Form 990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
not enter social security numbers on this form as it may be made to to www.irs gov/Formandation. 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.

For calen	dar year 2019 or tax year beginning		, and ending		
	foundation			A Employer identification	number
	REESE PHIFER JR. MEMOR	IAL			
	N: SUSAN CORK			63-6061552	<u> </u>
	d street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
	BOX 1700			205-750-44	34
	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	CALOOSA, AL 35403				_
<b>G</b> Check	all that apply.	==	ormer public charity	D 1 Foreign organization:	s, check here
	Final return	Amended return		2 Foreign organizations me	eting the 85% test.
	Address change	Name change	<u> </u>	2 Foreign organizations me check here and attach co	pmputation
	type of organization X Section 501(c)(3) ex		(XI	E If private foundation sta	
		Other taxable private founda	<del></del>	under section 507(b)(1)	)(A), check here
	rket value of all assets at end of year   J Account	_	Accrual	F If the foundation is in a	
		ther (specify)		under section 507(b)(1)	)(B), check here
<b>▶</b> \$	347,072. (Part I, colum	1			1 (4)
Part I	The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a) )				(cash basis only)
l l	Contributions, gifts, grants, etc., received	300,000.		N/A	<del> </del>
/ 2	Check (I the foundation is not required to attach Sch. B. Interest on savings and temporary	90.	90.		STATEMENT 1
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Duvidends and interest from securities	7,660.	7,660.	<u> </u>	STATEMENT 2
$X \mid \frac{4}{5}$	Dividends and interest from securities	7,000.	7,000.		DIVIEWEMI Z
1	Gross rents	-	<del></del>		<del> </del>
	Net rental income or (loss)	14,668.			<del> </del>
9 0	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line fia 333,772.	14,000.			EH/ED
Revenue 2 c	assets on line 6a 333, 7, 7, 2.  Capital gain net income (from Part IV, line 2)		14,668.		<u> </u>
8 B	Net short-term capital gain	·	14,000.	<u> </u>	0 0 2020 O
9	Income modifications			<del>                                    </del>	9 2020 S
1.0	Gross sales less returns			—   <u>                                 </u>	<u>                                     </u>
l .	and allowances Less Cost of goods sold			OGD	THE TITE
	Gross profit or (loss)				-100
	Other income	<del></del>	<del></del>		
1 ' '	Total Add lines 1 through 11	322,418.	22,418.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
I	Other employee salaries and wages				
15	Pension plans, employee benefits				
Ø 162	Legal fees				
b B	Accounting fees STMT 3	1,000.	0.		1,000.
<b>X</b> I	Other professional fees STMT 4	3,859.	3,859.		0.
9 17	Interest				
	Taxes STMT 5	238.	103.		135.
	Depreciation and depletion				
[ 20	Occupancy				
₽ 21	Travel, conferences, and meetings				
22	Printing and publications				
	Other expenses		<del>.</del>		ļ <u>.</u>
:-	Total operating and administrative		2 2 2 2		1 105
	expenses Add lines 13 through 23	5,097.	3,962.		1,135.
	Contributions, gifts, grants paid	342,800.			342,800.
	Total expenses and disbursements	345 005	2 000		242 025
	Add lines 24 and 25	347,897.	3,962.		343,935.
- 1	Subtract line 26 from line 12;	05 450			
	Excess of revenue over expenses and disbursements	-25,479.	10 450		<del>                                     </del>
	Net investment income (If negative, enter -0-)		18,456.	NT / 7	
C	Adjusted net income (if negative, enter -0-)			N/A	

THE REESE PHIFER JR. MEMORIAL Form 990-PF (2019) ATTN: SUSAN CORK 63-6061552 Page 2 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 39,123. 30,322. 30,322. 1 Cash - non-interest-bearing 20,192. 8,026. 8,026. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 287,191. 282,553. 308,218. b Investments - corporate stock STMT 6 c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 641. 506. 15 Other assets (describe ▶ PREPAID TAXES 506. 16 Total assets (to be completed by all filers - see the 347,147. 321,407. 347,072. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses

Z   Total liet assets of fully balances	31/11/	321,4071	<del></del>
30 Total liabilities and net assets/fund balances	347,147.	321,407.	
Part III Analysis of Changes in Net Assets or	Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, colu	umn (a), line 29		
(must agree with end-of-year figure reported on prior year's return	)	1	347,147.
2 Enter amount from Part I, line 27a		2	-25,479.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	321,668.
5 Decreases not included in line 2 (itemize) TIMING DI	FFERENCE	5	261.
6 Total net assets or fund balances at end of year (line 4 minus line 5		6	321,407.

0.

147.

0.

407.

321

.

**Assets or Fund Balances** 

18 Grants payable19 Deferred revenue

21 Mortgages and other notes payable22 Other liabilities (describe

Total liabilities (add lines 17 through 22)

and complete lines 24, 25, 29, and 30

24 Net assets without donor restrictions25 Net assets with donor restrictions

and complete lines 26 through 30Capital stock, trust principal, or current funds

Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here

27 Paid-in or capital surplus, or land, bldg, and equipment fund

Foundations that do not follow FASB ASC 958, check here X

Retained earnings, accumulated income, endowment, or other funds

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(a) List and describe 2-story brick w	the kind(s) of property sold (for exar arehouse; or common stock, 200 shs	nple, real esta		(b) How acquir P - Purchase D - Donation	,   (	c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr.)
1a MERRILL LYNCH				P		ARIOUS	12/31/19
b MERRILL LYNCH	#7650 LT COVERED			P	V	ARIOUS	12/31/19
<u>c</u>							
<u>d</u>							
<u>e</u>	<del></del>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	(g))
a 126,851.			122,93				3,917.
ь 206,921.			196,17	0.			10,751.
<u> </u>					_	<del></del>	<del></del>
<u>d</u>							
e		h - f d - t	10/01/00				
Complete only for assets snowl	ng gain in column (h) and owned by t			<del></del> -		Gains (Col. (h) gair k), but not less tha	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)	1	COI. (	Losses (from col	(h))
	as 01 12/3 1/03		COI ()), II ally		-		2 017
_a			<del></del>			<del></del>	$\frac{3,917.}{10,751.}$
<u>b</u>	<del>                                     </del>					<del></del>	10,/51.
<u> </u>			<u>-</u>	<del></del>			
<u>d</u>			<del></del>		-	<del></del>	
_e	l	<u> </u>	·····	<del></del>		<del></del>	<del></del>
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7 7	} 2			14,668.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	d (6):					
If gain, also enter in Part I, line 8	, column (c).			<b> </b>			
If (loss), enter -0- in Part I, line 8	Inder Section 4940(e) for	A   221	<del>T N</del>	$\int 3$		N/A	<u> </u>
If section 4940(d)(2) applies, leave t	e foundations subject to the section 4 his part blank. tion 4942 tax on the distributable am fy under section 4940(e) Do not com	ount of any ye	ar in the base peri				Yes X No
	each column for each year, see the in			tries.			
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying dist	tributions	Net value of no	(c) ncharitable-use	assets	Distri (col. (b) di	(d) bution ratio vided by col. (c))
2018	36	0,072.		352,	541.		1.021362
2017	33	9,205.	_	469,	114.		.723076
2016	30	1,693.		502,	449.		.600445
2015	31	7,900.		420,	765.		.755529
2014	33	3,208.		445,	953.		.747182
2 Total of line 1, column (d)						2	3.847594
3 Average distribution ratio for the the foundation has been in existe	5-year base period - divide the total once if less than 5 years	on line 2 by 5.0	), or by the numbe	r of years		3	.769519
4 Enter the net value of noncharital	ole-use assets for 2019 from Part X, II	ine 5				4	339,435.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					5	261,202.
5 Multiply line 4 by line 3							
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	185.
7 Add lines 5 and 6						7	261,387.
8 Enter qualifying distributions from						8	343,935.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% tax rate			

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

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Par	rt VI	ection 4940(a), 4940(b), 4940(e), or 4	948 -	see in	struc	tion	s)	_
1a	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 cop	py of letter if necessary-see instructions)						]
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	, check here 🕨 🗓 and enter 1%	1_			1	85.	_
	of Part I, line 27b							
C .	All other domestic foundations enter 2% of line 27b Exempt foreign organize	zations, enter 4% of Part I, line 12, col. (b)	<u></u>			,		]
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun	ndations only; others, enter -0-)	2				0.	_
3	Add lines 1 and 2		3			1	85.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndations only; others, enter -0-)	4				0.	
5	Tax based on investment income Subtract line 4 from line 3. If zero or les	ss, enter -0-	5			1	85.	
6	Credits/Payments:			,	,			
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a 506.	]	-			,	
b	Exempt foreign organizations - tax withheld at source	6b O.	]		-	٠.		
C .	Tax paid with application for extension of time to file (Form 8868)	6c O.	]					
d	Backup withholding erroneously withheld	6d 0.						]
7	Total credits and payments Add lines 6a through 6d		7			5	06.	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	orm 2220 is attached	8				0.	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	d <b>&gt;</b>	9					
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amo		10			3	21.	
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax	321. Refunded ▶	11				0.	
Par	t VII-A Statements Regarding Activities	<del></del>						
1a	During the tax year, did the foundation attempt to influence any national, sta	ate, or local legislation or did it participate or intervene	ın			Yes	No	
	any political campaign?				1a_		X	
b I	Did it spend more than \$100 during the year (either directly or indirectly) for	or political purposes? See the instructions for the defin	ition		1b		X	,
	if the answer is "Yes" to 1a or 1b, attach a detailed description of the activi	ities and copies of any materials published or					'	
1	distributed by the foundation in connection with the activities.							}
C I	Did the foundation file Form 1120-POL for this year?				1c		Х	1
	Enter the amount (if any) of tax on political expenditures (section 4955) imp	_				•		
	(1) On the foundation. ▶ \$ 0 . (2) On found		-				~ .	ŀ
	Enter the reimbursement (if any) paid by the foundation during the year for	political expenditure tax imposed on foundation					.	
	managers. > \$0.					•	<u> </u>	j
2	Has the foundation engaged in any activities that have not previously been r	reported to the IRS?			2		Х	1
	If "Yes," attach a detailed description of the activities.							
	Has the foundation made any changes, not previously reported to the IRS, if		r			,		j
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the				3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more	e during the year?		.,.	4a_		Х	
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b_		177	
	Was there a liquidation, termination, dissolution, or substantial contraction of	during the year?			5_		Х	1
	If "Yes," attach the statement required by General Instruction T							
	Are the requirements of section 508(e) (relating to sections 4941 through 4	1945) satisfied either.				•	1	
	By language in the governing instrument, or	and the second s					٠	
	By state legislation that effectively amends the governing instrument so the second state of the seco	nat no mandatory directions that conflict with the state	aw			Х	<b> </b> -	j
	remain in the governing instrument?	O Mark No. of Port Mark No.			6		<del> </del> -	
7	Did the foundation have at least \$5,000 in assets at any time during the year	ry it "yes," complete Part II, col. (c), and Part XV		i	7	Х	<del>  -</del>	1
8a	Enter the states to which the foundation reports or with which it is registere:	ed. See instructions.						1
	AL							
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form					v		1
	of each state as required by General Instruction G2 If "No," attach explana				<u>8b</u>	Х		1
	Is the foundation claiming status as a private operating foundation within th		noar				Х	0
1	year 2019 or the tax year beginning in 2019? See the instructions for Part X	(IV. II "Yes," complete Part XIV			9		Δ_	. ~

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THE REESE PHIFER JR. MEMORIAL Form 990-PF (2019) ATTN: SUSAN CORK 63-6061552 Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions Х 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? Х If "Yes," attach statement, See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ▶ SUSAN P. CORK Telephone no.  $\triangleright 205 - 750 - 4434$ Located at ▶ P.O. BOX 1700, TUSCALOOSA, ZIP+4 ▶35403 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year Yes No 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Organizations relying on a current notice regarding disaster assistance, check here 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 X before the first day of the tax year beginning in 2019? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5)); a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

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,

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

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

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

Schedule C, to determine if the foundation had excess business holdings in 2019.)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

N/A 3b 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

2b

Yes X No

☐ Yes 🔀 No

N/A

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X

6d and 6e) for tax year(s) beginning before 2019?

If "Yes," list the years

during the year?

statement - see instructions.)

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

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Form 990-PF (2019), ATTN: SUSAN CORK 63-6061552 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 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 N/A All other program-related investments. See instructions.

Total. Add lines 1 through 3

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P	art X - Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	idations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	295,772.
b	Average of monthly cash balances	16	295,772. 48,832.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	344,604.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	O.
3	Subtract line 2 from line 1d	3	344,604.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,169.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	339,435.
6	Minimum investment return. Enter 5% of line 5	6	16,972.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	16,972.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	185.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,787.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	16,787.
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_	16,787.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	343,935.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	343,935.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5_	185.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	343,750.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for th	e section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

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       311,144.         9 Excess distributions carryover to 2020 Subtract lines 7 and 8 from line 6a       1,559,387.         10 Analysis of line 9 a Excess from 2015 b Excess from 2016 c Excess from 2016 d Excess from 2017 d Excess from 2017 d Excess from 2018       276,633. d Excess from 2018 d Excess from 2018		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
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THE REESE PHIFER JR. MEMORIAL ATTN: SUSAN CORK Form 990-PF (2019). 63-6061552 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has reserved 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 Tax year 2 a Enter the lesser of the adjusted net (a) 2019 (d) 2016 (b) 2018 (c) 2017 (e) Total 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. a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV 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. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here | 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:

SUSAN PHIFER CORK, C/O PHIFER, INC., (205)750-2807 4400 KAULOOSA AVE., TUSCALOOSA, AL 35401

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

NO SPECIFIC FORMAT IS 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 factors:

### NONE

63-6061552

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Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year SEE ATTACHED "REESE PHIFER JR. CITY AND COUNTY BOARD MEMORIAL FOUNDATION 2018 ANNUAL OF EDUCATION REPORT" VARIOUS VARIOUS, AL 35403 11,000. SEE ATTACHED "REESE PHIFER JR. COLLEGES AND MEMORIAL FOUNDATION 2018 ANNUAL UNIVERSITIES REPORT" VARIOUS VARIOUS, AL 35403 14,750. SEE ATTACHED "REESE PHIFER JR. COMMUNITY, CHURCHES, AND LIBRARIES MEMORIAL FOUNDATION 2018 ANNUAL REPORT" VARIOUS VARIOUS, AL 35403 141,100. SEE ATTACHED "REESE PHIFER JR., MUNICIPAL AGENCIES MEMORIAL FOUNDATION 2018 ANNUAL REPORT" VARIOUS 26,600. VARIOUS, AL 35403 SEE ATTACHED "REESE PHIFER JR., UNITED WAY AGENCIES MEMORIAL FOUNDATION 2018 ANNUAL REPORT" VARIOUS 79,100. VARIOUS, AL 35403 SEE CONTINUATION SHEET(S) **▶** 3a 342,800. **b** Approved for future payment NONE Total

THE REESE PHIFER JR. MEMORIAL

ATTN: SUSAN CORK

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63-6061552

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient SEE ATTACHED "REESE PHIFER JR., NON UNITED WAY AGENCIES MEMORIAL FOUNDATION 2018 ANNUAL REPORT" VARIOUS VARIOUS, AL 35403 70,250. 70,250. Total from continuation sheets

Form 990-PF (2019).

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ATTN: SUSAN CORK

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Part XVI-A	<b>Analysis of Income-Producing Activities</b>
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Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		led by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a					<del></del>
					<del></del>
		<u> </u>	1		<del></del>
<u> </u>					<del></del>
d			<del>                                     </del>		
e	<u> </u>				
_ † <del></del>	<u> </u>		<del>                                     </del>		<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ		-		
3 Interest on savings and temporary cash			المما		
investments			14	90.	
4 Dividends and interest from securities			14	7,660.	
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	ļ		) )		
7 Other investment income					<del></del>
8 Gain or (loss) from sales of assets other	<del> </del>				
than inventory			14	14,668.	
9 Net income or (loss) from special events				24,000.	
· · · · · ·		<del></del>	-		
10 Gross profit or (loss) from sales of inventory	<b> </b>				
11 Other revenue.					
a			<del>                                     </del>		<del></del>
b			<del>├</del> ──┼		<del></del>
C			-		
d			<u> </u>		
e			<b></b>		
12 Subtotal. Add columns (b), (d), and (e)		0.		22,418.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	22,418.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt l	Purposes	
The state of the s		an anti-man (a) of Post VV/LA		utad importantly to the accom-	Note that the state of the stat
Line No Explain below how each activity for which incom the foundation's exempt purposes (other than b			CONTRIDE	ned importantly to the accomp	DISTIMENT OF
the foundation's exempt purposes (other than b	y providing ful	103 101 30011 parposes 7.		<del></del>	<del></del>
-					
				<del></del>	<del></del>
				<del></del>	
				······································	·
					<del></del>
				·····	
				<del></del>	
923621 12-17-19					Form <b>990-PF</b> (2019)

#### Form 990-PF (2019). ATTN: SUSAN CORK 63-6061552 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (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 X 1a(1) X (2) Other assets 1a(2) **b** Other transactions: X (1) Sales of assets to a noncharitable exempt organization 15(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) Х (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign return with the preparer shown below? See instr Here OFFICER X Yes W-1.2020 Signature of officer or trustee Title Date Check PTIN Date Print/Type preparer's name Preparer's signature self- employed Paid CARL T. JAMISON CARL T. JAMISON 09/25/20 P00138903 Preparer Firm's EIN ► 63-0933119 Firm's name ► JAMISONMONEYFARMER PC **Use Only**

Phone no. 205-345-8440

Firm's address ▶ P.O. BOX 2347

TUSCALOOSA, AL 35403

•:

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

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

OMB No 1545 0047

Employer identification number

2019

THE REESE PHIFER JR. MEMORIAL ATTN: SUSAN CORK 63-6061552 Organization type (check one) Filers of: Section: Form 990 or 990-EZ \_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III \_\_\_\_ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were-received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

THE REESE PHIFER JR. MEMORIAL

ATTN: SUSAN CORK

Employer identification number

63-6061552

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHIFER, INC.  P. O. BOX 1700  TUSCALOOSA, AL 35403	\$ 300,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
THE REESE PHIFER JR. MEMORIAL
ATTN: SUSAN CORK

Employer identification number

63-6061552

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

Name of organization **Employer identification number** THE REESE PHIFER JR. MEMORIAL ATTN: SUSAN CORK 63-6061552 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 9'90-PF INTERE	ST ON SAVI	NGS AND TEN	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVI	A) ENUE BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH			90.		90.	
TOTAL TO PART I, LI	NE 3		90.		90.	
FORM 990-PF	DIVIDEND	S AND INTER	REST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM	
MERRILL LYNCH MUTUAL FUNDS	7,660		0.	7,660.	7,66	0.
TO PART I, LINE 4	7,660		0.	7,660.	7,66	0.
FORM 990-PF		ACCOUNT	ING FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES-JMF	<del></del>	1,000.	•	0.		1,000.
TO FORM 990-PF, PG	1, LN 16B	1,000.	<del></del>	0.		1,000.
FORM 990-PF	0	THER PROFES	SSIONAL	FEES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES
ML - INVESTMENT FEE:	5	3,859.		3,859.		0.
TO FORM 990-PF, PG	_ 1, LN 16C	3,859.	<del></del>	3,859.		0.

FORM 990-PF	TAXES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ML - FOREIGN TAXES TAXES PAID - 990-PF	103. 135.	103.		0. 135.
TO FORM 990-PF, PG 1, LN 18	238.	103.		135.

FORM 990-PF CORPORATE STOCK		STATEMENT 6	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
STOCK	282,553.	308,218.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	282,553.	308,218.	