

29491256028.8 0

Form **990-PF**

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

OMB No 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2019 or tax year beginning , and ending

Name of foundation <b>DARRELL AND PATRICIA STEAGALL FAMILY FOUNDATION</b>		A Employer identification number <b>56-2061059</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>355 SOUTH NEW HOPE ROAD, SUITE 302</b>	Room/suite	B Telephone number (see instructions) <b>704-616-3061</b>
City or town, state or province, country, and ZIP or foreign postal code <b>GASTONIA NC 28054</b>		C If exemption application is pending, check here ▶ <input type="checkbox"/> <b>6</b>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, check here ▶ <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <b>04</b> <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>2,630,384</b> (Part I, column (d), must be on cash basis)	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	787	787		
	4 Dividends and interest from securities		55,134		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a	1,270,512			
	7 Capital gain net income (from Part IV, line 2)		78,727		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	134,648	134,648	0	
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 Legal fees (attach schedule)				
	17 Accounting fees (attach schedule) <b>STMT 1</b>	1,350			1,350
	18 Other professional fees (attach schedule) <b>STMT 2</b>	24,519	24,519		
	19 Interest				
	20 Taxes (attach schedule) (see instructions) <b>STMT 3</b>	945	945		
	21 Depreciation (attach schedule) and depletion				
	22 Occupancy				
	23 Travel, conferences, and meetings				
	24 Printing and publications				
	25 Other expenses (att sch)				
	26 Total operating and administrative expenses. Add lines 13 through 23	26,814	25,464	0	1,350
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-15,566			
	b Net investment income (if negative, enter -0-)		109,184		
				0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

**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
<b>Assets</b>	1 Cash – non-interest-bearing	98,754	145,607	145,607
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶	0		
	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) <b>SEE STMT 4</b>	2,148,463	2,094,687	2,484,777
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶			
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers – see the instructions Also, see page 1, item I)	2,247,217	2,240,294	2,630,384	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	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 ▶)			
	23 <b>Total liabilities</b> (add lines 17 through 22)	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> ▶ <input type="checkbox"/>			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> ▶ <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg, and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	2,247,217	2,240,294	
	29 <b>Total net assets or fund balances</b> (see instructions)	2,247,217	2,240,294	
	30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	2,247,217	2,240,294	

**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 29 (must agree with end-of-year figure reported on prior year's return)	1	2,247,217
2 Enter amount from Part I, line 27a	2	-15,566
3 Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 5</b>	3	8,643
4 Add lines 1, 2, and 3	4	2,240,294
5 Decreases not included in line 2 (itemize) ▶	5	
6 <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) – Part II, column (b), line 29	6	2,240,294

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> <b>RAYMOND JAMES (78651179)</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
<b>b</b> <b>RAYMOND JAMES (78651179)</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
<b>c</b> <b>RAYMOND JAMES (78651179)</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> <b>290,945</b>		<b>293,620</b>	<b>-2,675</b>
<b>b</b> <b>976,564</b>		<b>898,165</b>	<b>78,399</b>
<b>c</b> <b>3,003</b>			<b>3,003</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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			<b>-2,675</b>
<b>b</b>			<b>78,399</b>
<b>c</b>			<b>3,003</b>
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	<b>78,727</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div> <div>If gain, also enter in Part I, line 8, column (c). See instructions.</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	<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 doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see the 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))
2018	<b>103,000</b>	<b>2,541,628</b>	<b>0.040525</b>
2017	<b>96,387</b>	<b>2,261,848</b>	<b>0.042614</b>
2016	<b>96,849</b>	<b>2,005,131</b>	<b>0.048301</b>
2015	<b>85,105</b>	<b>2,012,417</b>	<b>0.042290</b>
2014	<b>71,900</b>	<b>1,851,049</b>	<b>0.038843</b>

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>0.212573</b>
<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>	<b>0.042515</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	<b>2,514,187</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>106,891</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>1,092</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>107,983</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	<b>124,750</b>

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.

3

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <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	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	1	1,092
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	0
3	Add lines 1 and 2	3	1,092
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	1,092
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	2,332
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	2,332
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	1,240
11	Enter the amount of line 10 to be <b>Credited to 2020 estimated tax</b> <b>1,240</b> <b>Refunded</b>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ (2) On foundation managers \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed 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		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions <b>NC</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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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

- 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions
- 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
- 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► **N/A**

	Yes	No
11		<input checked="" type="checkbox"/>
12		<input checked="" type="checkbox"/>
13	<input checked="" type="checkbox"/>	

- 14 The books are in care of ► **DARRELL & PATRICIA STEAGALL**  
**355 SOUTH NEW HOPE ROAD**

Telephone no ► **704-867-7344**Located at ► **GASTONIA**

NC

ZIP+4 ► **28054**

- 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

► **15**

- 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►

	Yes	No
16		<input checked="" type="checkbox"/>

**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.

- 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 ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ No
- (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) ☐ Yes ☒ No
- b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here **N/A** ► ☐
- c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? **N/A**
- 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))
- a 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? ☒ Yes ☐ No  
If "Yes," list the years ► 20 **17**, 20, 20, 20
- 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** ☒
- c 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? ☐ Yes ☒ No
- b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019 ) **N/A**
- 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
- 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?

	Yes	No
1a		
1b		
1c		
2a		
2b	<input checked="" type="checkbox"/>	
2c		
3a		
3b		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>

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

	Yes	No
<b>5a</b> During the year did the foundation pay or incur any amount to		
(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 any 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. Organizations relying on a current notice regarding disaster assistance, check here	N/A	
<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)	N/A <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>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	6b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<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>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<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(s) 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****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(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 STATEMENT 6				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***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
NONE		

Total number of others receiving over \$50,000 for professional services

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> N/A	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

Total. Add lines 1 through 3



**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>	2,421,995
<b>b</b>	Average of monthly cash balances	<b>1b</b>	130,479
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	2,552,474
<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>	2,552,474
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	38,287
<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>	2,514,187
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	125,709

**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>	125,709
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5	<b>2a</b>	1,092
<b>b</b>	Income tax for 2019 (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,092
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	124,617
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	124,617
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	124,617

**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>	124,750
<b>b</b>	Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<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>	124,750
<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>	1,092
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	123,658

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2018 from Part XI, line 7				<b>124,617</b>
<b>2</b> Undistributed income, if any, as of the end of 2019				
<b>a</b> Enter amount for 2018 only			<b>124,749</b>	
<b>b</b> Total for prior years 20 <u>15</u> , 20 _____, 20 _____		<b>3,651</b>		
<b>3</b> Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017				
<b>e</b> From 2018				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>124,750</u>				
<b>a</b> Applied to 2018, but not more than line 2a			<b>124,749</b>	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2019 distributable amount				<b>1</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<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				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		<b>3,651</b>		
<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		<b>3,651</b>		
<b>d</b> Subtract line 6c from line 6b Taxable amount – see instructions				
<b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount – see instructions				
<b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				<b>124,616</b>
<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)				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017				
<b>d</b> Excess from 2018				
<b>e</b> Excess from 2019				

**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 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(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) 2019	(b) 2018	(c) 2017	(d) 2016	
<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) )  
**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
**NONE**

**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 email address of the person to whom applications should be addressed  
**DARRELL & PATRICIA STEAGALL 704-867-7344**  
**355 SOUTH NEW HOPE ROAD GASTONIA NC 28054**

**b** The form in which applications should be submitted and information and materials they should include  
**SEE STATEMENT 7**

**c** Any submission deadlines  
**N/A**

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

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

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
<b>a Paid during the year</b>				
<b>ALZHEIMER'S FOUNDATION</b> 322 EIGHT AVENUE NEW YORK NY 10001	N/A	501 (C) (3)	ALZHEIMER'S RESEARCH	
<b>AMERICAN FOREST FOUNDATION</b> 1111 NINETEENTH STREET NW WASHINGTON DC 20036	N/A	501 (C) (3)	FOREST SUSTAINABILITY	1,000
<b>ANTI DEFAMATION LEAGUE OF ATLANTA</b> 3490 PIEDMONT ROW NE ATLANTA GA 30305	NA	501 (C) (3)	ANTI-BULLYING	
<b>ATLANTA EDUCATIONAL</b> 740 BISMARCK ROAD NE ATLANTA GA 30324	N/A	501 (C) (3)	ARTS, CULTURE & HUMANITIES	
<b>ATLANTA SYMPHONY</b> 1280 PEACHTREE STREET ATLANTA GA 30309	N/A	501 (C) (3)	SYMPHONY ORCHESTRA	
<b>BACKPACK WEEKEND</b> 3707 ALLIANCE DRIVE GREENSBORO NC 27407	NA	501 (C) (3)	FEED CHILDREN IN POVERTY	1,000
<b>BAT CONSERVATION INTERNATIONAL</b> P.O. BOX 162603 AUSTIN TX 78716	N/A	501 (C) (3)	BAT CONSERVATION	1,000
<b>BRIGHT BLESSINGS</b> 608-A MATTHEWS-MINT HILL MATTHEWS NC 28105	N/A	501 (C) (3)	SUPPORT HOMELESS CHILDREN	
<b>BRYON F. LEWIS COLLEGE</b>				
<b>CALDWELL COUNTY PATHWAYS INC</b> PO BOX 1954 LENOIR NC 28645	NA		CONSERVATION	1,000
<b>Total</b>			<b>3a</b>	<b>123,400</b>
<b>b Approved for future payment</b> N/A				
<b>Total</b>			<b>3b</b>	

**Part XV** Supplementary Information *(continued)*

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

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
<p><b>a</b> <i>Paid during the year</i></p> <p><b>CARENGIE MELLON</b> 5000 FORBES AVENUE PITTSBURGH PA 15213</p> <p><b>CAROLINA CROSS CONNECTION</b> PO BOX 5723 CONCORD NC 28027</p> <p><b>CENTRAL UNITED</b> 214 NORTH ACADEMY STREET MOORESVILLE NC 28115</p> <p><b>CENTRAL UNITED METHODIST</b> 214 NORTH ACADEMY STREET MOORESVILLE NC 28115</p> <p><b>CHILDREN'S HUNGER FUND</b> 12820 PIERCE STREET PACOIMA CA 91331</p> <p><b>CHRON'S &amp; COLITIS FOUNDATION</b> 386 PARK AVENUE SOUTH NEW YORK NY 10016-8804</p> <p><b>DUNCAN MEMORIAL UNITED METHODIST</b> 901 HIGHMARKET STREET GEORGETOWN SC 29440</p> <p><b>FAMILY PROMISE OF GASTON COUNTY</b> PO BOX 67 GASTONIA NC 28053-0067</p> <p><b>FEEDING AMERICA</b> 35 EAST WACKER DRIVE CHICAGO IL 60601</p> <p><b>FIELDSTONE PRESBYTERIAN</b> 804 FIELDSTONE ROAD ROSWELL GA 30075</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p> <p>501 (C) (3)</p>	<p>UNIVERSITY</p> <p>YOUTH SUMMER CAMP</p> <p>CHURCH</p> <p>BOY SCOUTS</p> <p>FEEDING THE HUNGRY</p> <p>DISEASE RESEARCH</p> <p>CHURCH</p> <p>FEEDING THE HUNGRY</p> <p>FEEDING CHILDREN</p> <p>BOY SCOUTS</p>	<p></p> <p>2,000</p> <p>2,000</p> <p>1,000</p> <p></p> <p></p> <p>4,000</p> <p></p> <p></p> <p>1,000</p>
<p><b>Total</b></p>			<p>► <b>3a</b></p>	
<p><b>b</b> <i>Approved for future payment</i></p> <p>N/A</p>				
<p><b>Total</b></p>			<p>► <b>3b</b></p>	

**Part XV** Supplementary Information (continued)

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

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
<b>a</b> Paid during the year				
<b>FIELDSTONE PRESBYTERIAN CHURCH</b> 804 FIELDSTONE ROAD MOORESVILLE NC 28115	N/A	501 (C) (3)	CHURCH	
<b>FOOD FOR DAYS</b> 224 ROLLING HILLS RD MOORESVILLE NC 28117	N/A	501 (C) (3)	CHILDHOOD HUNGER	1,000
<b>FRIENDS OF RAYMOND JAMES</b> 880 CARILLON HWY ST. PETERSBURG FL 33716	N/A	501 (C) (3)	GENERAL CHARITABLE	
<b>GASTONIA CORNERSTONE</b> 400 EAST FIFTH STREET GASTONIA NC 28053	N/A	501 (C) (3)	ADDICTION RECOVERY	
<b>GASTON COUNTY HEALTH &amp; HUMAN</b> 330 DR. MARTIN LUTHER GASTONIA NC 28052	NONE		HOMELESS SHELTER	
<b>GEORGIA COURT APPOINTED SPECIAL</b> 75 MARIETTA ST NW STE 404 ATLANTA GA 30303	N/A	501 (C) (3)	CHILD ADVOCATES	
<b>GEORGIA DIETETIC FDN</b> 4780 ASHEFORD DUNWOODY RD ATLANTA GA 30338	NONE			6,000
<b>GEORGIA PUBLIC BROADCASTING</b> 260 14TH STREET NW ATLANTA GA 30318	N/A	501 (C) (3)	RADIO BROADCASTING	2,000
<b>GEORGIA STATE</b> PO BOX 3963 ATLANTA GA 30302	N/A	501 (C) (3)	UNIVERSITY	3,000
<b>HIGH MUSEUM OF ART</b> 1280 PEACHTREE STREET ATLANTA GA 30309	N/A	501 (C) (3)	ART MUSEUM	
<b>Total</b>			▶ 3a	
<b>b</b> Approved for future payment N/A				
<b>Total</b>			▶ 3b	

**Part XV** Supplementary Information (continued)

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

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
<b>a</b> Paid during the year				
<b>HOLY ANGELS</b> 6600 WILKINSON BLVD BELMONT NC 28012-0710	N/A	501 (C) (3)	CARE FOR INTELLECTUALLY DISABLED	21,000
<b>HOPE OF MOORESVILLE</b> PO BOX 434 MOORESVILLE NC 28115	N/A	501 (C) (3)	HOMELESS SHELTER	1,500
<b>HUNTERS FOR THE HUNGRY</b> PO BOX 304 BIG ISLAND VA 24526	N/A	501 (C) (3)	FEEDING THE HUNGRY	2,000
<b>HUNTING FOR HEROES</b> 8426 CLINT DRIVE BELTON MO 64012	N/A	501 (C) (3)	INJURED LAW ENFORCEMENT THERAPY	
<b>MARCH OF DIMES</b> 7506 E. INDEPENDENCE BLVD CHARLOTTE NC 28227	N/A	501 (C) (3)	BIRTH DEFECTS	
<b>MEMORIAL SLOAN KETTERING CANCER</b> 1275 YORK AVENUE NEW YORK NY 10065	N/A	501 (C) (3)	CANCER RESEARCH	
<b>MOORESVILLE CHRISTIAN MINISTRY</b> 266 N. BROAD ST. MOORESVILLE NC 28115	NA	501 (C) (3)	CHRISTIAN OUTREACH	2,000
<b>MOORESVILLE SOUP KITCHEN</b> PO BOX 5173 MOORESVILLE NC 28117	N/A	501 (C) (3)	FEEDING THE HUNGRY	2,000
<b>MYERS MEMORIAL</b> 301 SOUTH NEW HOPE ROAD GASTONIA NC 28054	N/A	501 (C) (3)	CHURCH	3,000
<b>MYERS MEMORIAL</b> 301 SOUTH NEW HOPE ROAD GASTONIA NC 28054	N/A	501 (C) (3)	COLUMBARIUM	
<b>Total</b>			▶ 3a	
<b>b</b> Approved for future payment N/A				
<b>Total</b>			▶ 3b	

**Part XV** Supplementary Information *(continued)*

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

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
<b>a</b> <i>Paid during the year</i>				
<b>MYERS MEMORIAL</b> 301 SOUTH NEW HOPE ROAD GASTONIA NC 28054	N/A	501 (C) (3)	CHURCH - TOWER FUND	
<b>NATIONAL WILD TURKEY</b> PO BOX 530 EDGEFIELD SC 29824	N/A	501 (C) (3)	CONSERVATION & HUNTING ORGANIZATION	
<b>NC STATE STUDENT AID ASSOCIATION</b> 5400 TRINITY ROAD RALEIGH NC 27607	N/A	501 (C) (3)	UNIVERISTY STUDENT AID	5,000
<b>NCSU FOUNDATION</b> CAMPUS BOX 7474 RALEIGH NC 27695-7474	N/A	501 (C) (3)	UNIVERSITY ADVANCEMENT	5,000
<b>OUTREACH FARMS</b> PO BOX 644 PAWLEY'S ISLAND SC 29585	N/A	501 (C) (3)	FEEDING THE HUNGRY	
<b>PUBLIC BROADCASTING, ATLANTA</b> 740 BISMARCK RD NE ATLANTA GA 30324	N/A	501 (C) (3)	RADIO STATION	
<b>QUAIL FOREVER</b> 1783 BUERKLE CIRCLE ST. PAUL MN 55110	N/A	501 (C) (3)	QUAIL CONSERVATION	
<b>ROSWELL UNITED METHODIST CHURCH</b> 814 MIMOSA BOULEVARD ROSWELL GA 30075	N/A	501 (C) (3)	CHURCH	
<b>SALVATION ARMY</b> 107 S. BROAD STREET GASTONIA NC 28052	N/A	501 (C) (3)	FIGHTING POVERTY	5,400
<b>SALVATION ARMY</b> 1424 NORTHEAST EXPRESSWAY ATLANTA GA 30329	NONE		FEED & HOUSE POOR	
<b>Total</b>			▶ 3a	
<b>b</b> <i>Approved for future payment</i>				
N/A				
<b>Total</b>			▶ 3b	

**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> Paid during the year				
SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DR. GEORGETOWN SC 29440	N/A	501 (C) (3) FIGHTING	POVERTY	
SCHIELE MUSEUM 1500 E. GARRISON BLVD GASTONIA NC 28054	N/A	501 (C) (3)	MUSEUM	1,000
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA FL 33607	N/A	501 (C) (3)	HOSPITAL	4,000
SMITH MEDICAL CLINIC 116 BASKERVILL DR. PAWLEY'S ISLAND SC 29585	N/A	501 (C) (3)	MEDICAL CENTER	2,000
SPRINGMONT SCHOOL 5750 LONG ISLAND DRIVE ATLANTA GA 30327	NA	501 (C) (3)	EDUCATIONAL	10,000
SPRINGMONT MONTESSORI SCHOOL 5750 LONG ISLAND DRIVE NW ATLANTA GA 30327	N/A	501 (C) (3)	MONTESSORI SCHOOL	
ST. CHRISTOPHER'S CHILDREN 14323 OCEAN HWY, STE 4143 PAWLEY'S ISLAND SC 29585	N/A	501 (C) (3) CLOTHING & MEDICAL CARE FOR	CHILDREN	2,000
ST. JUDES CHILDREN'S HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS TN 38105	N/A	501 (C) (3) CHILDREN'S	HOSPITAL	5,000
THAKO				1,000
THE CHRISTIAN MISSION PO BOX 62 MOORESVILLE NC 28115	N/A	501 (C) (3) FEEDING THE HUNGRY		
Total			▶ 3a	
<b>b</b> Approved for future payment				
N/A				
Total			▶ 3b	



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

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
<b>a Paid during the year</b>				
<b>THE DRAKE HOUSE OF ROSWELL</b> 10500 CLARA DRIVE ROSWELL GA 30075	N/A	501 (C) (3)	HOMELESS SHELTER	
<b>THE SHELTER OF GASTON</b> 330 NORTH MARIETTA STREET GASTONIA NC 28052	N/A	501 (C) (3)	HOUSING FOR BATTERED WOMEN	2,000
<b>THE UNITED METHODIST CHILDREN'S</b> 500 S. COLUMBIA DR. DECATUR GA 30030	N/A	501 (C) (3)	CHILD TRAUMA RESTORATION	
<b>THE V FOUNDATION</b> 106 TOWERVIEW COURT CARY NC 27513	N/A	501 (C) (3)	CANCER RESEARCH	2,000
<b>TOMORROW FOR HAITIAN KIDS</b> 2509 LOWELL BETHESDA ROAD GASTONIA NC 28056	N/A	501 (C) (3)	SUPPORT IMPOVERISHED CHILDREN	
<b>UMCOR</b> 475 RIVERSIDE DRIVE NEW YORK NY 10115	N/A	501 (C) (3)	HUMAN SUFFERING	2,000
<b>UNIVERSITY OF NORTH</b> PO BOX 309 CHAPEL HILL NC 27514	N/A	501 (C) (3)	UNIVERSITY MEDICAL HOSPITAL	
<b>UNIVERSITY OF PITTSBURGH</b> 128 NORTH CRAIG STREET PITTSBURGH PA 15260	N/A	501 (C) (3)	UNIVERSITY	1,000
<b>WE ARE ZOE</b> 700 WATERFIELD RIDGE PLAC GARNER NC 27529	NONE		CHILDREN IN POVERTY	8,500
<b>WEST JOHNSON PARSONS FOUNDATION</b> 1020 TALAHASSEE ROAD ALBANY GA 31721	N/A	501 (C) (3)	STUDENT ENRICHMENT	
<b>Total</b>			<b>3a</b>	
<b>b Approved for future payment</b> N/A				
<b>Total</b>			<b>3b</b>	

**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 Paid during the year</b>				
<b>WOUNDED WARRIOR PROJECT</b> 4899 BELFORT ROAD JACKSONVILLE FL 32256	N/A	501 (C) (3)	AID FOR WOUNDED VETS	1,000
<b>FELLOWSHIP OF CHRISTIAN ATHLETES</b> 8701 LEEDS RD. KANSAS CITY MO 64129	N/A	501 (C) (3)	CHRISTIAN EVANGELISM	
<b>UNITED OSTOMY ASSOCIATION</b> PO BOX 525 KENNEBUNK ME 04043-0525	N/A	501 (C) (3)		2,000
<b>ROTARY CLUB OF GSATON COUNTY</b> PO BOX 33 GASTONIA NC 28053	N/A	501 (C) (3)	COMMUNITY SERVICE	1,000
<b>ATLANTA COMMUNITY FOOD BANK</b> 3400 NORTH DESERT DRIVE ATLANTA GA 30344	N/A	501 (C) (3)	FEED THE HUNGRY	5,000
<b>HELPING HANDS FOUNDATION</b> 1566 UNION ROAD GASTONIA NC 28054	N/A	501 (C) (3)	FAMILY SUPPORT	1,000
<b>Total</b>			<b>► 3a</b>	
<b>b Approved for future payment</b> N/A				
<b>Total</b>			<b>► 3b</b>	



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

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash
- (2) Other assets
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 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
<b>N/A</b>		

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.

**Sign  
Here**

May the IRS discuss this return with the preparer shown below?  
See instructions ☐ Yes

  
Signature of officer or trustee

4/28/20

**PRESIDENT**

Title

**Paid**  
**Preparer**  
**Use Only**

Print/Type preparer's name

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

Check ☐ if  
self-employed

R. KEITH GUNTER

04/13/20

Firm's name ▶	GBK   PEABODY, PLLC
Firm's address ▶	1927 S TRYON ST SUITE 205 CHARLOTTE, NC 28203-4688

PTIN	P00448224
------	-----------

Firm's EIN ▶ 27-3023135

Phone no	704-525-7300
----------	--------------

## Federal Statements

### Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
GBK   PEABODY PLLC	\$ 1,350	\$	\$	\$ 1,350
TOTAL	\$ 1,350	\$ 0	\$ 0	\$ 1,350

### Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT MANAGEMENT FEES	\$ 24,519	\$ 24,519	\$	\$
TOTAL	\$ 24,519	\$ 24,519	\$ 0	\$ 0

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES WITHHELD ON DIVIDE	\$ 945	\$ 945	\$	\$
EXCISE TAX ESTIMATE				
EXCISE DUE WITH PY RETURN				
TOTAL	\$ 945	\$ 945	\$ 0	\$ 0

### Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
SECURITIES	\$ 2,148,463	\$ 2,094,687	COST	\$ 2,484,777
TOTAL	\$ 2,148,463	\$ 2,094,687		\$ 2,484,777

**Federal Statements****Statement 5 - Form 990-PF, Part III, Line 3 - Other Increases**

<u>Description</u>		<u>Amount</u>
PPA		\$ <u>8,643</u>
TOTAL		\$ <u><u>8,643</u></u>

STE1003 Darrell and Patricia Steagall  
56-2061059  
FYE: 12/31/2019

## Federal Statements

4/13/2020 10:17 PM

### Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DARRELL C. STEAGALL 23 TRADEWIND COURT GEORGETOWN SC 29440	PRESIDENT	0.00	0	0	0
PATRICIA C. STEAGALL 23 TRADEWIND COURT GEORGETOWN SC 29440	SECRETARY	0.00	0	0	0
DARRELL P. STEAGALL PO BOX 1257 MOORSEVILLE NC 28115	VICE PRESIDE	0.00	0	0	0
HOLLY G. STEAGALL PO BOX 1257 MOORSEVILLE NC 28115	VICE PRESIDE	0.00	0	0	0
GABRIEL J. STEAGALL 375 KNOLL WOODS TERRACE ROSWELL GA 30075	VICE PRESIDE	0.00	0	0	0
ROBIN G. STEAGALL 375 KNOLL WOODS TERRACE ROSWELL GA 30075	VICE PRESIDE	0.00	0	0	0

**Federal Statements****Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000**

Name of Manager	Amount
NONE	\$
TOTAL	\$ 0

**Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock**

Name of Manager	Amount
NONE	\$
TOTAL	\$ 0

**Statement 7 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents****Description**

REQUESTS FOR FUNDS SHOULD BE SUBMITTED IN WRITING AND  
INCLUDE A DESCRIPTION OF THE FOLLOWING: (1) ORGANIZATION  
REQUESTING FUNDS, (2) WHAT THE FUNDS WILL BE USED FOR, AND  
(3) WHO THE FUNDS WILL BENEFIT

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

N/A

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

N/A