

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation J MARION SIMS FOUNDATION INC		A Employer identification number 57-0355295
Number and street (or P O box number if mail is not delivered to street address) PO BOX 818	Room/suite	B Telephone number (see instructions) (803) 286-8772
City or town, state or province, country, and ZIP or foreign postal code LANCASTER, SC 29720		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computations <input type="checkbox"/>

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ADVOCACY & COMMUNICATION SOLUTIONS LLC 1277 WEST 104TH STREET CLEVELAND, OH 44102	PUBLIC RELATIONS	77,913
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .			
	2 Savings and temporary cash investments . . . . .	2,878,416	2,618,670	2,618,670
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	47,277,603	46,182,324	46,182,324
	c Investments—corporate bonds (attach schedule) . . . . .	23,798,592	16,756,270	16,756,270
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ _____ 1,778,526 Less accumulated depreciation (attach schedule) ▶ _____ 155,840	791,813	1,622,686	1,622,686
15 Other assets (describe ▶ _____)	75,743	160	160	
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	74,822,167	67,180,110	67,180,110	
Liabilities	17 Accounts payable and accrued expenses . . . . .	133,430	83,768	
	18 Grants payable . . . . .	1,213,579	1,122,127	
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)	204,673	192,558	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	1,551,682	1,398,453	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	73,270,485	65,781,657	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	73,270,485	65,781,657		
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	74,822,167	67,180,110		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	73,270,485
2 Enter amount from Part I, line 27a . . . . .	<b>2</b>	11,778,224
3 Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	3,490
4 Add lines 1, 2, and 3 . . . . .	<b>4</b>	85,052,199
5 Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	19,270,542
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	65,781,657

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
<b>1 a</b> INVESTMENT PORTFOLIO			
<b>b</b> COST BASIS ADJUSTMENT ON SALE OF ALTERNATIVE INVESTMENT UNITS			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 72,801,354		62,021,366	10,779,988
<b>b</b> 1,076,302			1,076,302
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>a</b>			10,779,988
<b>b</b>			1,076,302
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	11,856,290
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes
 ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,642,683	69,967,572	0 037770
2016	2,596,684	64,289,476	0 040390
2015	2,606,600	67,600,721	0 038559
2014	2,763,907	70,564,789	0 039168
2013	2,682,075	66,650,304	0 040241

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 196128
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 039226
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	72,199,896
<b>5</b> Multiply line 4 by line 3	<b>5</b>	2,832,113
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	146,895
<b>7</b> Add lines 5 and 6	<b>7</b>	2,979,008
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	3,661,087

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	146,895
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	146,895
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	146,895
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	125,000
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	30,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	155,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	823
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	7,282
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 7,282 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ 0 (2) On foundation managers <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> SC		
<b>b</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 .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.JMSIMS.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>SUSAN W. DEVENNY, PRESIDENT</u> Telephone no ► <u>(803) 286-8772</u>			

Located at ► 800 NORTH WHITE STREET LANCASTER SC ZIP+4 ► 29720

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2018, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	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**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2018 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name 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	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PAMELA Y TEMPLE 800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720	PROGRAM OFFICER 40 00	112,579	0	0
DONNA V ORTEGA 800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720	COMMUNITY INVESTMENT 40 00	85,232	9,223	0
HOLLY FURR 800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720	PROGRAM OFFICER 40 00	62,287	13,386	0
CYNTHIA L CURTIS 800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720	COMMUNITY INVESTMENT 40 00	56,346	17,592	0
KAREN W ORMAND 800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720	EXEC ASST & GRANTS 40 00	53,833	15,272	0
<b>Total number of other employees paid over \$50,000.</b>				0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	70,119,983
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	3,093,377
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	86,027
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	73,299,387
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	73,299,387
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,099,491
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	72,199,896
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	3,609,995

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	3,609,995
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	146,895
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	146,895
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	3,463,100
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	3,463,100
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	3,463,100

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	3,038,104
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	622,983
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	3,661,087
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	146,895
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	3,514,192

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				3,463,100
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			1,720,982	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>3,661,087</u>				
<b>a</b> Applied to 2017, but not more than line 2a			1,720,982	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				1,940,105
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				1,522,995
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 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) )

**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

**2 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. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SUSAN W DEVENNY PRESIDENT  
800 NORTH WHITE STREET PO BOX 818  
LANCASTER, SC 29720  
(803) 286-8772

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

AVAILABLE AT HTTP //WWW.JMSIMS.ORG

**c** Any submission deadlines

AVAILABLE AT HTTP //WWW.JMSIMS.ORG

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

AVAILABLE AT HTTP //WWW.JMSIMS.ORG

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3b</b>				

Enter gross amounts unless otherwise indicated

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2019-11-13	*****	May the IRS discuss this return with the preparer shown below? (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GREGORY W HAYES				P00054246
	Firm's name <b>▶</b> MOORE STEPHENS TILLER LLC Firm's address <b>▶</b> 1960 SATELLITE BLVD SUITE 3600 DULUTH, GA 30097				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT K FOLKS	CHAIR 6 00	7,450	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
JODIE C PLYLER	VICE CHAIR 4 00	5,100	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
HUBERT F MOBLEY	TREASURER 4 00	4,400	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
MARVIN L STARKS	SECRETARY 4 00	1,400	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
SUSAN W DEVENNY	PRESIDENT & CEO 45 00	195,686	27,113	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
RICHARD A BAND	TRUSTEE 4 00	3,250	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
LISA T BRIDGES	TRUSTEE 4 00	4,400	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
T MICHAEL CLANCEY	TRUSTEE 4 00	3,350	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
DON T GARDNER	TRUSTEE 4 00	3,250	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
VIVIAN A GRAY	TRUSTEE 4 00	4,000	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
SHERRI C GREGORY	TRUSTEE 4 00	3,650	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				
TIMOTHY H HALLMAN	TRUSTEE 4 00	4,600	0	0
800 NORTH WHITE STREET PO BOX 818 LANCASTER, SC 29720				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN NATIONAL RED CROSS AND ITS CONSTITUENT CHAPTERS AND BRANCHES 200 PIEDMONT BLVD ROCK HILL, SC 29732	NONE	PC	(RESPONSIVE GRANT) AMERICAN RED CROSS - DISASTER CYCLE SERVICES	12,500
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	PC	(RESPONSIVE GRANT) WATER ASSESSMENT TOGETHER WITH EDUCATION AND RECREATION (WATER) PROGRAM	10,000
CHESTER COUNTY LITERACY COUNCIL 109 ELLA STREET CHESTER, SC 29706	NONE	PC	(RESPONSIVE GRANT) PROPER NUTRITION	37,500
<b>Total . . . . . ▶ 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHESTER COUNTY SCHOOL DISTRICT 411 SUNSET AVE CHESTER, SC 29706	NONE	PC	TO SUPPORT VARIOUS NEEDS OF THE SCHOOLS IN THE DISTRICT'S SCHOOL SYSTEM	7,888
CHRISTIAN SERVICES INC 1227 GREAT FALLS HIGHWAY LANCASTER, SC 29720	NONE	PC	(HEALTHY COMMUNITY GRANT) TEFAP FOOD PANTRY	40,000
COLUMBUS PARKER TRACK CLUB PO BOX 145 LANCASTER, SC 29721	NONE	PC	(RESPONSIVE GRANT) COLUMBUS PARKER TRACK YOUTH PROGRAM	20,000
<b>Total . . . . . ▶ 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITIES IN SCHOOLS OF LANCASTER COUNTY PO BOX 3241 LANCASTER, SC 29721	NONE	PC	(RESPONSIVE GRANT) YOUTHBUILD LANCASTER CRISIS-ASSISTANCE OUTREACH	50,024
EDUCATIONAL FOUNDATION OF USC LANCASTER PO BOX 889 LANCASTER, SC 29721	NONE	PC	TO SUPPORT VARIOUS NEEDS OF THE FOUNDATION	11,612
FAITH HOPE & VICTORY CHRISTIAN CHURCH 202 SOUTH GREGORY ST PO BOX 2787 LANCASTER, SC 29721	NONE	PC	(RESPONSIVE GRANT) THE COMMUNITY POWERHOUSE LANCASTER HIGH SCHOOL PROJECT	63,812
<b>Total . . . . . ▶ 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FORT LAWN COMMUNITY CENTER INC PO BOX 103 FORT LAWN, SC 29714	NONE	PC	(COMMUNITY DEVELOPMENT AND PARTNERSHIP GRANT) ORTON HEART & SOUL - TOWN OF FORT LAWN	50,000
FOUNDATION FOR THE CAROLINAS 217 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	PC	(STRATEGIC INITIATIVE) LANCASTER COUNTY COMMUNITY FOUNDATION "QUALITY OF LIFE CHALLENGE MATCH"	10,000
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	NONE	PC	(STRATEGIC INITIATIVE) COLLEGE ADVISING CORPS	40,000
<b>Total . . . . . ▶ 3a</b>				1,603,907

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOOD SAMARITAN MEDICAL CLINIC 139 CHURCH ST CHESTER, SC 297062904	NONE	PC	(RESPONSIVE GRANT) FREE CLINIC SERVICES FOR RESIDENTS OF THE SERVICE AREA, WHO CANNOT PAY OUT OF POCKET AND WHO HAVE NO HEALTH INSURANCE OF ANY KIND	28,413
HABITAT FOR HUMANITY POST OFFICE BOX 1441 LANCASTER, SC 29721	NONE	PC	(RESPONSIVE GRANT) CRITICAL HOME REPAIR	10,000
HOPE IN LANCASTER INC 2008 PAGELAND HIGHWAY PO BOX 166 LANCASTER, SC 297210166	NONE	PC	(RESPONSIVE GRANT) HOPE IS REQUESTING FUNDING FOR TWO PROGRAMS FRESH AND HEALTHY FOOD INITIATIVE AND FINANCIAL RESOURCES AND REFERRALS/BOUNCE BACK PROGRAM	303,301
<b>Total . . . . . ► 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HORSE N AROUND THERAPEUTIC RIDING CENTER 2593 N ROCKY RIVER RD LANCASTER, SC 29720	NONE	PC	(RESPONSIVE GRANT TO PROVIDE EQUINE THERAPY SPONSORSHIPS TO CHILDREN WITH SPECIAL NEEDS WHO LIVE IN LANCASTER, CHESTER, AND FORT LAWN COUNTIES	200
HOUSING AUTHORITY OF LANCASTER COUNTY INC PO BOX 1235 LANCASTER, SC 29721	NONE	GOV	(RESPONSIVE GRANT) MAP TO SUCCESS FAMILY LITERACY PROGRAM	82,340
KERSHAW AREA RESOURCE EXCHANGE (KARE) 208 E MARION STREET PO BOX 364 KERSHAW, SC 29067	NONE	PC	(RESPONSIVE GRANT) BOUNCE BACK TO SUSTAINABILITY	128,301
<b>Total . . . . . ► 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KERSHAW COMMUNITY PARK COUNCIL INC PO BOX 83 KERSHAW, SC 29067	NONE	PC	(RESPONSIVE GRANT) COMMUNITY PLAYGROUND BUILD	175,000
KEYSTONE SUBSTANCE ABUSE SERVICES 199 S HERLONG AVENUE ROCK HILL, SC 29732	NONE	PC	MELODY MITCHELL, MATH/SCIENCE1486 09	45,000
LANCASTER COUNTY COUNCIL OF THE ARTS 201 W GAY STREET PO BOX 613 LANCASTER, SC 29720	NONE	PC	(RESPONSIVE GRANT) CREATIVE SMARTS - BUILDING A FOUNDATION THROUGH THE ARTS	71,896
<b>Total . . . . . ▶ 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LANCASTER COUNTY LITERACY COUNCIL 610 EAST MEETING STREET LANCASTER, SC 29720	NONE	PC	(RESPONSIVE GRANT) LANCASTER COUNTY CAREER SUPPORT PROGRAM	13,757
LANCASTER COUNTY SCHOOL DISTRICT - DISCOVERY SCHOOL 302 W DUNLAP ST LANCASTER, SC 29720	NONE	PC	(HORIZON GRANT) STUDENT ACCESS TO CURRENT PERIODICALS DISCOVERY SCHOOL LINDA E ROBERTS, MLIS	436
LANCASTER COUNTY SCHOOL DISTRICT 300 S CATAWBA STREET LANCASTER, SC 29720	NONE	PC	TO SUPPORT VARIOUS NEEDS OF THE SCHOOLS IN THE DISTRICT'S SCHOOL SYSTEM	80,662
<b>Total . . . . . ▶ 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LANCASTER FATHERHOOD PROJECT 105 S WYLIE ST LANCASTER, SC 29720	NONE	PC	(RESPONSIVE GRANT) RE-ENGAGING LOW-INCOME FATHERS THROUGH HEALTH HEALTH ACCESS AND RESPONSIBLE FATHERHOOD	190,070
MOOKIES PLACE 101 NORTH YORK STREET LANCASTER, SC 29720	NONE	PC	(DISCRETIONARY GRANT) "UPFIT OF FIRE ALARM AND SECURITY SYSTEM"	6,000
ROCK HILL ALLIANCE FOR THE MENTALLY ILL PO BOX 3626 ROCK HILL, SC 29732	NONE	PC	(RESPONSIVE GRANT) LANCASTER EXPANSION	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE CHILDRENS COUNCILPO BOX 171 LANCASTER, SC 29721	NONE	PC	(RESPONSIVE GRANT) YOUNG PEOPLE IN CHARGE - YOUTH PHILANTHROPY PROJECT	6,495
TOWN OF KERSHAW 113 SOUTH HAMPTON STREET POST OFFICE BOX 145 KERSHAW, SC 29067	NONE	GOV	(COMMUNITY DEVELOPMENT & PARTNERSHIP) ORTON HEART & SOUL	50,000
UNIVERSITY OF SOUTH CAROLINA LANCASTER 476 HUBBARD DRIVE LANCASTER, SC 29720	NONE	PC	TO SUPPORT VARIOUS NEEDS OF THE UNIVERSITY	3,700
<b>Total . . . . . ▶ 3a</b>				1,603,907

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UPPER PALMETTO YMCA 151 SOUTH OAKLAND AVENUE ROCK HILL, SC 29732	NONE	PC	(RESPONSIVE GRANT) PROJECT ACCESS	45,000
<b>Total</b> . . . . . ▶ <b>3a</b>				1,603,907

**TY 2018 Accounting Fees Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES (AUDIT & TAX)	31,148	15,574		20,489
ACCOUNTING FEES (MONTHLY FINANCIALS)	31,772	7,943		23,735

**TY 2018 Investments Corporate Bonds Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD INTER-TERM INVEST-GR ADM (VRDX)	3,343,224	3,343,224
VANGUARD SHORT-TERM INVEST-GR ADM (VFSUX)	3,317,138	3,317,138
VANGUARD TOTAL BOND MKT INDEX INST (VBTIX)	10,095,908	10,095,908

**TY 2018 Investments Corporate Stock Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD INTERNATIONAL GROWTH ADM (VWILX)	4,341,157	4,341,157
VANGUARD INTERNATIONAL VALUE FUND (VTRIX)	4,585,388	4,585,388
VANGUARD PRIMECAP FUND ADMIRAL (VPMAX)	7,142,174	7,142,174
VANGUARD TOT INTL STOCK IX INST VTSNX)	9,106,776	9,106,776
VANGUARD TOTAL STOCK MKT IDX INST (VITSX)	14,169,878	14,169,878
VANGUARD WINDSOR FUND ADMIRAL (VWNEX)	6,836,951	6,836,951

**TY 2018 Other Assets Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INVESTMENT INCOME	75,583	0	0
SECURITY DEPOSITS	160	160	160

**TY 2018 Other Decreases Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295

Description	Amount
UNREALIZED DEPRECIATION IN THE INVESTMENT PORTFOLIO	18,007,767
BOOK/TAX ADJUSTMENT FOR REALIZED K-1 INCOME	186,473
BOOK/TAX COST BASIS ADJUSTMENT ON SALE OF ALTERNATIVE INVESTMENT UNITS	1,076,302

**TY 2018 Other Expenses Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE/POSTAGE EXPENSE	37,748	3,775		33,866
INSURANCE	23,291	2,329		20,962
DUES & SUBSCRIPTIONS	8,486	849		7,637
MISC/OTHER	1,268	127		1,141
NFP ASSOCIATION/ORGANIZATIONAL DUES & MEMBERSHIPS	6,730	0		6,730
PROGRAM & GRANT EVALUATION & RESEARCH, INTERNS, ETC	35,398	0		53,731
TRAINING & DEVELOPMENT	14,611	1,461		13,150
COMMUNICATIONS/COMMUNITY DEVELOPMENT/PUBLIC RELATIONS	27,939	0		21,069
"GIVE LOCAL LANCASTER" PROGRAM	26,083	0		26,083
ORTON/COMMUNITY PARTNERSHIPS" PROGRAM	17,495	0		17,495

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
"COLLEGE ADVISING CORPS" PROGRAM	3,336	0		3,336

**TY 2018 Other Increases Schedule**

**Name:** J MARION SIMS FOUNDATION INC  
**EIN:** 57-0355295

Description	Amount
DEFERRED FEDERAL NII EXCISE TAX	3,490

**TY 2018 Other Liabilities Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL NII EXCISE TAX LIABILITY	15,219	21,978
DEFERRED FEDERAL NII EXCISE TAX LIABILITY	189,454	170,580

**TY 2018 Other Professional Fees Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
STRATEGIC PLANNING - INVESTMENTS	21,500	21,500		0
INVESTMENT CONSULTANT/CUSTODIAL/MANAGEMENT FEES	413,516	413,490		26
TECHNOLOGY SERVICES	3,245	325		2,921
RETIREMENT PLAN & PAYROLL SERVICE FEES	4,334	433		3,901
ENGINEERING	9,900	990		8,910
CONTRACT SERVICES	54,715	0		54,715
STRATEGIC PLANNING - GRANTS AND PROGRAMS	85,288	0		85,288

**TY 2018 Taxes Schedule****Name:** J MARION SIMS FOUNDATION INC**EIN:** 57-0355295

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	44,507	4,451		35,086
FEDERAL NII EXCISE TAX	131,759	0		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047
		<b>2018</b>
<b>Name of the organization</b> J MARION SIMS FOUNDATION INC		<b>Employer identification number</b> 57-0355295

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> J MARION SIMS FOUNDATION INC	<b>Employer identification number</b> 57-0355295
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**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SPRINGLAND INC 456 COLONIAL AVE LANCASTER, SC 29720	\$ 121,923	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
2	KIMBRELL'S INVESTMENT COMPANY INC PO BOX 11117 CHARLOTTE, NC 28220	\$ 45,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> J MARION SIMS FOUNDATION INC	<b>Employer identification number</b> 57-0355295
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<b>Part II</b> <b>Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	LAND, 104 EAST SPRINGS STREET, LANCASTER, SC 29720	\$ 121 923	2018-12-11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	LAND & BLDG,, 106 S MAIN ST & W DUNLAP ST , LANCASTER, SC 29720	\$ 45 000	2018-03-16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

<b>Name of organization</b> J MARION SIMS FOUNDATION INC	<b>Employer identification number</b> 57-0355295
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<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	