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

OMB No 1545-0052

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

Open to Public Inspection Department of the Treasury Internal Revenue Service

Foi	caler	ndar year 2015 or tax year beginnin $m{b}0/13/15$,	and ending $12/3$	1/15			
N	ame of fo	oundation			A Empl	loyer identification number	· · · · · · · · · · · · · · · · · · ·
_							
OWEN FAMILY FOUNDATION, INC						-555 <u>4059</u>	
N	Number and street (or P O box number if mail is not delivered to street address) 719 HOLLY STREET, SUITE 1					hone number (see instructio	ns)
	ty or tow	vn, state or province, country, and ZIP or foreign postal code	<u></u>		80.	<u>3-256-9505</u>	
		JMBIA SC 29205			C If exe	mption application is pending	g, check here 🕨 🗶
_			rn of a former public	charity	D 1 5	oreign organizations, check h	ara 🕨
		Final return Amended	•	Silainty			
		Address change Name cha				oreign organizations meeting	
<u></u>	Chock	type of organization: X Section 501(c)(3) exempt priva					
						ate foundation status was te on 507(b)(1)(A), check here	rminated under
			le private foundation	1			
		(=)	▲ Casn	rual		foundation is in a 60-month to section 507(b)(1)(B), check	
		year (from Part II, col. (c), Uther (specify) > \$ 975,255 (Part I, column (d) must	. ho an anah hasis \		under	Section Sor(b)(T)(b), check	liele
	art I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
•	aiti	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	incor	ile	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,032,946				
	2	Check ▶ ☐ If the foundation is not required to attach Sch. E	3				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	854		854	854	
	5a	Gross rents					
P	b	Net rental income or (loss)					
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	-864				
Revenue	b	Gross sales price for all assets on line 6a 10,199					
ď	7	Capital gain net income (from Part IV June 2) Net short-term capital gain ECEIVED			9,286		
	8					0	
~~	9	income modifications					
2016	10a	Gross sales less returns and allowades (7 2016					
	b	Less Cost of goods sold					
∠7.1	C	Other income (attach schedule), UT					
I	11						
_ 07	12	Total. Add lines 1 through 11	1,032,936	1	0,140	854	
Se	13	Compensation of officers, directors, trustees, etc.	0	_			
⊃ ₽	14	Other employee salaries and wages					
Expenses	15	Pension plans, employee benefits	2 541				
	16a		3,541				
iĕ		Accounting fees (attach schedule) Other professional fees (attach schedule) STMT 2	485		405		
<u>1</u>	17	Other professional fees (attach schedule) STMT 2 Interest	485		485		
<u>, 72</u>	18	Taxes (attach schedule) (see instructions)					
Ë	19	Depreciation (attach schedule) and depletion					
뒫	20	Occupancy		=: .			
4	21	Travel, conferences, and meetings	·				
in c	22	Printing and publications					
g B	23	Other expenses (att sch) STMT 3	132				
Operating and Administrati	24	Total operating and administrative expenses.					
ā		Add lines 13 through 23	4,158		485	o	0
þe	25	Contributions, gifts, grants paid SEE STATEMENT 4	26,182			<u>~</u>	26,182
0	26	Total expenses and disbursements. Add lines 24 and 25	30,340		485	0	26,182
	27	Subtract line 26 from line 12.					
	 a	Excess of revenue over expenses and disbursements	1,002,596				
	b	Net investment income (if negative, enter -0-)	, - ,		9,655		
_	c_	Adjusted net income (if negative, enter -0-)				854	
For		work Reduction Act Notice, see instructions.			L	•	Form 990-PF (2015)

Fơ	<u>rm 990</u>	O-PF (2015) OWEN FAMILY FOUNDATION, INC	4/-555405		Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	f year
	aiti	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments		1,895	1,895
	3	Accounts receivable ▶			
ļ		Less: allowance for doubtful accounts ▶		_	
ı	4	Pledges receivable ▶			
١		Less: allowance for doubtful accounts ▶			
İ	5	Grants receivable			
1	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)		_	
	•	Less, allowance for doubtful accounts ▶ 0			
اي	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
š	10a	Investments – U.S. and state government obligations (attach schedule)			
`	b	Investments – corporate stock (attach schedule) SEE STMT 5		1,000,649	973,360
	c	Investments – corporate bonds (attach schedule)		· · ·	
	11	Investments – land, buildings, and equipment basis			
-1	••	Less accumulated depreciation (attach sch.)			
1	12	Investments – mortgage loans		 ,	
	13	Investments – other (attach schedule)		-	
	14	Land, buildings, and equipment basis			
	14	Less accumulated depreciation (attach sch.)			
	15	Other assets (describe)			_
	16	Total assets (to be completed by all filers – see the			
	10	instructions Also, see page 1, item I)	o	1,002,544	975,255
+	17	Accounts payable and accrued expenses			
	18	Grants payable			
ပ္ထု	19	Deferred revenue		·	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
힑	21	Mortgages and other notes payable (attach schedule)			
ٳڐ	22	Other liabilities (describe)			
-	23	Total liabilities (add lines 17 through 22)	0	0	
┪		Foundations that follow SFAS 117, check here			
ဖွ		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
					1
ď	25 26	Temporarily restricted Permanently restricted			
Net Assets or Fund Ba	20	Foundations that do not follow SFAS 117, check here			1
리		and complete lines 27 through 31.			
히	27	Capital stock, trust principal, or current funds		1,032,946	
S)	27 28	Paid-in or capital surplus, or land, bldg., and equipment fund			1
SS		Retained earnings, accumulated income, endowment, or other funds		-30,402	1
٤	29	Total net assets or fund balances (see instructions)	0	1,002,544	1
9	30 31	·	-		1
7	31	Total liabilities and net assets/fund balances (see	o	1,002,544	
ᆛ	Dorf I	II Analysis of Changes in Net Assets or Fund Balances		1,001,544	
	Part I	net assets or fund balances at beginning of year – Part II, column (a), line 30	(must agree with		1
'			(must agree with	1	l o
_		of-year figure reported on prior year's return)		2	1,002,596
		r amount from Part I, line 27a		3	
		r increases not included in line 2 (itemize) ►		4	1,002,596
		lines 1, 2, and 3		5	52
		eases not included in line 2 (itemize) > SEE STATEMENT 6	an (h) lina 30	6	1,002,544
6	rota	net assets or fund balances at end of year (line 4 minus line 5) – Part II, colun	in (D), line 30		Form 990-PF (2015)
					rom 330-FF (2015)

Form 990-PF (2015) OWEN FAMI Part IV Capital Gains and	LY FOUNDATION, II Losses for Tax on Investi		<u>47-5554059</u>	<u> </u>	Page
(a) List and describe the	kind(s) of property sold (e g , real estate, e, or common stock, 200 shs MLC Co)	Hent income	(b) How acquired P – Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a COMMERCIAL METALS	CO COM		D – Donation P	03/30/82	2 12/16/15
b					
d d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 1	other basis nse of sale		ain or (loss) (f) minus (g)
a 10,199			913		9,286
b					
С					
d					
Complete only for assets showing ga	ain in column (h) and owned by th	Le foundation on 12/	31/69		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (ı) (ı), ıf any	col (k), but r	ol (h) gain minus ot less than -0-) or (from col (h))
a					9,286
b					
С					
d					
е					
2 Capital gain net income or (net capital	If (loss), enter -U- in	Part I, line 7 📘		2	9,286
3 Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, col		_		3	
Part I, line 8 Part V Qualification Unde	r Section 4940(e) for Red	uced Tax on N	et Investment I		
(For optional use by domestic private for					
if section 4940(d)(2) applies, leave this p	•	. ,	·		N/A
Was the foundation liable for the section	4942 tax on the distributable amo	ount of any year in t	the base period?		Yes No
if "Yes," the foundation does not qualify i	under section 4940(e) Do not cor	mplete this part.			
1 Enter the appropriate amount in each	h column for each year; see the ir	structions before m	naking any entries.		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net value	(c) e of noncharitable-use asso		(d) distribution ratio o) divided by col (c))
2014					
2013					
2012			· ·		
2011					
2010					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5-ye	ear base period – divide the total	on line 2 by 5, or by	the		
number of years the foundation has	•			3	
4 Enter the net value of noncharitable-	use assets for 2015 from Part X,	line 5		4	
5 Multiply line 4 by line 3				5	. <u> </u>
6 Enter 1% of net investment income (1% of Part I, line 27b)			6	·
7 Add lines 5 and 6				7	<u>. </u>
8 Enter qualifying distributions from Pa				8	
If line 8 is equal to or greater than lin	e 7, check the box in Part VI, line	1b. and complete t	that part using a 1%	tax rate. See the	

Form **990-PF** (2015)

Part VI instructions

Form	990-PF (2015) OWEN FAMILY FOUNDATION, INC 47-5554059			Pa	age 4	
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			_		
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check				<u> 193</u>	
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
	Part I, line 12, col. (b).				_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	 			<u> </u>	
3	Add lines 1 and 2	-			<u>193</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ļ			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			-	<u> 193</u>	
6	Credits/Payments:					
а	2015 estimated tax payments and 2014 overpayment credited to 2015					
þ	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	 				
8	Enter any penalty for underpayment of estimated tax. Check her of Form 2220 is attached	 			<u> 193</u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	1			193	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11					
	art VII-A Statements Regarding Activities			Yes	No	
1а	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1a	162	X	
	participate or intervene in any political campaign?		Ia			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		1 _b		x	
	Instructions for the definition)?				<u>~~</u>	
	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.		1c		x	
C	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		۳-			
d	(1) On the foundation. ► \$(2) On foundation managers. ► \$					
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
е						
•	on foundation managers \$\Bigseleft\ \sigma_{\text{max}} Solution Solution		2		x	
2	If "Yes," attach a detailed description of the activities					
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
4-	504.000		4a		X	
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b			
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X	
•	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 remain in the governing instrument?		6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	rt XV	7	X		
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	SC					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b_	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			Ì		
	complete Part XIV		9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses STMT 7		10	X		
		F	orm 99	0-PF	(2015)	

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<u> Pa</u>	art VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>X</u>
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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	Į	13	X_	
	Website address WWW.OWENFAMILYFOUNDATION.COM				
14	The books are in care of ▶ FRANKLYN D. OWEN, III Telephone no. ▶				
	719 HOLLY STREET, SUITE 1	00005	,		
4 E	Located at COLUMBIA SC ZIP+4 >	29205)		_ —
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 – Check here	. 1		ı	
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority			Yes	No
10	over a bank, securities, or other financial account in a foreign country?	ſ	16	res	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	ŀ	10 1		<u>~</u>
	the foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		•		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		Ì			
		X No		Ì	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	-		ŀ	
		X No		ŀ	
		X No			
		X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	_			
		X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after	l			
L		X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	46		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here		1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ł	
	were not corrected before the first day of the tax year beginning in 2015?	N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	,	-	TT I	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		I	i	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			i	
	6e, Part XIII) for tax year(s) beginning before 2015?	X No		- 1	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	_	İ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				
	all years listed, answer "No" and attach statement – see instructions)	N/A	2b_		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		İ		
•	▶ 20 , 20 , 20 , 20 Public for add and all the control of the co		ŀ		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
L		X No	ŀ		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			f	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		İ	l	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		ļ	l	
	foundation had excess business holdings in 2015)	N/A	3b	ŀ	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>			_==_
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b	[X
		For		0-PF	

Forn	1 990-PF (2015) OWEN FA	MILY FOUNDATION, INC	47-5	<u> 554059</u>			Page 6	į
Pa	art VII-B Statements F	Regarding Activities for Which Fo	orm 4720 May B	e Required (d	continued)			_
5a	During the year did the foundar	tion pay or incur any amount to			•			_
	(1) Carry on propaganda, or of	therwise attempt to influence legislation (se	ction 4945(e))?		′es X No		-	
	(2) Influence the outcome of a	ny specific public election (see section 495	5); or to carry on,					
	directly or indirectly, any vo	ter registration drive?			es X No			
	(3) Provide a grant to an indivi	dual for travel, study, or other similar purpo	ses?	[] Y	es X No			
	(4) Provide a grant to an organ	nization other than a charitable, etc., organi	zation described in					
	section 4945(d)(4)(A)? (see	e instructions)		Y	′es X No			
	(5) Provide for any purpose of	her than religious, charitable, scientific, liter	ary, or educational					
	purposes, or for the prever	tion of cruelty to children or animals?		Y	′es 🛚 X No			
b	If any answer is "Yes" to 5a(1)-	-(5), did any of the transactions fail to quali	fy under the exceptio	ns described in	_			
	Regulations section 53.4945 or	r in a current notice regarding disaster assis	stance (see instructio	ns)?	N/A	5b		_
	Organizations relying on a curr	ent notice regarding disaster assistance ch	eck here		▶ 🗍			
С	If the answer is "Yes" to question	on 5a(4), does the foundation claim exemp	tion from the tax		_			
	because it maintained expendi	ture responsibility for the grant?		N/A 🗌 Y	'es No			
	If "Yes," attach the statement re	equired by Regulations section 53.4945–5(d).		_	ŀ		
6a	Did the foundation, during the	ear, receive any funds, directly or indirectly	y, to pay premiums			ľ		
	on a personal benefit contract?			Y	′es X No			
b	Did the foundation, during the	year, pay premiums, directly or indirectly, o	n a personal benefit o	contract?		6b	X	_
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year	, was the foundation a party to a prohibited	tax shelter transaction	on?	′es X No		1	
b		eive any proceeds or have any net income			N/A	7b		_
Pa		oout Officers, Directors, Trustees	s, Foundation M	anagers, Hig	hiy Paid Em _l	oloye	es,	
	and Contracto							_
<u> 1 L</u>	ist all officers, directors, trus	tees, foundation managers and their cor	npensation (see ins	tructions).				_
	(a) N	ame and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances	
DC	ROTHY G. OWEN	COLUMBIA	PRESIDENT					-
	MILLPOND ROAD	SC 29204	1.00	o	o		c	,
	IZABERH O. WESTVEER	SPRUCE PINES	VICE-PRESIDE					-
59	9 CARTERS RIDGE RD	NC 28777	1.00	٥	0		c	į
G.	WILLIAM OWEN	COLUMBIA	SECRETARY					•
22	MACKAYS POINT	SC 29209	1.00	o	O		C	j
FP	ANKLYN D. OWEN III	COLUMBIA	TREASURER					
50	00 WITTERING DRIVE	SC 29206	1.00	0	0		C	<u> </u>
2	Compensation of five highes "NONE."	t-paid employees (other than those incl	uded on line 1 – see	instructions). If	none, enter			_
	(a) Name and address of each	n 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		ense account, allowances	
NC	NE							•
								•
						 		-
						-		-
								-
							T	-
Гota	I number of other employees pa	id over \$50,000					0	_

Form 990-PF (2	015) OWEN FAMILY FOUNDATION, INC	<u>47-5554059</u>	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Contractors (continued)	indation Managers, Highly Pa	id Employees,
3 Five high	and Contractors (continued) est-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a)	(5) 1)50 01 0011100	(b) compensation
Total number of	f others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year include relevant statistical informat other beneficiaries served, conferences convened, research papers produced, etc	tion such as the number of	Expenses
1 N/A			
1 11/11			
2			
	_ _		
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	structions)	L ,
	argest program-related investments made by the foundation during the tax year on lines 1 and 2	2	Amount
1 N/A			
2			
All other program-re	elated investments. See instructions		
3			
otal Add inco	1 through 2		

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Pá	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,									
	see instructions.)									
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,									
	purposes:									
а	Average monthly fair market value of securities	1a	1,003,153							
b	Average of monthly cash balances	1b	947							
С	Fair market value of all other assets (see instructions)	1c	0							
d	Total (add lines 1a, b, and c)	1d	1,004,100							
е	Reduction claimed for blockage or other factors reported on lines 1a and	- 1 12								
-	1c (attach detailed explanation) 1e 0									
2	Acquisition indebtedness applicable to line 1 assets	2	0							
3	Subtract line 2 from line 1d	3	1,004,100							
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		2/001/200							
•	Instructions)	4	15,062							
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	989,038							
6	Minimum investment return. Enter 5% of line 5	6	10,839							
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera									
•	and certain foreign organizations check here and do not complete this part.)	9 .	oundations							
1	Minimum investment return from Part X, line 6	1	10,839							
2а	Tax on investment income for 2015 from Part VI, line 5	•	10/005							
b	Income tax for 2015. (This does not include the tax from Part VI.)									
C	Add lines 2a and 2b	2c	193							
3	Distributable amount before adjustments Subtract line 2c from line 1	3	193 10,646							
4	Recoveries of amounts treated as qualifying distributions	4	10,040							
5	Add lines 3 and 4	5	10,646							
6	Deduction from distributable amount (see instructions)	6								
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	-								
′	line 1	7	10,646							
Pa	art XII Qualifying Distributions (see instructions)									
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes									
' a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	26,182							
b	Program-related investments – total from Part IX-B	1b	20,102							
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	-10								
2	, , , , , ,	2								
3	purposes Amounts set aside for specific charitable projects that satisfy the									
	·	3a								
a	Suitability test (prior IRS approval required)	3b								
b 1	Cash distribution test (attach the required schedule)	3D 4	26,182							
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4_	20,102							
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	^							
c	Enter 1% of Part I, line 27b (see instructions)	<u>5</u>	26,182							
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 fo	undati	on							

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

Form **990-PF** (2015)

	n 990-PF (2015) OWEN FAMILY FOUNDA: art XIII Undistributed Income (see instru		47-5554	059	Page 9
<u> </u>	art XIII Undistributed Income (see instru	(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI, line 7	Corpus	Years prior to 2014	2014	2015
2	Undistributed income, if any, as of the end of 2015:				20,010
a					
h	Total for prior years.20 , 20 , 20			 	
3	Excess distributions carryover, if any, to 2015:				
a			1		1
b					
6	From 2012		}		
4	From 2013				
	From 2014				•
	Total of lines 3a through e				[
4	Qualifying distributions for 2015 from Part XII,				<u> </u>
	line 4. ▶ \$26,182				
	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)	"		 	10 646
	Applied to 2015 distributable amount		-06		10,646
	Remaining amount distributed out of corpus	15,5	036		
5	Excess distributions carryover applied to 2015				
	(if an amount appears in column (d), the same	{			[
	amount must be shown in column (a).)				
6	Enter the net total of each column as]]
	indicated below:	1			
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	15,5	036		
þ	Prior years' undistributed income. Subtract			•	
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed		i		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				ļ
d	Subtract line 6c from line 6b. Taxable				
	amount – see instructions			 	
е	Undistributed income for 2014 Subtract line		1		1
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2015 Subtract lines	1	ŀ		
	4d and 5 from line 1. This amount must be				
	distributed in 2016		<u> </u>	<u> </u>	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	j			ļ
	required—see instructions)			 	
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)			 	
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	15,5	36	 	
10	Analysis of line 9:	1			1
а	Excess from 2011				
þ	Excess from 2012				1
C	Excess from 2013				[
d	Excess from 2014			1	
_	Excess from 2015	.536	1	I	I

Forn	n 990-PF (2015) OWEN FAMILY	FOUNDATION	I, INC	<u>47-55540</u>	<u>)59</u>	Page 10
Pa	art XIV Private Operating Fo	oundations (see i	instructions and f	Part VII-A, questi	on 9)	
1a	If the foundation has received a ruling of					
	foundation, and the ruling is effective for		•	•		
b	Check box to indicate whether the four	ndation is a private op	erating foundation de	scribed in sectio 4	942(j)(3) or 494:	2(j)(5)
2a		Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly					
	for active conduct of exempt activities			,		
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"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					
С	"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			16.11	1 105 000	
Pa	art XV Supplementary Infor			if the foundatio	n nad \$5,000 or n	nore in assets a
4	any time during the		ctions.)			
1	Information Regarding Foundation N	_	and then 20% of the to	tal aantiibutiana saaa	to and how then foremalation	
а	List any managers of the foundation wh				•	
	before the close of any tax year (but on N/A	ny ir triey riave contrib	uteu more man \$5,00	o). (See section 507	(u)(z).)	
b	List any managers of the foundation wh	no own 10% or more o	of the stock of a corno	oration (or an equally	large portion of the	
-	ownership of a partnership or other ent		· ·	• • •	ango portion or the	
	N/A	,,				
2	Information Regarding Contribution,	Grant, Gift, Loan, S	cholarship, etc., Pro	ograms:		
	Check here ▶ ☐ If the foundation onl		-	=	nd does not accept	
	unsolicited requests for funds. If the fou			_		er
	other conditions, complete items 2a, b,	c, and d				
а	The name, address, and telephone nur	nber or e-mail addres	s of the person to wh	om applications shou	ld be addressed:	
	BILL OWEN					
	719 HOLLY STREET CO	LUMBIA SC 2	29401			
b	The form in which applications should be	oe submitted and infor	mation and materials	they should include:		
	SEE STATEMENT 8					
C	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards	s, such as by geograp	hical areas, charitabl	e fields, kınds of insti	tutions, or other	
	factors.					
	NONE					000 DE

Form 990-PF (2015) OWEN FAMILY FOUNI		47-5554059	Page 11
Part XV Supplementary Information (
3 Grants and Contributions Paid During		for Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation Purpose of grant or status of	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient contribution	Amount
a Paid during the year			
WASHINGTON AND LEE UNIVER			1
204 W. WASHINGTON STREET	UNRELATED	TAX EXEMPT	1
LEXINGTON VA 24450	ł	UNRESTRICTE	D 2,695
SEWANEE THE UNIVERSITY OF	THE SOUTH		
735 UNIVERSITY AVENUE	UNRELATED	TAX EXEMPT	
SEWANEE TN 37383		UNRESTRICTE	D 2,717
		1	
	CHURCH		
3200 TRENHOLM ROAD	UNRELATED	TAX EXEMPT	D 2 COE
COLUMBIA SC 29204		UNRESTRICTE	D 2,695
HAMMOND SCHOOL		1 1	
854 GALWAY LANE	UNRELATED	TAX EXEMPT	
COLUMBIA SC 29209		UNRESTRICTE	D 5,190
MD 7377711			
TRINITY EPISCOPAL CATHEDR 1100 SUMTER STREET	AL UNRELATED	TAX EXEMPT	
COLUMBIA SC 29201	ONKELATED	BUILDING FUN	D 2,695
33201211 33 13101		301-31110 201	_,,,,
COLUMBIA COLLEGE			
1301 COLUMBIA COLLEGE DR	UNRELATED	TAX EXEMPT	
COLUMBIA SC 29203		UNRESTRICTE	D 5,190
TOE RIVER ARTS COUNCIL			
PO BOX 882	UNRELATED	TAX EXEMPT	
BURNSVILLE NC 28714		UNRESTRICTE	D 5,000
			ı
			i
Total		▶ 3a	26,182
 b Approved for future payment N/A 			
M/A			
			1
			1
]]	
Total		▶ 3 <u>b</u>	5 990-PF (2015)

Part XVI	-A Analysis of Income-Producing A	ctivities				
Enter gross a	amounts unless otherwise indicated.		ed business income	Excluded	d by section 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
•	service revenue:			 		(See instructions)
a				 		
b				ļ.——		
· :				 -		
				 		
e				 -		
	and contracts from government agencies			 -		
	ship dues and assessments			 		
	on savings and temporary cash investments			1		
	s and interest from securities					854
	al income or (loss) from real estate:					
	-financed property					
	debt-financed property					
6 Net renta	al income or (loss) from personal property					
7 Other inv	restment income			ļ		
8 Gain or (loss) from sales of assets other than inventory			18	-864	
	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
	venue. a					
				-		
			<u> </u>		 	
		-				
e	Add columns (b), (d), and (e)				-864	854
	dd line 12, columns (b), (d), and (e)		<u> </u>		13	-10
	eet in line 13 instructions to verify calculations)					
Part XVI		Accomplish	ment of Exemp	t Purp	oses	
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ne is reported i	n column (e) of Part >	(VI-A co	ntributed importantly t	
N/A						
					. <u></u>	·
	<u> </u>					
						
					<u> </u>	
	 					
						
						
						
	 					
						

- orm		15) OWEN FAM					5554059			ge 1 :
Pa		Information Reg Exempt Organiz		ransfers To a	nd Transac	tions and Re	elationships With No	oncharitable	е	
1		anization directly or in		age in any of the	following with a	ny other organiz	ation described		Yes	No
		01(c) of the Code (otl								
	organizatio	ns?								
а		om the reporting four	idation to a	noncharitable exe	mpt organization	n of.			İ	l
	(1) Cash							<u>1a(1)</u>	-	X
	(2) Other a							1a(2)		X
b	Other trans							41.44		\ ~
		f assets to a nonchar ses of assets from a r		_	ation			1b(1) 1b(2)		X
		of facilities, equipmen			ation			1b(2)		X
		rsement arrangemen		33013				1b(4)		X
	• •	or loan guarantees						1b(5)		X
		nance of services or n	nembership	or fundraising soli	citations			1b(6)		X
С		acilities, equipment, r	-	-				1c		X
			_				d always show the fair ma	rket		
	value of the	goods, other assets,	or services	given by the repo	rting foundation	i. If the foundation	on received less than fair r	narket		
	value in any	transaction or sharing	ng arrangem	ent, show in colur	nn (d) the valu	e of the goods, c	ther assets, or services re	eceived		
 -	a) Line no	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(d) Descri	iption of transfers, transactions, an	d sharing arrangem	ents	
N/2	<u> </u>									
			<u> </u>			 				
										
						 				
						 				
			-							
							<u> </u>			
		ation directly or indirectly or indirectly or indirectly or indirectly of the					anizations		es X	
		nplete the following s	•	a triari coction co	1(0)(0)) 01 11 00	011011 027				<u> </u>
) Name of organization		(b) Type of o	rganization		(c) Description of relation	nship		
N	I/A									
				_						
	1					L.,				
Sign tere	correct, an	and complete Declaration of					May with	the IRS discuss this the preparer shown to instructions)?	return pelow _	e, No
	Signa	ature of officer or trustee			Dete	40	Title			
	Print/Tv	pe preparer's name			Preparer's signati	-/		Date		$\overline{\Box}$

ROBERT M. BALDWIN, CPA/PFS

02/23/16

Firm's EIN ► 20-0578690

P00002772

843-722-0785 Form 990-PF (2015)

DAA

Paid

Preparer

Use Only

Firm's name

Firm's address

ROBERT M. BALDWIN, CPA/PRS

BALDWIN & ASSOCIATES, LLC 210 WINGO WAY STE 202

MOUNT PLEASANT, SC 29464-1819

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

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OWEN FAMILY	FOUNDATION, INC	C	47-5554059
Organization type (chec	one)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter r	r number) organization	
	4947(a)(1) nonexempt	ot chantable trust not treated as a private found	lation
	527 political organization	tion	
Form 990-PF	X 501(c)(3) exempt privat	ate foundation	
	4947(a)(1) nonexempt	ot chantable trust treated as a private foundation	n
	501(c)(3) taxable privat	ate foundation	
Note. Only a section 501(instructions.	is covered by the General Rule c)(7), (8), or (10) organization ca	lle or a Special Rule. can check boxes for both the General Rule and	a Special Rule. See
General Rule			
-	or property) from any one contro	90-PF that received, during the year, contributi tributor. Complete Parts I and II See instruction	
Special Rules			
regulations under 13, 16a, or 16b, a	sections 509(a)(1) and 170(b)(1) and that received from any one co	3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ (1)(A)(vi), that checked Schedule A (Form 990 contributor, during the year, total contributions of Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line of the greater of (1)
contributor, during	the year, total contributions of m	7), (8), or (10) filing Form 990 or 990-EZ that red more than \$1,000 exclusively for religious, cha ention of cruelty to children or animals. Complet	aritable, scientific,
contributor, during contributions total during the year fo General Rule app	the year, contributions exclusive ed more than \$1,000. If this box an exclusively religious, charital	7), (8), or (10) filing Form 990 or 990-EZ that revively for religious, charitable, etc., purposes, bux is checked, enter here the total contributions table, etc., purpose. Do not complete any of the se it received nonexclusively religious, charitable.	it no such that were received e parts unless the
990-EZ, or 990-PF), but it	must answer "No" on Part IV, lii	eral Rule and/or the Special Rules does not file line 2, of its Form 990; or check the box on line et the filing requirements of Schedule B (Form 9	e H of its Form 990-EZ or on its

PAGE 1 OF 1 __

Page 2

Name of organization

OWEN FAMILY FOUNDATION, INC

Employer identification number 47-5554059

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOROTHY G. OWEN 21 MILLPOND ROAD COLUMBIA SC 29204	s 1,032,946	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 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 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

PAGE 1 OF 4

Page 3

Employer identification number Name of organization 47-5554059 OWEN FAMILY FOUNDATION, INC Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) 584 SHRS OF AXP 1 41,838 11/30/15 (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I 430 SHRS OF ADI 1 26,501 11/30/15 (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I 763 SHRS OF BP 1 26,400 11/30/15 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) 501 SHRS OF CBS 1 25,290 11/30/15 \$ (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I 452 SHRS OF CLX 1 56,184 11/30/15 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I 415 SHRS OF CMCSA 1 25,257 11/30/15 \$

Name of organization
OWEN FAMILY FOUNDATION, IN

Employer identification number 47-5554059

	FAMILY FOUNDATION, INC	<u> </u>		47-5554059
Part II	Noncash Property (see instructions). Use dupli	cate cop	ies of Part II if addition	onal space is needed.
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	13,908 SHRS OF CMC	\$	205,699	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	321 SHRS OF DHR	\$	30,941	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	675 SHRS OF EMR	\$	33,750	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	816 SHRS OF GIS	\$	47,132	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	247 SHRS OF HON	\$	25,676	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	779 SHRS OF INTC	\$	27,086	11/30/15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

PAGE 3 OF 4

Name of organization
OWEN FAMILY FOUNDATION INC Employer identification number 47-5554059

Part II	FAMILY FOUNDATION, INC Noncash Property (see instructions). Use dup	olicate copies of Pa		7-5554059 space is needed.
(a) No. from Part I	(b) Description of noncash property given	FMV (or	c) estimate) tructions)	(d) Date received
1	500 SHRS OF JNJ			
		\$	50,620	11/30/15
(a) No. from Part I	(b) Description of noncash property given	FMV (or	c) estimate) tructions)	(d) Date received
1	568 SHRS OF MSFT			
		\$	30,871	11/30/15
(a) No. from Part í	(b) Description of noncash property given	FMV (or	c) estimate) tructions)	(d) Date received
1	693 SHRS OF MDLZ			
		\$	30,256	11/30/15
(a) No. from Part I	(b) Description of noncash property given	FMV (or	c) estimate) tructions)	(d) Date received
1	1,585 SHRS OF NWL			
		\$	70,786	11/30/15
(a) No. from Part I	(b) Description of noncash property given	FMV (or	c) estimate) tructions)	(d) Date received
1	476 SHRS OF NOC			
		\$	88,707	11/30/15
(a) No. from Part I	(b) Description of noncash property given	FMV (or	c) estimate) tructions)	(d) Date received
1	738 SHRS OF NUE			
		\$	30,590	11/30/15

Page 3

Name of organization OWEN FAMILY FOUNDATION, INC Employer identification number 47-5554059

Part II	Noncash Property (see instructions). Use dup	olicate copie	s of Part II if additional	space is needed.
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) see instructions)	(d) Date received
1	306 SHRS OF PEP			
		\$	30,649	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) see instructions)	(d) Date received
1	1,052 SHRS OF PFE			
		\$	34,474	11/30/15
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) see instructions)	(d) Date received
1	303 SHRS OF SRE			
1		\$	30,067	11/30/15
(a) No. from Part I	(b) Description of noncash property given	I	(c) FMV (or estimate) see instructions)	(d) Date received
1	90 SHRS OF TGNA			
		\$	2,543	11/30/15
(a) No. from Part I	(b) Description of noncash property given	I	(c) FMV (or estimate) (see instructions)	(d) Date received
1	550 SHRS OF WFC			
		\$	30,305	11/30/15
(a) No. from Part I	(b) Description of noncash property given	i	(c) FMV (or estimate) see instructions)	(d) Date received
1	432 SHRS OF YUM			
		\$	31,324	11/30/15

•				
2/23/2016 3:44 PM	Charitable Purpose	Charitable Purpose	Charitable Purpose	1-3
	Adjusted Net	fessional Fees Adjusted Net	Adjusted Net	
deral Statements	F. Part I, Line 16a - Leg	I, Line 16c - Other Propertion Net Investment	Part I, Line 23 - Other Net Investment	
Fe	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees Net Net 5 3,541 \$ 3,541 \$ 3,541	Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees Net Adjuste Adjuste S 485 \$ 485 \$ \$	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses Net A Total \$ \$ 132 \$ \$ \$ 132 \$ \$ \$ \$	
OWENFAMFOU Owen Family Foundation, Inc 47-5554059 FYE: 12/31/2015	Description INDIRECT LEGAL FEES TOTAL	Statemen Description INVESTMENT ADVISORY FEE TOTAL	State Description EXPENSES WEBSITE FEES TOTAL	

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Federal Statements

47-5554059 FYE: 12/31/2015

OWENFAMFOU Owen Family Foundation, Inc

	Statement 4 - For	4 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants	25 - Noncash Contri	butions, Gifts, Grants	
Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
2,695	27 SHRS OF PEP	FMV AT GIFT	2,704	COST	12/22/15
2,717	27 SHRS OF PEP	FMV AT GIFT	2,704	COST	12/23/15
2,695	27 SHRS OF PEP	FMV AT GIFT	2,704	COST	12/22/15
5,190	52 SHRS OF PEP	FMV AT GIFT	5,208	COST	12/22/15
2,695	27 SHRS OF PEP	FMV AT GIFT	2,704	COST	12/22/15
5,190	52 SHRS OF PEP	FMV AT GIFT	5,208	COST	12/22/15
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OWENFAMFOU Owen Family Foundation, Inc 47-5554059 FYE: 12/31/2015

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Description	Beginning of Year		End of Year	Basis of Valuation	Fai	Fair Market Value
AMERICAN EXPRESS COMPANY	\$	‹›	1,8	COST	৵	9,
ANALOG DEVICES INC COM			26,501	COST		23,788
BP PLC SPON ADR			6,4	COST		ω
CBS CORP NEW CL B			5,2	COST		3,6
CLOROX CO DEL COM			6,1	COST		7,3
COMCAST CORP NEW CL A			5,2	COST		3,4
COMMERCIAL METALS CO COM			4,6	COST		0,1
DANAHER CORP DEL COM			0	COST		9,8
EMERSON ELEC CO			3,7	COST		2,2
GENERAL MILLS			7,1	COST		7,0
HONEYWELL INTL INC DEL			5,6	COST		5,5
INTEL CORP			7,0	COST		6, 8
JOHNSON AND JOHNSON COM			9	COST		1,3
MICROSOFT CORP			8,0	COST		1,5
MONDELEZ INTERNATIONAL			0,2	COST		1,0
NEWELL RUBBERMAID, INC			0,7	COST		8,6
NORTHROP GRUMMAN CORP			8,7	COST		8,6
NUCOR CORPORATION			5	COST		7
PEPSICO INC			9,415	COST		ω,
PFIZER INC			4,4	COST		0
SEMPRA ENERGY			30,067	COST		8,4
TEGNA INC			2,543	COST		7
WELLS FARGO & CO NEW DEL			ω,	COST		9,8
YUM BRANDS INC			31,324	COST		31,558
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OWENEAMFOU Owen Family Foundation, Inc 47-5554059 Federal Statements

FYE: 12/31/2015

Statement 6 - Form 990-PF, Part III, Line 5 - Other Decreases

	Description		Amount	
CHANGE IN VALUE OF	F TRANFERRED PEP	STOCK	\$	52
TOTAL		2	\$	52

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2/23/2016 3:44 PM 7 City, State, Zip Statement 7 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors COLUMBIA SC 29204 Federal Statements Address OWENFAMFOU Owen Family Foundation, Inc 21 MILL POND Name OWEN 47-5554059 FYE: 12/31/2015 DOROTHY G.

OWENFAMFOU Owen Family Foundation, Inc
47-5554059
FYE: 12/31/2015

Statement 8 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

NAME, ADDRESS, EMAIL, GENERAL DESCRIPTION OF YOUR
ORGANIZATION, AND IRS APPROVAL CODE.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE