2949110710915

Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0047

2019

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

int	emai Reve	nue Service	► Go to	www.irs.gov/Form990PF fo	or instructions	and the I	atest info	rmati	on.	Open	to Public Inspection	
Fo	or calen	ndar year 20	19 or tax year be	ginning		, 2019, aı	nd endir	ıg			, 20	
Na	me of fou	ndation			•		A E	mploye	r identification	n numbe	er	
Т	he Re	ams Found	dation, Inc.				3	35-19	933846			
				ot delivered to street address)		Room/suit		B Telephone number (see instructions)				
		·		,				(843)303-0621				
Cr	v or town	6 Confederate Circle or town, state or province, country, and ZIP or foreign postal code					_	C If exemption application is pending, check here ►				
		ston SC		3 ,			"	exemp	ion application	is pend	ing, check here	
<u> </u>				urn 🔲 Initial return	of a former	ublic cho		_			. –	
G	Check	all that app			of a former proture	oublic cha	rity D 1.	Foreigi	n organizations	, check	here ▶ [_]	
			☐ Final retu	=			2.				g the 85% test,	
	Ol I		Address	<u>-</u>		4/	┧		here and attacl	•		
H				ection 501(c)(3) exempt p			1		foundation stat 07(b)(1)(A), che		terminated under	
느			_	table trust			<u>"' </u>	.00011 0	o, (p)(,)(-), cite	OK HOIG		
ı			of all assets at	J Accounting method	: 🗷 Cash	Accru	1 - 11		ndation is in a (
			Part II, col. (c),	Other (specify)			ur	nder sed	tion 507(b)(1)(l	B), chec	k here ▶ ∐	
_			0,659,873.	(Part I, column (d), must be	e on cash basi	s.)						
	Part I			xpenses (The total of	(a) Revenue		Net invest	ment	(c) Adjusted	d net	(d) Disbursements for charitable	
) may not necessarily equal	expenses p books	er ('-'	income		income		purposes	
_			n column (a) (see inst								(cash basis only)	
	1			received (attach schedule)	4,508,3	00.						
	2			not required to attach Sch. B								
Revenue	3		-	orary cash investments								
	4		and interest from	i A	703,0	48.	703,0)48.				
	5a		s	(7)								
	b		ncome or (loss)									
	6a	_	•	of assets not on line 10								
2	b		price for all assets or									
8	7		· · · · · · · · · · · · · · · · · · ·	n Part IV, line 2)			842,2	223.			-	
α	. •									0.		
	9	Income mo	difications									
	10a		less returns and allo									
	b		of goods sold									
	C	•		schedule)								
	11			ıle)								
_	12			1	5,211,3	48. 1	,545,2	271.		0.		
Ų	13			rectors, trustees, etc.								
2020	14			wages					<u> </u>			
وَ	15	•	ans, employee be						· (• · · · · · · · · · · · · · · · · ·			
Fx	16a	Legal fees	(attach schedule)				<u> </u>	JEL				
רט פ	; b	Accounting	fees (attach sche	edule) L-1.6b Stmt	56,0	00.	5.CK,	·	<u> </u>		56,000.	
Ö	C			ch schedule) ^{L-16c} .Stmt	128,6	79. r	128,6	579. .	30 10%			
¥.	17				_	1		18	الميال	\		
Z	18	-		instructions) See. Stmt	2,9		OCI					
SCANNED	19	•	•	le) and depletion		1001			1,0			
143	20					1	V 60	تزلاد				
, .	4			etings	39,4	69.					39,469.	
	22											
5	23			dule) See Stmt .	1	10.					110.	
29 i	24	Total ope	rating and adn	ninistrative expenses.								
105 0 50 JUL 2009	<u> </u>				227,1		128,6	79.			95,579.	
2021	25		ns, gifts, grants p		1,307,0						1,307,000.	
21	26			nents. Add lines 24 and 25	1,534,1	75.	128,6	79.			1,402,579.	
	27		e 26 from line 12:									
	a		•	nses and disbursements	3,677,1	13.						
	Ь		•	negative, enter -0-) .		1	,416,5	92.				
	l c	Adjusted n	et income (if neo	iative enter -∩-)		1		I		Λ	1	

For Paperwork Reduction Act Notice, see instructions.

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	f year
		, should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash—non-interest-bearing		114,0	54.	114,054.
	2	Savings and temporary cash investments	2,142,001.	3,309,4	83.	
	3	Accounts receivable ►				
		Lėšš: 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 ▶				
ts	8	Inventories for sale or use				· - -
Assets	9	Prepaid expenses and deferred charges L-10a Stmt				
As	10a	Investments – U.S. and state government obligations (attach schedule)	2,734,362.	3,906,7	60.	3,908,704.
	b	Investments—corporate stock (attach schedule) L-10b Stmt	17,270,088.	15,279,2	85.	20,583,415.
	С	Investments—corporate bonds (attach schedule) L-10c Stmt	2,799,133.	2,799,1	33.	2,744,217.
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		-		
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	24,945,584.	25,408,7	15.	30,659,873.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
tie	19	Deferred revenue				
ij	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)				
alances		Foundations that follow FASB ASC 958, check here ► □ and complete lines 24, 25, 29, and 30.				
ala	24	Net assets without donor restrictions				
Ø	25	Net assets with donor restrictions				- ",
Net Assets or Fund		Foundations that do not follow FASB ASC 958, check here ▶ ⊠ and complete lines 26 through 30.				,
5	26	Capital stock, trust principal, or current funds	24,945,584.	25,408,7	15.	, ,
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
se	28	Retained earnings, accumulated income, endowment, or other funds				1 21
As	29	Total net assets or fund balances (see instructions)	24,945,584.	25,408,7	15.	. (
e	30	Total liabilities and net assets/fund balances (see				,
		instructions)	24,945,584.	25,408,7	15.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colu				
		of-year figure reported on prior year's return)		,	1	24,945,584.
_		r amount from Part I, line 27a			2	3,677,173.
3					3	
_		lines 1, 2, and 3			4	28,622,757.
5		reases not included in line 2 (itemize) ► Variance of Market			5	3,214,042.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)-I	Part II, column (b), Iir	ne 29	6	25,408,715.

Part I	Capital Gains and	Losses for Tax on Investm	ent Income	· · · · · · · · · · · · · · · · · · ·		
		nd(s) of property sold (for example, real es se; or common stock, 200 shs. MLC Co.)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
1a W	AYPOINT WEALTH - S	SEE STMT PART IV 4130	SHORT TERM	P	11/08/2018	02/07/2019
b W	AYPOINT WEALTH -	SEE STMT PART IV 4130	LONG TERM	P	10/10/2008	11/04/2019
			SHORT TERM		05/23/2019	12/02/2019
d W	AYPOINT WEALTH -	SEE STMT PART IV 9862	LONG TERM	P	08/15/2001	05/28/2019
<u>е</u>				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	other basis inse of sale		ain or (loss) (f) minus (g))
<u>a</u>	3,845,494.			3,830,080.		15,414.
<u> </u>	3,177,530.			1,080,096.		2,097,434.
<u>C</u>	12,475,947.			13,009,807.		-533,860.
<u>d</u> _	3,957,817.			4,694,582.		-736,765.
<u>е</u>	Complete only for secrets abo		the formulation	on 10/01/60		
	(f) FMV as of 12/31/69	wing gain in column (h) and owned b (j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i) . (j), if any	col. (k), but n	ol (h) gain minus ot less than -0-) or (from col. (h))
а						15,414.
b						2,097,434.
С				ű.		-533,860.
d					.=	-736,765.
е						
2 (Capital gain net income o	rinei cabilal ibssi / ° '	also enter in Pa			
_ `	oupitui guiii iiot iiiooiiio o	If (loss),	enter -0- in Pa	rt I, line 7	2	842,223.
ı	f gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instruc			3	E10 446
Part V	_	er Section 4940(e) for Redu	ood Toy on N	,	_	-518,446.
Was the	the foundation doesn't o	section 4942 tax on the distribut qualify under section 4940(e). Do	not complete t	his part.	•	☐ Yes ⊠ No
<u> 1 I</u>		ount in each column for each yea	r; see the instru	uctions before m	aking any entries	
Calend	(a) Base period years dar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f nonchantable-use a		(d) stribution ratio divided by col. (c))
	2018	1,335,75	53.	26,689,5	21.	0.050048
	2017	1,138,38	36.	27,182,3	22.	0.041880
	2016	1,115,52	23.	23,139,2	04.	0.048209
	2015	1,101,86		23,134,8		0.047628
	2014	892,57	75.	24,156,1	78.	0.036950
	Total of line 1, column (d)					0.224715
		for the 5-year base period—divi oundation has been in existence				0.044943
4 6	Enter the net value of non-	charitable-use assets for 2019 fr	om Part X, line	5	. 4	26,346,670.
5 I	Multiply line 4 by line 3				. 5	1,184,098.
6 E	Enter 1% of net investmer	nt income (1% of Part I, line 27b)			. 6	14,166.
7 /	Add lines 5 and 6				. 7	1,198,264.
		ns from Part XII, line 4				1,402,579.
	f line 8 is equal to or grea Part VI instructions.	ter than line 7, check the box in	Part VI, line 1b	, and complete t	that part using a	

Part		instr	<u>uctio</u>	ns)
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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		14,1	<u> 66.</u>
	here ► X and enter 1% of Part I, line 27b			
С	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-)			0.
3	Add lines 1 and 2		14,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		7 4 7	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		14,1	.66.
6	Credits/Payments:			
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 14,096.			
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
_d	Backup withholding erroneously withheld		3.4.0	20.6
7	Total credits and payments. Add lines 6a through 6d		14,0	196.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			70.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			0.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 0. Refunded 11			
	VII-A Statements Regarding Activities	$\overline{}$	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		165	X
	participate or intervene in any political campaign?	1a	1	├ ^
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c	ļ	×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ĺ	
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		Ì	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		İ	
	on foundation managers. ▶ \$			
2	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.	2		×
3	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.	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	t	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			l
	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	×	\ <u></u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	i
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
L	IN			
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 <i>General Instruction G?</i> If "No," attach explanation	8b		
			 ^	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			<u>'</u>
	complete Part XIV	9	L	×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		×

Part	VIFA Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		×	
	Website address ► N/A			· -
14	The books are in care of ▶ Karen E Saboe Telephone no. ▶ (843) Located at ▶ 216 Confederate Circle Charleston SC ZIP+4 ▶ 2940	303-	0621	·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		•	_
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	_	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(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)?			
	(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 termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		×
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □		l	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ļ	<u> </u>
	were not corrected before the first day of the tax year beginning in 2019?	1c	-	×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
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.)	_	 	
_	·	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. ▶ 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
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 2019?		_	¥

Part	t VII-B Statements Regarding Activit	es for V	Vhich Form	4720	May Be R	equire	d (conti	nued)			
5a	During the year, did the foundation pay or inci							<u> </u>		Yes	No
	(1) Carry on propaganda, or otherwise attemp	t to influe	ence legislatio	on (sect	ion 4945(e))? .	☐ Yes	⊠ No			
	(2) Influence the outcome of any specific pul	olic elect	ion (see secti	ion 495	5); or to ca	arry on	ì				
	directly or indirectly, any voter registration	drive?					Yes Yes	⊠ No			ı
	(3) Provide a grant to an individual for travel,	tudy, or	other similar (purpos	es?		🗌 Yes	⊠ No			
	(4) Provide a grant to an organization other the					ribed ir	1				
	section 4945(d)(4)(A)? See instructions .						☐ Yes	⊠ No			;
	(5) Provide for any purpose other than religio						ļ]
	purposes, or for the prevention of cruelty t						Yes	X No	1		!
b	If any answer is "Yes" to 5a(1)-(5), did any of							scribed			
	in Regulations section 53.4945 or in a current					ee instr	uctions	• • •	5b		
	Organizations relying on a current notice rega	_									l
С	If the answer is "Yes" to question 5a(4), doe						_	_			
	because it maintained expenditure responsibil	=	=			• •	∐ Yes	∐ No			
_	If "Yes," attach the statement required by Reg										
6a	Did the foundation, during the year, receive at	iy tunas,	airectly or in	airectiy	, to pay pro	emiums	_	S			
	on a personal benefit contract?						. ∐ Yes	_⊠ No			
Ь	Did the foundation, during the year, pay premi	ums, aire	ectly or indire	ctiy, on	a persona	peneti	contract	٠, ١	6b	<u> </u>	×
70	If "Yes" to 6b, file Form 8870.	on a nort	v to a probibit	ad tay a	holtor trans	action?	□ ves	VIN-			
7a b	At any time during the tax year, was the foundat If "Yes," did the foundation receive any procei	-							7b	<u> </u>	J
8	Is the foundation subject to the section 4960								10		
	remuneration or excess parachute payment(s)							⊠ No			
Pari	t VIII Information About Officers, Dire									ees.	<u>'</u>
	and Contractors	,	,			-g,				,	
4	List all officers, directors, trustees, and fou										
•	List all Officers, directors, trustees, and fou	ngation	managers ar	id their	compens	ation. :	see instri	uctions	i.		
		(b) Tit	le, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expe	nse acc	count,
	(a) Name and address	(b) Tit		(c) Co		(d) emple		s to plans	(e) Expe	ense acc allowan	
Free		(b) Tit hou devo	le, and average urs per week	(c) Co	mpensation not paid,	(d) emple	Contribution byee benefit	s to plans	(e) Expe		
	(a) Name and address	(b) Title hou devo	le, and average urs per week ted to position ./Dir 1.00	(c) Co	mpensation not paid,	(d) emple	Contribution byee benefit	s to plans	(e) Expe		
216 Kare	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams	(b) Title hou devo	le, and average urs per week ted to position ./Dir 1.00 irector	(c) Co	mpensation not paid, ter -0-)	(d) emple	Contribution byee benefit	s to plans ensation	(e) Expe		ces
216 Kare 216	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940	(b) Tite hou devote Pres 7 VP/D	le, and average urs per week ted to position ./Dir 1.00 irector 1.00	(c) Co	mpensation not paid, ter -0-)	(d) emple	Contribution byee benefit	s to plans ensation	(e) Expe		ces
216 Kare 216 Kare	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe	(b) Tith hou devoted Press 7 VP/D 7 Secretary	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir	(c) Co	mpensation not paid, ter -0-)	(d) emple	Contribution byee benefit	os to plans ensation 0.	(e) Expe		0. 0.
216 Kare 216 Kare	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940	(b) Tith hou devoted Press 7 VP/D 7 Secretary	le, and average urs per week ted to position ./Dir 1.00 irector 1.00	(c) Co	mpensation not paid, ter -0-)	(d) emple	Contribution byee benefit	s to plans ensation	(e) Expe		0.
216 Kare 216 Kare 216	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe	(b) Tith hou devoted Press 7 VP/D 7 Secretary	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Co	mpensation not paid, ter -0-) 0.	(d) emple	Contribution byee benefit	os to plans ensation O. O.	(e) Expe		0. 0.
216 Kare 216 Kare 216 See	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe Confederate Circle Charleston SC 2940 Statement	(b) Titt hou devote Pres 7 VP/D 7 Secre 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Co (if r en	on pensation not paid, ter -0-) O. O.	(d) emple and def	Contribution byee benefit erred compe	s to plans ensation 0.	(e) Expe	allowan	0. 0.
216 Kare 216 Kare 216	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ	(b) Titt hou devote Pres 7 VP/D 7 Secre 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Co (if r en	on pensation not paid, ter -0-) O. O.	(d) emple and def	Contribution byee benefit erred compe	s to plans ensation 0.	(e) Expe	allowan	0. 0.
216 Kare 216 Kare 216 See	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe Confederate Circle Charleston SC 2940 Statement	(b) Titt hou devote Pres 7 VP/D 7 Secre 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Co (if r en	on pensation not paid, ter -0-) O. O.	(d) emple and def	Contribution byee benefit erred compe	0. 0. 0. cuctions	(e) Expe	allowan	0. 0.
216 Kare 216 Kare 216 See	(a) Name and address d W Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those	(c) Co (lf r en	0. 0. 0. uded on li	(d) emple and def	contribution byee benefit erred compe see instr (d) Contribut employee	o. O. O. utions to benefit	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en A Reams Confederate Circle Charleston SC 2940 en E Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 ner than thos	(c) Coi (lf r en	on pensation not paid, ter -0-) O. O.	(d) emple and def	Contribution byee benefit erred compe see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 See 2	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 See 2	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	0. 0. 0. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	O. O. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter
216 Kare 216 Kare 216 See	(a) Name and address d. W. Reams Confederate Circle Charleston SC 2940 en. A. Reams Confederate Circle Charleston SC 2940 en. E. Saboe Confederate Circle Charleston SC 2940 Statement Compensation of five highest-paid employ "NONE."	(b) Titt hou devot Pres 7 VP/D 7 Secr 7	le, and average urs per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00 22.00 her than those hours per week ted to position ./Dir 1.00 irector 1.00 etary/Dir 15.00	(c) Coi (lf r en	O. O. uded on li	(d) emple and def	see instr	o. O. O. utions to benefit deferred	(e) Experiments	one,	0. 0. 0. enter

Part VIII Information Ab and Contractor	out Officers, Directors, Trustees, Foundars (continued)	tion Managers, Highly Paid Em	ployees,
	endent contractors for professional services. Se	e instructions. If none, enter "NONI	E."
	ss of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Buckhead Capital Mana Peachtree Pointe Suite 550,	gement 1545 Peachtree Road, NE Atlanta GA 30309	Investment Advisors, Asset Management	128,679.
Wappoo Creek Consulti		See statement Part VIII line 3(b)	
216 Confederate Circl			56,000.
			
Fotal number of others receiving	g over \$50,000 for professional services		0
Part IX-A Summary of I	Direct Charitable Activities		
	ect chantable activities during the tax year. Include relevant s served, conferences convened, research papers produced, et		Expenses
1 N/A		<u> </u>	
			0.
2			
3			
4			
	Program-Related Investments (see instruc		
Describe the two largest program-relations in N/A	ated investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
N/A			
			0.
2			
All other program-related investments	s. See instructions.		
3 <u>N/A</u>			
	·····		0.
Fotal. Add lines 1 through 3 .	· · · · · · · · · · · · · · · · · · ·	.	0.
A A	PEV 06/02/20 PPO		Form 990-PF (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fo	undations,
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	26,606,862.
b	Average of monthly cash balances	1b	141,026.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	26,747,888.
е	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	26,747,888.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		· · · · · · · · · · · · · · · · · · ·
	instructions)	4	401,218.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,346,670.
6	Minimum investment return. Enter 5% of line 5	6	1,317,334.
Part		ound	
1	Minimum investment return from Part X, line 6	1	1,317,334.
2a	Tax on investment income for 2019 from Part VI, line 5		
, b	Income tax for 2019. (This does not include the tax from Part VI.) 2b]	
C	Add lines 2a and 2b	2c	14,166.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,303,168.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,303,168.
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	1,303,168.
Part	XII Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,402,579.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,402,579.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	14,166.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,388,413.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	
			- 000 DE

Part	XIII Undistributed Income (see instruction	ns)			
	•	(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				1,303,168.
2	Undistributed income, if any, as of the end of 2019:	-			
а	Enter amount for 2018 only			1,303,927.	
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2019:	•			
a	From 2014	1			
b	From 2015 0 .				
С	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through c	0.			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,402,579.				
а	Applied to 2018, but not more than line 2a .			1,303,927.	
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	0.			
d	Applied to 2019 distributable amount				98,652.
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2019 (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:		-		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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.		
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				1,204,516.
7	Amounts treated as distributions out of corpus				1,204,310.
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				,
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				- 1
а	Excess from 2015				
b	Excess from 2016 0 .				1
C	Excess from 2017 0 .	1			1
d	Excess from 2018 0.	:			
е	Excess from 2019 0 .	1			

Part	XIV Private Operating Foundar	tions (see instru	ctions and Part	VII-A guestion 9	<u> </u>	N/A
	If the foundation has received a ruling					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the four		_		ection 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) rotal
	each year listed					
b	85% of line 2a					ļ. <u>-</u> .
C	Qualifying distributions from Part XII,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
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					<u> </u>
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					
Part				the foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ıs.)			
1	Information Regarding Foundation			0/ -5454-4-14		ha dha fa malatan
а	List any managers of the foundation velocities before the close of any tax year (but of					by the foundation
	Fred W Reams	iny in they have oc	margarea more t	nan 40,000). (000 3	collor 007 (d)(2).)	
	List any managers of the foundation					arge portion of the
1	ownership of a partnership or other er	ility) of which the	IOUIIGATION NAS A	10% or greater into	erest.	
2	NONE Information Regarding Contribution	Grant Gift Los	n Scholarshin	etc Programs:		
_	Check here ► 🗵 if the foundation				organizations and	I does not accept
	unsolicited requests for funds. If the fo	•	•		•	•
	complete items 2a, b, c, and d. See in	structions.			-	
а	The name, address, and telephone nu	mber or email add	dress of the person	on to whom applica	tions should be a	ddressed:
	-	1 h he t				
b	The form in which applications should	be submitted and	d information and	I materials they sho	uld include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on aw factors:	vards, such as by	y geographical a	areas, charitable fie	elds, kinds of ins	stitutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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	Foundation status of	Purpose of grant or	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
Ed Choice			General				
111 Monument Circle, Suite 2650	None	Public Charity					
Indianapolıs IN 46204				315,000.			
Goldwater Institute			General				
500 E Coronado Rd	None	Public Charity					
Phoenix AZ 85004				70,000.			
CATO Institute		1	General				
1000 Massachusetts Ave NW	None	Public Charity					
Washingon DC 20001				40,000.			
Institute for Justice		<u> </u>	General				
901 Glebe Road Suite 900	None	Public Charity					
Arlington VA 22203				100,000.			
Heritage Fund			General				
538 Franklin Street	None	Public Charity					
Columbus IN 47202				5,000.			
Healthy LifeStars	1		General				
1645 E Missouri Ave #330	None	Public Charity					
Phoenix AZ 85016		•		5,000.			
State Policy Network			General	,			
1655 North Fort Myer DriveSuite 360		Public Charity					
Arlington VA 22209				70,000.			
Reason	i		General	.,			
5737 Mesmer Avenue		Public Charity					
Los Angeles CA 90230-6316		·		60,000.			
Mackinac Center for Public Policy			General	·			
140 West Main Street		Public Charity					
Midland MI 48640		•		120,000.			
See Statement				ŕ			
				522,000.			
				, , , , , , , , , , , , , , , , , , , ,			
Total		· · ·	<u> ▶ 3a</u>	1,307,000.			
b Approved for future payment							
,							
1							
	<u> </u>	L					
Total			▶ 3b				

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

· · · · · · · · · · · · · · · · ·	tions Fald During the		, , , , , , , , , , , , , , , , , , , 	
Recipient name and address (home or business)	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
a Paid during the year		•		
Leadership Institute 1101 North Highland Street Arlington, VA 22201		Public Charity	General	20,000.
Foundation for Economic Education 1819 Peachtree Road NE, Suite 300 Atlanta, GA 30309		Public Charity	General	100,000.
Acton Institute 98 E. Fulton Street Grand Rapids, MI 49503		Public Charity	General	50,000.
Family Paws Rescue 3921 Miramar Avenue NE Grand Rapids, MI 49525		Public Charity	General	2,500.
FIRE 510 Walnut Street, Suite 1250 Philadelphia, PA 29407		Public Charity	General	50,000.
Verde Cares 18934 E. Avenida Del Ray, Suite 106 Rio Verde, AZ 85263		Public Charity	General	10,000.
College of Charleston Foundation 66 George Street Charleston, SC 29424-0001		Public Charity	General	2,500.
Stand Together Chamber of Commerce Inc 2300 Wilson Blvd Arlington, VA 22201-5424		Public Charity	General	270,000.
Alpha Omicron Pi Foundation 5390 Virginia Way Brentwood, TN 37027		Public Charity	General	5,000.
Church of the Nativity 1061 Folly Road Charleston, SC 29412		Public Charity	General	2,500.
Hillsdale College 33 E College St Hillsdale, MI 49242		Public Charity	General	5,000.
Michigan Maritime Museum 260 Dyckman Ave South Haven, MI 49090		Public Charity	General	2,000.
Sjogren's Syndrome Foundation 10701 Parkridge Blvd, Suite 170 Reston, VA 20191		Public Charity	General	2,500.

522,000.

	r gros	s amounts unless otherwise indicated.	ted. Unrelated business income Excluded by section 512, 513, or 5		on 512, 513, or 514	(e)	
1	Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.)
-	a						
	b _						
	_						
	_						
	e _						
	f						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments					
4	Divid	ends and interest from securities			14	703,048.	
5		ental income or (loss) from real estate:					
		ebt-financed property					
	b N	ot debt-financed property					_
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue: a					
	ь _						
	c _						
	d _						
	e _						
12	Subto	otal. Add columns (b), (d), and (e)			<u> </u>	703,048.	
		I. Add line 12, columns (b), (d), and (e)				13	703,048.
	t XVI	sheet in line 13 instructions to verify calculation			4 D		
Line			<u>-</u>	<u>_</u>		-A contributed in	moortantly to the
	e NO. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	ctions.)
	▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	etions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
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	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	tions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	etions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	etions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	etions.)
	▼	<u> </u>	poses (other tha	n by providing fun	as for such purp	oses). (See instruc	etions.)

Part	XVII	Information Organization	n Regarding Trar ons	nsfers to	and Trans	action	ns and F	Relationshi	ps With I	Nonchar	itabl		
1			directly or indirectly									Yes	No
			ther than section	501(c)(3)	organization	ns) or	in secti	on 527, re	lating to	political			
_	_	nizations?			ماطمئات	4	!*!	-£.					
а		•	porting foundation to								10(1)		<u> </u>
		ther assets .									1a(1) 1a(2)		×
b		r transactions:								• •	14(2)		<u> </u>
			a noncharitable exe	empt organ	nization						1b(1)		×
			ets from a noncharit								1b(2)	_	×
			, equipment, or othe		-						1b(3)	_	×
			rrangements								1b(4)	$\overline{}$	×
			rantees								1b(5)	-	×
		_	ervices or membersh								1b(6)	_	×
С	Shari	ing of facilities, e	quipment, mailing li	sts, other	assets, or pa	id emp	oloyees				1¢		×
d	If the	answer to any	of the above is "Ye	s," comple	ete the follov	ving s	chedule.	Column (b)	should alw	ays show	the	fair m	arket
			ther assets, or servi on or sharing arrang										
(a) Line	no	(b) Amount involved	(c) Name of nonc	haritable exe	mpt organizatior	1	(d) Desc	nption of transfe	ers, transactio	ns, and shar	nng arr	angem	ents
	_												
	_												
							_						
													
	-												.
											_		
	+								-				
	-+												
	\rightarrow												
								-					
	desc	ribed in section 5 es," complete the	ectly or indirectly a 501(c) (other than se following schedule	ction 501((c)(3)) or in se	ection 5		ore tax-exe	mpt organ	izations 	□ Y	es 🗵] No
		(a) Name of organ	ization		(b) Type of orga	nization			(c) Description	on of relation	ship		
							_						
								-					
							_						
	Unde	er penalties of penury. I	declare that I have examine	ed this return.	including accomi	anving s	chedules and	statements and	d to the best of	my knowled	ne and	helief it	is triio
Sign			aration of preparer (other th										
Here		SEE NOTE	POLLOWING	lo	07/10/2020	PR	ESIDEN'	י		May the IR with the pri	eparer s	shown b	elow?
		ature of officer or trus			Date	Trtle	<u> </u>			See instruc	tions	X Yes∣	□No
Do: 4		Print/Type preparer	's name	Preparer's	s signature			Date	T _a .	. (V) . P	NIT		
Paid		Karen E Sa	iboe		•				Self-	k 🔀 if P		3920	Λ
Prepa		Firm's name	Karen E Sabo	<u></u>					Firm's EIN		<u> </u>	1143	<u> </u>
Use C	<i>-</i> illy	Firm's address ▶	216 CONFEDER		CLE				 	(843)30	3-0	621	
BAA			CHARLESTON			SC	29407	- 				0-PF	(2019)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2019

Employer identification number

The Reams Foundation, Inc. 35-1933846 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ■ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Name of organization

The Reams Foundation, Inc.

Employer identification number
35-1933846

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Fred William Reams 3362 Pheasant Canyon Way #1005 Laughlin NV 89029	\$ 4,508,300.	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

35-1933846

The Reams Foundation, Inc.

Part II · Noncash Property (see instructions). Use duplicate copies 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	80,000 shares of Jabil Inc.		
		\$ 2,824,800.	09/25/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	50,000 shares of Bank of America Corp.		
		\$ 1,683,500.	12/09/2019
(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
		\$	
	REV 06/02/20 PRO	Sobodulo D./F.	orm 990, 990-E7, or 990-BE) /2019

Name of org	ganization	******	- , , , , , , , , , , , , , , , , , , ,		Employer identification number			
	ms Foundation, Inc.				35-1933846			
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for t	or the year from any ations completing Pa	one contributor. art III, enter the total	Complete I of <i>exclus</i>	columns (a) through (e) and ively religious, charitable, etc.,			
	Use duplicate copies of Part III if ad	ditional space is nee	ded.					
(a) No. from Part I	(b) Purpose of gift	(c) Use			scription of how gift is held			
					·			
	Transferee's name, address, a		fer of gift Relation	nship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De	scription of how gift is held			
			•••••					
	(e) Transfer of gift							
_	Transferee's name, address, a		_	nship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De	scription of how gift is held			
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee					
}			1.0.2.10					
(a) No.		T						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De	scription of how gift is held			

-								
	Transferee's name, address, a		fer of gift Relation	nship of tra	nsferor to transferee			
					•••••			
1								

The Reams Foundation, Inc.

Form 990-PF: Return of Private Foundation

Continuation Statement Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

	Calibration managers, might I am Employees, and Collination	ging I am Limployees, o		Continuation oracentent
Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Matthew D. Reams	Director	0.	0	0.
216 Confederate Circle	20.00			
Charleston, SC 29407				
Kristen A Carter	Director	0.	0	0.
216 Confederate Circle	1.00			
Charleston, SC 29407				
Kimberly A Cole	Director	0.	0	0.
216 Confederate Circle	1.00			
Charleston, SC 29407				
		0.	0	0.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Excise Taxes	2,917.			
Total	2,917.		·	

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Office expenses	110.			110.
Total	110.			110.

Form 990-PF Part I, Lines 16a - 16c

Legal and Professional Fees

Name 、	Employer Identification No
The Reams Foundation, Inc.	35-1933846

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
otal to Form 990	-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Wappoo Creek Consulting	ACCOUNTING AND COMPLIANCE	56,000.			56,000.
Total to Form 990-	PF, Part I, Line 16b	56,000.			56,000.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Buckhead Capital	Asset management	128,679.	128,679.		
		100 670			
lotal to Form 990-	PF, Part I, Line 16c	128,679.	128,679.		

Investments

Name · The Reams Foundation, Inc.				Employer Identification No 35-1933846	
Line 10a - Investments - US and State Government Obligations:	Obligations Obligations		US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV
US Treasury Bills 9862 US Treasury Bills 4130 US Treasury Bills 4130 US Treasury Bills 4130 Tot to Fm 990-PF, Pt II, Ln 10a			1,726, 144, 1,011, 1,023, 3,906,	446.	1,729,189. 144,796. 1,008,201. 1,026,518. 3,908,704.
Line 10b - Investme	ents - Corporate	Stock:	Bool Value	<	f Year Fair Market Value
SEE STATEMENT LINE 10B			15,279,285.		20,583,415.
Totals to Form 990-PF, Part II, Line 10b			15,279,	285.	20,583,415.
Line 10c - Investments - Corporate Bonds:		End of Book Value		f Year Fair Market Value	
Credit Suisse Floating Fidelity Floating Rate Lord Abbett Floating				083. 050.	986,667. 792,484. 965,066.
Totals to Form 990-PF, Part II, L	ine 10c		2,799,		2,744,217.
Line 12 - Investments - Mortgage Ioans:		End o Book Value		f Year Fair Market Value	
Totals to Form 990-PF, Part II, L	ine 12				
Line 13 - Inve	stments - Other:		Book Value	•	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 13				

Additional information from your 2019 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 1(a)

Itemization Statement

Description	Amount
Jabil 80,000 shares	2,824,800.
Bank of America 50,000 shares	1,683,500.
Total	4,508,300.