TOTAL TO FORM 990-PF, PART III, LINE 3

| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 9 |
|--------------------------------|---------------------|--------------------|-------------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| OTHER INVESTMENTS | COST | 104,056. | 104,056. |
| TOTAL TO FORM 990-PF, PART II, | LINE 13 | 104,056. | 104,056 |
| | | | |
| FORM 990-PF | OTHER LIABILITIES | | STATEMENT 10 |
| FORM 990-PF DESCRIPTION | OTHER LIABILITIES | BOY AMOUNT | STATEMENT 10 EOY AMOUNT |
| | OTHER LIABILITIES | BOY AMOUNT 17,803. | |

| FORM 990-PF PART VIII - LIST TRUSTEES AND | r of officers, d FOUNDATION MANA | | STAT | EMENT 11 |
|--|-------------------------------------|--------------------|---------------------------------|----------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| NICK HARTMAN PO BOX 241413 MONTGOMERY, AL 36124 | CHAIRMAN 0.00 | 0. | 0. | 0. |
| MINDY HANAN PO BOX 241413 MONTGOMERY, AL 36124 | SECRETARY/TREA | SURER 0. | 0. | 0. |
| WAYNE REAVES PO BOX 241413 MONTGOMERY, AL 36124 | EXECUTIVE COMM 0.00 | ITTEE MEMBER 0. | 0. | 0. |
| BRANDT TUCKER PO BOX 241413 MONTGOMERY, AL 36124 | EXECUTIVE COMM 0.00 | ITTEE MEMBEF 0. | 0. | 0. |
| TOBY WILSON PO BOX 241413 MONTGOMERY, AL 36124 | EXECUTIVE COMM 0.00 | ITTEE MEMBEF 0. | 0. | 0. |
| BILL LLOYD PO BOX 241413 MONTGOMERY, AL 36124 | EXECUTIVE COMM 0.00 | ITTEE MEMBEF 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6 | PART VIII | 0. | 0. | 0. |

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 12

ACTIVITY ONE

PROSTART IS A NATIONWIDE, TWO-YEAR PROGRAM FOR HIGH SCHOOL STUDENTS THAT DEVELOPS THE BEST AND BRIGHTEST TALENT INTO TOMORROW'S INDUSTRY LEADERS. THE FOUNDATION CONDUCTS THE PROGRAM IN THE STATE OF ALABAMA WHICH GIVES ALABAMA STUDENTS A PLATFORM TO DISCOVER NEW INTERESTS AND TALENTS AND OPENS DOORS FOR FULFILLING CAREERS. THE PROGRAM INCLUDES A CULINARY COMPETITION WHICH SHOWCASES THE CULINARY, MANAGEMENT AND ACADEMIC TALENTS OF STUDENTS FROM HIGH SCHOOLS ACROSS THE STATE.

EXPENSES

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

22,780.

990~PF

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT 13

NAME OF AFFILIATED OR RELATED ORGANIZATION

ALABAMA RESTAURANT AND HOSPITALITY ASSOCIATION, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

ORGANIZATIONS SHARE COMMON OFFICE SPACE, OFFICERS AND DIRECTORS.