Return of Private Foundation

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

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

OMB No 1545-0047 2019

		nue Service	▶ Go to	www.irs.gov/Form990PF for	r instructions and tl	ne lates	t information	1. Open	to Public Inspection
For	calen	dar year 2019	or tax year beginnir	ng	, 2019, an	d endin	g		, 20
Nam	e of fou	undation					A Employer	identification numbe	7
COL	IPORI	UM FOUNDA	TION, INC.	latamat Ma			57-07927	19	
Num	ber and	d street (or PO t	oox number if mail is not	delivered to street address)	Bank - USB	m/suite	B Telephone	number (see instruction	ons)
PO	вох	470		20 0000000	Dank - OOB		(803)326	-6137	
City	or town	, state or provinc	e, country, and ZIP or fo	preign postal code	(0		C If exempt	ion application is pendi	ng, check here
ROO	ск на	LL, SC 29	731-6470	NAV X	<u> 182020</u>				
		all that apply	Initial retur	_ ,,,,,	of a former public cha	arıty	D 1. Foreigi	n organizations, check	here · · · ▶ 🗌
			Final retur	n Amended re	tum		2 Foreign	n organizations meetin	a the 85% test
			Address c	hange 🔲 Name ජූක්ලේ	e, UT			here and attach compu	
H	Check	type of organiz	zation 🕱 Sect	ion 501(c)(3) exempt private f	oundation {	X	F If novate i	foundation status was t	erminated under
	Section	n 4947(a)(1) no	onexempt charitable t	trust Dther taxat	ole private foundation	Ĭ		07(b)(1)(A), check here	
l F	aır ma	arket value of a	III assets at	J Accounting method	Cash X Ac	crual	F If the four	ndation is in a 60-month	n termination
•	end of	year (from Par	t II, col (c),	Other (specify)				ction 507(b)(1)(B), chec	
1	ne 16)) ▶ \$	17,639,395	(Part I, column (d) must be	on cash basis)				
Pa	art I	Analysis o	of Revenue and E	xpenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in co	lumns (b), (c), and (d) m	nay not necessanly equal	expenses per		t investment ncome	(c) Adjusted net	for charitable purposes
_		the amounts i	n column (a) (see instruc	ctions))	books	'	noonie	income	(cash basis only)
	1	Contributions	, gifts, grants, etc , re	ceived (attach schedule)					
	2	Check ► X	If the foundation is no	ot required to attach Sch B					
	3	Interest on sa	ivings and temporary	cash investments	2,629		2,629]
	4	Dividends an	d interest from securi	ities · · · · · · · · · · ·	396,152		396,152		i
	5a	Gross rents							<u> </u>
	ь	Net rental inc	ome or (loss)						
<u>a</u>	6a	Net gain or (le	oss) from sale of asse	ets not on line 10 · · · ·	1,684,636				*
Ξ	b	Gross sales pri	ce for all assets on line	6a 12,464,846					1
Revenue	7	Capital gain r	net income (from Part	t IV, line 2)		1,	684,636		
œ	8	Net short-terr	m capital gain · ·						'
	9	Income modi	fications						
	10a	Gross sales les	s returns and allowance	s					
	b	Less Cost of	goods sold · · · ·						<u> </u>
	С	Gross profit of	or (loss) (attach sched	dule) • • • • • • • •					ļ
	11	Other income	e (attach schedule)	· · · · STM106 · · · ·	77	ļ	77		
	12				2,083,494	2,	083,494		<u> </u>
10	13	Compensatio	n of officers, director	s, trustees, etc · · · ·					ļ
ses	14		_	es · · · · · · · · · · ·					
ē	15	•	• •			<u> </u>	ï		
Хp	16a	-				ļ			
rē EE	b					ļ			
Operating and Administrative Exper	C	•	•	hedule) STM109 · · · ·	34,485	ļ	34,485		
itra	17					ļ			
<u> </u>	18	•		uctions) STM110 · · · ·	93,253	ļ	93,253		
Ē	19	•	,	d depletion · · · · · ·		<u> </u>			
Ą	20						-		
P	21			s		-			
е Б	22 23			amr103		<u> </u>			
Ë	23	•	,	· · · STM103 · · · ·	27		27		
era	**		ing and administrati		107 76		107 765		
ă	25		-		127,765	-	127,765		0
	25		· - ·	onto Add Inno 24 and 25	810,939	ļ	100.555		810,939
	26	·		ents. Add lines 24 and 25	938,704	 	127,765		810,939
	27		26 from line 12	as and dishursaments	1 144 560				, ,
	a			es and disbursements	1,144,790		0EE 700		
	b		ent income (if negative			L 1,	955,729		 ;
	C	Aajusted ne	t income (if negative	, enter -0-)		I	-	0	1 '

For Paperwork Reduction Act Notice, see instructions.

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

15,782,629

	and(s) of property sold (for example, real case, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date ad (mo , da		(d) Date sold (mo , day, yr)
1a VARIOUS PUBLICALLY TRA	DED SECURITIE		P	VARIOUS		VARIOUS
b				<u> </u>		
C						
d				ļ		
						<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		(h) Gai ((e) plus	in or (loss) (f) minus (g))
a 12,464,846			10,931,232			1,533,614
b	-					
d d						
e	-					
	ng gain in column (h) and owned by	the foundation on	12/31/69			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (of col (ı)	col ((k), but not	l (h) gain minus t less than -0-) or rom col (h))
a						1,533,614
b				-		1,333,014
С					-	
d			_			
е			-			
2 Capital gain net income or (net cap	oital loss)	iin, also enter in P	Part I, line 7			
Z Capital gain het income of (het cap	If (lo	ss), enter -0- ın P	art I, line 7	2		1,684,636
. •	s) as defined in sections 1222(5) and	• •				
	column (c) See instructions If (loss)		}			
· · · · · · · · · · · · · · · · · · ·	Section 4940(e) for Reduc			lnoomo		
section 4940(d)(2) applies, leave this p Vas the foundation liable for the section "Yes," the foundation doesn't qualify ur	4942 tax on the distributable amoun		ne base penod?			Yes X No
	ach column for each year, see the in		making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of nonchantable-use a	ssets		(d) stnbution ratio divided by col (c))
2018	650,0	000	12,489,	417		0.052044
2017	2,052,8		12,504,			0.164167
2016	570,0	000	12,700,	775	(0.044879
2015	700,0	000	13,220,	829		0.052947
2014	716,6	500	13,631,	363		0.05257
* *				. 2	 	0.366607
-	-year base period - divide the total o				1	
the number of years the foundation	n has been in existence if less than	5 years		3	+-	0.073321
4 Enter the net value of nonchantab	le-use assets for 2019 from Part X, I	line 5 · · · ·		4	<u> </u>	16,729,362
5 Multiply line 4 by line 3 · · · · ·				5		1,226,614
6 Enter 1% of net investment income	e (1% of Part I, line 27b) · · · · ·			6		19,557
7 Add lines 5 and 6				7		1,246,171
8 Enter qualifying distributions from	Part XII, line 4			8		810,939
	line 7, check the box in Part VI, line			1	See the	

_	90-PF (2019) COMPORIUM FOUNDATION, INC.	401			92719			Page
art	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49			in	struct	ions)		
ia	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "I			٦				
	Date of ruling or determination letter (attach copy of letter if necessary-see	instru	ctions)				.	.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				1		39	,115
	here ► 🔲 and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of							han Marin dan
	Part I, line 12, col. (b)			ر]			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other	s, ente	er -0-) : .		2		_	
}	Add lines 1 and 2				3		39	, 115
ŀ	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	rs, ent	er -0-)		4			
;	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5		39	,115
6	Credits/Payments		ı					
а	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	30,00	0				
b	Exempt foreign organizations - tax withheld at source	6b						
С	Tax paid with application for extension of time to file (Form 8868)	6c	20,00	0				
d	Backup withholding erroneously withheld	6d						
	Total credits and payments Add lines 6a through 6d				7		50	,000
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶	10		10	, 885
	Enter the amount of line 10 to be Credited to 2020 estimated tax►		Refunded	>	11		10	, 885
art	VII-A Statements Regarding Activities							
а	During the tax year, did the foundation attempt to influence any national, state, or local legislat	on or	dıd ıt				Yes	No
	participate or intervene in any political campaign?					1a		х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	? See	the				Í	
	instructions for the definition					1b	1	l
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies o	any r	materials					
	published or distributed by the foundation in connection with the activities	•						
С	Did the foundation file Form 1120-POL for this year?					1c		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	· —	mposed	_				
•	on foundation managers > \$.,,					,
	Has the foundation engaged in any activities that have not previously been reported to the IRS	32				2		x
	If "Yes," attach a detailed description of the activities			•		- -		
;	Has the foundation made any changes, not previously reported to the IRS, in its governing ins	trume	nt articles					1
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of		•			3	•	x
а	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		•			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		-
	·			•				X
	If "Yes," attach the statement required by General Instruction T							
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	:1						
	By language in the governing instrument, or		494					
	By state legislation that effectively amends the governing instrument so that no mandatory of the state							
	conflict with the state law remain in the governing instrument?					6	X	<u> </u>
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete the year? If year year year year year year.		πιι, coι (c), and P	art	XV.	7	х	
a	Enter the states to which the foundation reports or with which it is registered. See instructions	•						
	SC							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	-					 -	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			•		8b	X	_
	Is the foundation claiming status as a private operating foundation within the meaning of section							
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part	KIV)?	If "Yes,"					
	complete Part XIV							i v

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

10

10

Раπ	VN-A Statements Regarding Activities (continued)			
•			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		х
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
	Website address ► N/A			
14	The books are in care of ► THERESA TURNER Telephone no ► 803-326-	6137		
	Located at ▶ PO BOX 470, ROCK HILL, SC ZIP+4 ▶ 29731-64	70_		
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		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			.
	the foreign country	ľ] :
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?		•	:
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		,	1
	disqualified person? · · · · · · · · · · · · · · · · · · ·		,	}
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			'
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	-	,	_
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		•	• '
	the benefit or use of a disqualified person)?		•	. ا
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1
	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			لحب
	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 · · · · · · · · · · · · · · ▶ □	'	•	
С	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?	1c		х
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 6el) for tax year(s) beginning before 2019? · · · · · · · · · · · · · · · · · · ·			
	If "Yes," list the years			
ь	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			لــــــا
	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			1
2-	Delths foundation held was the a 200 days to see the second and th	·	•	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
L	at any time during the year?			- 1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	٠		.
	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	 _	<u></u>	لـــــــــــــــــــــــــــــــــــــ
4.5	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? • • • • • • • • • • • • • • • • • • •	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			لە لە
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>

	90-PF (2019) COMPORIUM FOUNDATION, : VII-B Statements Regarding Activities for		ch Form 47	20 Ma	v Be Reg	uired		79271 ed)	9	F	age 6
5a	During the year, did the foundation pay or incur any amo		01111 01111 11		y 	<u> </u>	00//////		· · ·	Yes	No
Ja	(1) Carry on propaganda, or otherwise attempt to influe		lation (section	4045(a)	12		☐ Yes	X No	<u>. </u>	163	
	(2) Influence the outcome of any specific public election	_	•					<u> </u>	,		42
		•		_			☐ Yes	X No		•	
	(3) Provide a grant to an individual for travel, study, or o						☐ Yes	X No			
	(4) Provide a grant to an individual for travel, study, or of								, I.	,	{
							☐ Yes	X No	, ,*	٠,	{
	(5) Provide for any purpose other than religious, charita				ional					,	
	purposes, or for the prevention of cruelty to children						☐ Yes	X No	, ^	'	ľ
b	If any answer is "Yes" to 5a(1)-(5), did any of the transact									-	' خ
-	in Regulations section 53 4945 or in a current notice reg		•		-				5b		
	Organizations relying on a current notice regarding disas	_						. ▶ □	ر الم	7.7	1
С	If the answer is "Yes" to question 5a(4), does the founda				ax				'	ļ <u>.</u>	-
•	because it maintained expenditure responsibility for the						☐ Yes	□ No	, ' .		٠,
	If "Yes," attach the statement required by Regulations se	-						٠٠			1
6a	Did the foundation, during the year, receive any funds, d			av nremi	ums						٠.
-	on a personal benefit contract?						Yes	X No	,		,
b	Did the foundation, during the year, pay premiums, direct				enefit contrac	ct?			6b		
	If "Yes" to 6b, file Form 8870	ay or ma			5110 III 50110 G						· ^-
7a	At any time during the tax year, was the foundation a pai	rtv to a p	rohibited tax sh	elter tra	nsaction? •		☐ Yes	X No	, -	`.'	
b	If "Yes," did the foundation receive any proceeds or have								7b		
8	Is the foundation subject to the section 4960 tax on payr								1		• 1
_	remuneration or excess parachute payment(s) during the						☐ Yes	X No			
Part		rs, Tru	ıstees, Fou	ndatio	n Manag	ers, H	ighly Pa	id Em	ployee	es,	
1	List all officers, directors, trustees, and foundation n	nanager	s and their co	mpensa	ition. See in	structio	ns.				
	(a) Name and address		e, and average		mpensation		Contribution		(e) Expe		
See S	(a) Name and address		rs per week ed to position		iot paid, iter -0-)		oyee benefit ferred compe		other	allowan	ces
	ON A BARNES III	DIREC	TOR								
PO B	OX 470, ROCK HILL, SC 29731-6470		0.00		0			0			0
	NT G BARNES	PRESI	DENT								
PO BO	OX 470, ROCK HILL, SC 29731-6470		0.00		0			0			0
	ON A BARNES JR.	DIREC	TOR					-			
PO B	OX 470, ROCK HILL, SC 29731-6470		0.00		0			0			0
THER	SSA TURNER	SECRE'	TARY - TRI	2							
PO BO	OX 470, ROCK HILL, SC 29731-6470		0.00		. 0			0			0
2	Compensation of five highest-paid employees (other "NONE."	than th	ose included	on line 1	- see instru	ictions)	. If none, e	nter			
(4	a) Name and address of each employee paid more than \$50,000	-	(b) Title, and a hours per w devoted to po	eek	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense ac allowar	
NONE											_
	- 										
											<u> </u>
					_		_				
				-							

Form 990-PF (2019) COMPORIUM FOUNDATION, INC.	57-07927	
Part Viti Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services. See ins	structions. If none, enter "NONE."	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E 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 ONE	(c) Compensation	
NONE		
		1
-		Expenses
1		
2		
3		
4		
Part IX-B Summany of Program-Polated Investments (see instru	ctions)	
	· · · · · · · · · · · · · · · · · · ·	Amount
	on mies i and z	Amount
2		
Total. Add lines 1 through 3		

EEA

Form **990-PF** (2019)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation	าร,	
,	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	16,777,677
b	Average of monthly cash balances	1b	206,447
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	16,984,124
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	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	16,984,124
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions) · · · · · · · · · · · · · · · · · · ·	4	254,762
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · · · · · · · ·	5	16,729,362
6	Minimum investment return. Enter 5% of line 5	6	836,468
Part			
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	836,468
2a	Tax on investment income for 2019 from Part VI, line 5 · · · · · · · · · · · · 2a 39,115		
b	Income tax for 2019 (This does not include the tax from Part VI) · · · · · · · · · 2b		
C	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	39,115
3	Distributable amount before adjustments. Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	797,353
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	<u>7</u> 97,353
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,		
<u> </u>	line 1	7	797,353
Part			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	810,939
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes · · · · · · · · · · · · · · · · · ·	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	<u> </u>
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	810,939
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	810,939
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2019) COMPORIUM F				57-0792719	Page 9
Part XIII Undistributed Income (see instruction	ns)			
•		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part >	xı,	•			
line 7 · · · · · · · · · · · · · · · · · ·					797,353
2 Undistributed income, if any, as of the end	d of 2019			•	
a Enter amount for 2018 only · · · · · ·					
	_·				
3 Excess distributions carryover, if any, to 2	2019				
a From 2014					
b From 2015	32,905			1	
c From 2016 · · · · · · · · ·					
	1,436,854				
e From 2018 · · · · · · · · .	102,309				
f Total of lines 3a through e	<u> </u>	1,572,068		****	
4 Qualifying distributions for 2019 from Part	t XII,				
line 4 \$ 810,939					
a Applied to 2018, but not more than line 2a	_				
b Applied to undistributed income of prior ye					
(Election required - see instructions)	-				
c Treated as distributions out of corpus (Ele					•
required - see instructions) · · · · · · · · d Applied to 2019 distributable amount ·	}~~				
e Remaining amount distributed out of corp		12.506			797,353
5 Excess distributions carryover applied to	_	13,586			
(If an amount appears in column (d), the					
amount must be shown in column (a))	I				
6 Enter the net total of each column as	· · · · · · ·				
indicated below:					
a Corpus Add lines 3f, 4c, and 4e Subtract	tline 5 · ·	1,585,654			i
b Prior years' undistributed income Subtra	_	1,303,034			
line 4b from line 2b · · · · · · ·	1				
c Enter the amount of pnor years' undistribu	uted				
income for which a notice of deficiency ha	I .			_	
been issued, or on which the section 4942	2(a)				
tax has been previously assessed					
d Subtract line 6c from line 6b Taxable					
amount - see instructions · · · · · ·					
e Undistributed income for 2018 Subtract i	line				
4a from line 2a Taxable amount - see					i
instructions					
f Undistributed income for 2019 Subtract li	ines				
4d and 5 from line 1. This amount must be	e				
distributed in 2020 · · · · · · · ·	⊢				0
7 Amounts treated as distributions out of co	,				i
to satisfy requirements imposed by sectio					
170(b)(1)(F) or 4942(g)(3) (Election may b					Í
required - see instructions) · · · · ·	 			<u> </u>	
8 Excess distributions carryover from 2014					
applied on line 5 or line 7 (see instructions	· —				
9 Excess distributions carryover to 2020		1 505 454	-		
Subtract lines 7 and 8 from line 6a	⊢	1,585,654			
10 Analysis of line 9	30 00-				:
a Excess from 2015	32,905				-
_ ``.	1 436 954				
d Excess from 2018	1,436,854				
e Excess from 2019 · · · · ·	13,586				

Form 9	90-PF (2019) COMPORIUM FOUNT XIV Private Operating Founda		ictions and Part	VII-A guestion G	57-0792719	Page 10
		· '			,, 	/-/
٦a	If the foundation has received a ruling or dete			ng		
	foundation, and the ruling is effective for 201	•	<u> </u>			
b	Check box to indicate whether the foundation	is a private operatir	ng foundation describ	ped in section	4942(j)(3) or / 494	2(<u>j)(</u> 5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					
_	•		 	-		
р	85% of line 2a	 		_		
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · · ·					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
	Tart X, line o for each year listed					
С	"Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (Section 512(a)(5)), or oyalties)					
	(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	(4) Gross investment income · · · ·	(0 1 4 (1)	4 1 154		1.65.000	
/Part		• •		e roundation na	aa \$5,000 or more	n assets at
	any time during the year - s	see instruction:	s.)			
1	Information Regarding Foundation Mana	gers:				
а	List any managers of the foundation who ha before the close of any tax year (but only if t					

NONE	Later and a second seco	- 100/ ("		han /an c = = = = H - 1	and markers of the	
b	List any managers of the foundation who ov ownership of a partnership or other entity) o		•		ge portion of the	
NONE						
2	Information Regarding Contribution, Gra	nt, Gift, Loan, Scho	larship, etc., Progra	ams:		-
	Check here if the foundation only manuscripted requests for funds. If the foundation complete items 2a, b, c, and d. See instructions.	ion makes gifts, grai				
а	The name, address, and telephone number		the person to whom	applications should t	pe addressed.	
b	The form in which applications should be su	bmitted and informa	tion and materials the	ey should include [.]		
С	Any submission deadlines					
			<u> </u>			
d	Any restrictions or limitations on awards, sur factors	ch as by geographic	al areas, charitable fi	elds, kınds of ınstituti	ons, or other	

Form 990-PF (2019) COMPORIUM FOUNDATION, INC.

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 contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year						
AMERICAN RED CROSS						
200 PIEDMONT BLVD						
ROCK HILL, SC 29730	NONE		PUBLIC HEALTH	25,000		
BOY SCOUTS OF AMERICA PALMETTO CNCL						
420 S CHURCH STREET			COMMUNITY			
SPARTANBURG, SC 29306	NONE		WELFARE/EDUCATION	25,000		
BOYS AND GIRLS CLUB OF YORK COUNTY						
PO BOX 226			COMMUNITY			
ROCK HILL, SC 29731	NONE		WELFARE/EDUCATION	10,000		
CHILDRENS ATTENTION HOME						
PO BOX 2912	NONE		MENT MU C MET END	10 000		
ROCK HILL, SC 29731	NONE		HEALTH & WELFARE	10,000		
CAMP CANAAN						
3111 SANDY ISLAND ROAD			RELIGIOUS/COMMUNITY			
ROCK HILL, SC 29730	NONE		WELFARE	5,000		
EARLY LEARNING PRINSHIP OF YORK CNT						
WITHERS BUILDING, WINTHROP UNIV						
ROCK HILL, SC 29733	NONE		EDUCATION	10,000		
HOPE INCORPORATED (PROJECT HOPE)						
411 PARK AVENUE						
ROCK HILL, SC 29730	NONE		COMMUNITY WELFARE	5,000		
FELLOWSHIP CHRISTIAN ATH YORK						
452 LAKESHORE PKWY, STE 205						
ROCK HILL, SC 29730	NONE		RELIGIOUS	20,000		
Total			> 3a			
b Approved for future payment						
				13		
				11		

`3b

Total

3 Grants and Contributions Paid During	the Year or Approved	for Futu	re Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
HABITAT FOR HUMANITY OF YORK CNTY PO BOX 4255				
ROCK HILL, SC 29731	NONE		COMMUNITY WELFARE	10,000
HISTORIC ROCK HILL PO BOX 651				
ROCK HILL, SC 29731	NONE		COMMUNITY ENHANCEMENT	25,000
KEYSTONE SUBSTANCE ABUSE SERVICES				
PO BOX 4437 ROCK HILL, SC 29731	NONE		HEALTH & WELFARE	5,000
LANCASTER COUNTY PARTNERS FOR YOUTH PO BOX 1023				
LANCASTER, SC 29721	NONE		COMMUNITY HEALTH/WELFARE	15,000
LANCASTER FATHERHOOD PROJECT 105 S WYLIE STREET				
LANCASTER, SC 29720	NONE		COMMUNITY WELFARE	5,000
REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD				
CHARLOTTE, NC 28226-6399	NONE		RELIGIOUS & EDUCATION	30,000
RENEW OUR COMMUNITY				
PO BOX 907 ROCK HILL, SC 29731	NONE		COMMUNITY WELFARE	25,000
RH SCHOOLS EDUCATION FDTN PO BOX 12286				
ROCK HILL, SC 29731	NONE		EDUCATION	5,000
Total	<u> </u>		▶ 3a	
b Approved for future payment				
		1		
				ā
				4
Total		<u> </u>	▶ 3b	

3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	Foundation		
· · · · · · · · · · · · · · · · · · ·	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SOUTH CAROLINA FUTURE MINDS				
PO BOX 6890			EDUCATION .	20.00
FLORENCE, SC 29502	NONE		EDUCATION	30,000
STEM DEVELOPMENT FOUNDATION				
PO BOX 4846			İ	
ROCK HILL, SC 29731	NONE		EDUCATION	50,000
UPPER PALMETTO YMCA				
151 S. OAKLAND AVENUE				
ROCK HILL, SC 29730	NONE		COMMUNITY WELFARE	25,000
SALVATION ARMY				
119 CHARLOTTE AVENUE				
ROCK HILL, SC 29730	NONE		COMMUNITY WELFARE	5,000
WESTMINSTER CATAWBA CHRISTIAN SCH				
2650 INDIA HOOK ROAD				
ROCK HILL, SC 29730	NONE		EDUCATION	15,000
YORK TECHNICAL COLLEGE FOUNDATION				
452 S. ANDERSON ROAD				
ROCK HILL, SC 29730	NONE		EDUCATION	20,000
YORK COUNTY FREE CLINIC				
410 OAKLAND AVENENUE				
ROCK HILL, SC 29730	NONE		COMMUNITY WELFARE/HEALTH	5,000
PALMETTO WOMENS CENTER				
PO BOX 4302				
ROCK HILL, SC 29730	NONE		COMMUNITY WELFARE/HEALTH	5,000
Total			▶ 3a	
b Approved for future payment				
				••
				•
	1	L	<u> </u>	

3 Grants and Contributions Paid During t	he Year or Approved	for Futu	re Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AFFINITY HEALTH CENTER				
455 LAKESHORE PARKWAY				
ROCK HILL, SC 29730	NONE		PUBLIC HEALTH	1,000
AMERICAN LEGION POST 31 (S GRAHAM)				
823 S. MAIN STREET			L	
LANCASTER, SC 29720	NONE		VETERANS ORGANIZATION	1,000
AMERICAN LEGION POST 43				
PO BOX 1646				
FORT MILL, SC 29715	NONE		VETERANS ORGANIZATION	800
AMERICAN CANCER SOCIETY				
4 MARKET STREET SUITE 41-1				
BREVARD, NC 28712	NONE		PUBLIC HEALTH	500
ANDREW JACKSON HIGH SCHOOL				
6925 KERSHAW-CAMDEN HWY				
KERSHAW, SC 29067	NONE		EDUCATION	5,000
ARTS COUNCIL OF YORK COUNTY				
PO BOX 2797				
ROCK HILL, SC 29732	NONE		COMMUNITY ARTS	7,500
BIG BROTHERS BIG SISTERS				1
3801 E INDEPENDENCE BLVD				
CONCORD, NC 28025	NONE		COMMUNITY WELFARE	10,000
BIG THURSDAY OF LANCASTER				
PO BOX 1025	•			
LANCASTER, SC 29721	NONE		EDUCTIONAL SCHOLARSHIP	1,000
Total			▶ 3a	
b Approved for future payment				
				,
		L		
Total			▶ 3b	

3 Grants and Contributions Paid During		tor Futu	re Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Teopletic		
a Paid during the year				
BREVARD COLLEGE				
1 BREVARD COLLEGE DRIVE	1			5 000
BREVARD, NC 28712	NONE		EDUCATION	5,000
BREVARD HIGH SCHOOL				
PO BOX 1491				400
BREVARD, NC 28712	NONE		EDUCATION	400
CHARLOTTE DUCKS UNLIMITED				
4308 JASMIN MAY DRIVE	ĺ			
CHARLOTTE, NC 28226	NONE		CONSERVATION	3,000
CHRISTMASVILLE				
PO BOX 11706				
ROCK HILL, SC 29731	NONE		COMMUNITY EVENT	5,000
CHRYSALIS AUTISM CENTER INC				
1547 CHERRY ROAD				
ROCK HILL, SC 29731	NONE		EDUCATION/FAMILY SUPPORT	500
CITY OF BREVARD				
95 WEST MAIN STREET			HISTORIC COMMUNITY	
BREVARD, NC 28712	NONE		RESTORATION	10,000
CLEMSON UNIVERSITY FDTN				
110 DANIEL DRIVE				
CLEMSON, SC 29631	NONE		EDUCATION	14,000
CONNASTEE FALLS STUDENT SCHOLARSHIP				
33 CANNASTEE TRAIL				
CLEMSON, SC 29631	NONE		EDUCATION	400
Total			> 3a	
b Approved for future payment				
				•
		<u> </u>		
Total			▶ 3b	

Form 990-PF (2019) COMPORIUM FOUNDATION, INC.

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
CRIME STOPPERS OF YORK CO.				
1675-2A YORK HIGHWAY				
YORK, SC 29745	NONE		PUBLIC SAFETY	500
FELLOWSHIP CHRISTIAN ATH LANC				
PO BOX 2768		ļ		
LANCASTER, SC 29720	NONE		RELIGIOUS	10,000
FORT MILL ECONOMIC COUNCIL				
PO BOX 1911				
FORT MILL, SC 29715	NONE		PUBLIC WELFARE	3,000
FORT MILL HISTORY MUSEUM				
107 CLEBOURNE STREET				
FORT MILL, SC 29715	NONE		EDUCTION	3,000
FORT MILL ROTARY CLUB FDTN				
PO BOX 342				
FORT MILL, SC 29715	NONE		CIVIC GROUP	1,500
FOUNDATION FOR FORT MILL SCHOOLS				
PO BOX 476				
FORT MILL, SC 29715	NONE		EDUCATION	12,000
GIRLS ON THE RUN				
2431 CHERRY ROAD			COMMUNITY HEALTH &	
ROCK HILL, SC 29732	NONE		WELFARE	2,750
GOOD FOLKS OF YORK COUNTY, INC				
PO BOX 11528				
ROCK HILL, SC 29731	NONE		COMMUNITY SUPPORT	1,000
Total			> 3a	
b Approved for future payment				

Recipient Name and address (home or business) a Paid during the year	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	
a Paid during the year		recipient	contribution	Amount
	or substantial contributor			
]	
EART OF BREVARD				
76 E MAIN STREET	NONE		COMMUNITY ENHANCEMENT	3,000
REVARD, NC 28712	NONE		COMMUNITY ENGANCEMENT	3,000
OME BUILDERS ASSOC OF YORK COUNTY				
D BOX 2881	NONE		CIVIC GROUP	750
OCK HILL, SC 29731	HONE		CIVIC GROOF	,50
NDIAN LAND ROTARY				
34 FORT MILL HIGHWAY	1017		GTUTG GROUP	500
ORT MILL, SC 29715	NONE		CIVIC GROUP	500
UNIOR ACHIEVEMENT OF CENT CAROLINA				
791 N GRAHAM ST SUITE 100				
HARLOTTE, NC 28206	NONE		CIVIC EDUCATION	3,600
IWANIS CLUB OF ROCK HILL				
O BOX 3442				
OCK HILL, SC 29731	NONE		CIVIC GROUP	175
AKE WYLIE/CLOVER MAYDAY PROJ				
100 CHARLOTTE HIGHWAY				
LOVER, SC 29710	NONE		COMMUNITY EVENT	500
ANCASTER CHILDRENS HOME				
O BOX 416				
ANCASTER, SC 29721	NONE		HEALTH AND WELFARE	10,000
ANCASTER COUNTY COUNCIL OF THE ART				
O BOX 613				
ANCASTER, SC 29721	NONE		COMMUNITY ARTS	4,000
Total			▶ 3a	
b Approved for future payment				
Total		<u></u>		*

57-0792719 COMPORIUM FOUNDATION, INC. Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year LANCASTER COUNTY SCHOOL DIST 300 S CATAWBA STREET NONE EDUCATION 2,500 LANCASTER, SC 29721 LANCASTER SPCA PO BOX 3042 LANCASTER, SC 29721 NONE ANIMAL WELFARE 1,000 LEGION COLLEGIATE ACADEMY 505 UNIVERSITY DRIVE NONE EDUCATION 10,000 ROCK HILL, SC 29730 LEROY SPRINGS AND CO 2201 OLD NATION ROAD FORT MILL, SC 29715 NONE COMMUNITY SUPPORT 25,000 LEXINGTON MEDICAL CTR FDTN 110 EAST MEDICALN LANE SUITE 120 WEST COLUMBIA, SC 29169 NONE HEALTH 1,000 LIFE BUILDERS ESL MINISTRY PO BOX 36817 NONE EDUCATION/RELIGION ROCK HILL, SC 29731 2,000 MARCH OF DIMES PO BOX 18819 ATLANTA, GA 31126 NONE HEALTH 2,000 NEIGHBORS IN MINISTRY PO BOX 1036 NONE RELIGION 250 BREVARD, NC 28712 3a Approved for future payment

3b

Total

57<u>-0792719</u>

Form 990-PF (2019) COMPORIUM FOUNDATION, INC.

Part XV Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
OLD TOWN ASSOCIATION				
PO BOX 11706				
ROCK HILL, SC 29731	NONE		COMMUNITY	13,500
PATHWAYS COMMUNITY CTR				
1956 FARROW DRIVE				
ROCK HILL, SC 29732	NONE	•	COMMUNITY WELFARE	100,000
PILGRIMS INN				
PO BOX 11328				
ROCK HILL, SC 29731	NONE		COMMUNITY WELFARE	1,000
RH ALUMNI KAPPA FDTN	,			
PO BOX 12445				
ROCK HILL, SC 29731	NONE		EDUCATION	500
RH NAACP BRANCH				
PO BOX 11406				
ROCK HILL, SC 29731	NONE		CIVIC AND COMMUNITY	600
RH SCHOOL DIST FDTN				
PO BOX 12286				
ROCK HILL, SC 29731	NONE		EDUCATION	15,000
RH SYMPHONY ORCHESTRA				
PO BOX 542				
ROCK HILL, SC 29731	NONE		COMMUNITY ARTS	10,000
RH ALLIANCE FOR MENTALLY ILL				
PO BOX 3626				
ROCK HILL, SC 29731	NONE		HEALTH	2,000
Total			> 3a	
b Approved for future payment				
				,
		<u> </u>	▶ 3b	

Recipient	If recipient is an individual, show any relationship to	Foundation	r dipose di giani di	
Name and address (home or business)	 any foundation manager or substantial contributor 	status of recipient	contribution	Amount
a Paid during the year				
ROCK HILL PARKS FDTN				
PO BOX 11706				
ROCK HILL, SC 29731	NONE		COMMUNITY	3,00
SALUDA SHOALS FOTN				
5605 BUSH RIVER ROAD	NONE		ENTLY DONNEYIN	3.5
COLUMBIA, SC 29212	NONE		ENVIRONMENT	250
SC PELION PEANUT PARTY				
PO BOX 386				
PELION, SC 29123	NONE		COMMUNITY EVENT	1,00
SC I-77 ALLIANCE				
3200 COMMERCE DRIVE SUITE D				
RICHBURG, SC 29729	NONE		ECONOMIC DEVELOPMENT	10,000
TEGA CAY VETERANS ASSOC				
2764 PLEASANT ROAD 10912				
FORT MILL, SC 29708	NONE		VETERANS GROUP	250
THE FORT MILL COMMUNITY PLAYHOUSE				
PO BOX 354				
FORT MILL, SC 29716	NONE		COMMUNITY ARTS	500
FRANSYLVANIA COMMUNITY ART CNCL				
PO BOX 1229				
BREVARD, NC 28712	NONE		COMMUNITY ARTS	1,000
FRANSYLVANIA CTY SCHOOLS ED FDTN				
225 ROSENWALD LANE				
BREVARD, NC 28712	NONE		EDUCATION	600
Total			3a	
b Approved for future payment		<u> </u>	Ja	
				,
	I	1		1
				l .

3 Grants and Contributions Paid During			re rayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
UNITED WAY OF LANCASTER COUNTY				
109 S WYLIE STREET				
LANCASTER, SC 29720	NONE		COMMUNITY SUPPORT	1,922
UNITED WAY OF THE MIDLANDS				
1818 BLANDING STREET			GOLDWINITH GUNDON	569
COLUMBIA, SC 29201	NONE		COMMUNITY SUPPORT	563
UNITED WAY OF TRANSYLVANIA CTY				
PO BOX 53				244
BREVARD, NC 28712	NONE		COMMUNITY SUPPORT	240
UNITED WAY OF YORK COUNTY				
PO BOX 925				
ROCK HILL, SC 29731	NONE		COMMUNITY SUPPORT	21,083
VICTORY SPORTS OUTREACH INC				
PO BOX 1542				
FORT MILL, SC 29716	NONE		RELIGIOUS	500
VISION TRANSYLVANIA				
45 OAK PARK DRIVE				
BREVARD, NC 28712	NONE		COMMUNITY	800
WESTMINSTER TOWERS Presbyterian Cartes	-			
1330 INDIAN HOOK ROAD				
ROCK HILL, SC 29732	NONE		RELIGIOUS/HEALTH	25,000
WINTHROP UNIVERSITY				
701 OAKLAND AVENUE				
ROCK HILL, SC 29732	NONE		EDUCATION	10,000
Total			▶ 3a	•••
b Approved for future payment				
				•
Total		·	▶ 3b	

Recipient	If recipient is an individual,	Foundation	Durana of cont or	
	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WOMEN'S ART INITIATIVE				
PO BOX 4926 ROCK HILL, SC 29731	NONE		COMMUNITY ARTS	10,000
ROCK HILL, SC 29731	NONE		COMMONITI ARIS	10,000
YORK COUNTY ADULT DAY CARE SVC				
PO BOX 2444				
ROCK HILL, SC 29731	NONE		COMMUNITY SUPPORT	2,500
WOMEN'S ENRICHMENT CENTER				
PO BOX 1377				
LANCASTER, SC 29721	NONE		COMMUNITY WELFARE	500
YORK PREPARATORY ACADEMY				
1047 GOLDEN GATE COURT				
ROCK HILL, SC 29732	NONE		EDUCATION	5,000
YORK ROTARY ASSOCIATION				
1253 SPRINGLAKE ROAD				
YORK, SC 29745	NONE	ļ	CIVIC GROUP	500
YORK SCHOOL DISTRICT ONE				
PO BOX 770				
YORK, SC 29745	NONE		EDUCATION	3,000
YOUNG LIFE				
PO BOX 4848				
ROCK HILL, SC 29731	NONE		RELIGION	10,000
RH SCHOOL DISTRICT THREE				
386 E BLACK STREET				
ROCK HILL, SC 29730	NONE		EDUCATION	10,000
Total			▶ 3a	810,939
b Approved for future payment				
			ĺ	
				3
	1	I		1

		-				
	r gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue.					
	a					
	b			.=		
	<u> </u>					
	d					<u></u>
	e					
	f					
	g Fees and contracts from government agencies · · ·					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments · ·					
4	Dividends and interest from securities			14		
5	Net rental income or (loss) from real estate					_
	a Debt-financed property					
	b Not debt-financed property · · · · · · · · · ·					
6	Net rental income or (loss) from personal property · · ·	-				
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory •			18		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a			18		
	b			·		
	с					
	d					
	e					
12	Subtotal Add columns (b), (d), and (e) · · · · · ·					
	Total. Add line 12, columns (b), (d), and (e)				. 13	
	worksheet in line 13 instructions to verify calculations)					
	rt XVI-B Relationship of Activities to the Acc	complishme	nt of Exempt	Purposes		
	e No. Explain below how each activity for which income	-			portantly to the	
	 accomplishment of the foundation's exempt purpo 	ses (other than b	y providing funds t	or such purposes	s) (See instruction	s.)
					_	
					-	
		-				-
	-					
			-			
				-		
		•		·		
			-			
			_			

		Organizations	i												
1	Did the	e organization direc	tly or indirectly eng	gage ın	any of the f	ollowing with	n any other	organiza	ation describe	ed			'	Yes	No
	in sect	ion 501(c) (other th	an section 501(c)((3) orga	nızatıons) o	r in section 5	527, relatın	g to polit	ıcal						1
	organi	zations?													
а	Transf	ers from the reporti	ng foundation to a	noncha	arıtable exe	mpt organiza	ation of								
	(1) Ca	ish											1a(1)		X
	(2) Ot	her assets • • • •									• •		1a(2)		X
b	Other	transactions.													
	(1) Sa	les of assets to a no	oncharitable exemp	pt organ	nızatıon								1b(1)		X
	(2) Pu	rchases of assets for	rom a noncharitabl	le exem	npt organiza	tion · ·							1b(2)		X
	(3) Re	ental of facilities, equ	uipment, or other a	ssets							• •		1b(3)		X
	(4) Re	eimbursement arran	gements								• •		1b(4)		x
		ans or loan guaran					• • • • •				• •		1b(5)		_ X
		rformance of service					• • • • •				• •		1b(6)	ļ	X
C		ig of facilities, equip											1c		X
d		inswer to any of the													
		of the goods, other													
	value	n any transaction of				•									
(a) Line	e no _(b) Amount involved	(c) Name of	nonchar	itable exempt	organization		(d) Descrip	otion of transfe	rs, trans	actions	s, and sha	ring arra	ngemer	nts
						 .				_					
															
															
					· -										
							··-		_						
					· · · · · · · · · · · · · · · · · · ·			_							
				-											
				-			-				_				
							<u> </u>								
					·										
						·									
2a	Is the	foundation directly	or indirectly affiliate	ed with.	or related t	to, one or mo	ore tax-exe	mpt orga	nızatıons						
		bed in section 501(☐ Ye	s X	.] No
b		," complete the folio	• •												_
		(a) Name of organiz			(b) Type	of organization	on .		(c) Descri	ption o	f relations	ship		
												-			
					<u>-</u>										
												_			
	Under	penalties of perjury, I dec t, and complete Declarat	clare that I have examine	ed this ret	tum, including a	accompanying si	chedules and of which prepared	statements arer has an	, and to the best y knowledge	of my kno	owledge	and belief	, it is true,		
Sign		. t				, ,			,				RS discus	s this re	tum
Here		Sherea	<u> </u>	NW	× 11	14 205	SECRE	TARY	- TREASU	RER			reparer <u>st</u>		
		gnature of officer or truste	ee		D	ate	Title					Gee mstr		J .e.	<u> </u>
		Pnnt/Type preparer's na	ame		Preparer's sig	nature			Date		Check	lf	PTIN		
Paid									<u> </u>		self-en	nployed			
Prep	arer	Firm's name								Firm's I	EIN I				
Use	Only	Firm's address								Phone	no				
]					
													Form 9	an PF	120191

	Federal Supporting Statements	2019 PG01
Name(s) as shown on return COMPORIUM FOUNDATI	ION, INC.	Tax ID Number 57 - 0792719
REVERSE PART OF PY ADJU	FORM 990PF - PART III - LINE 3 OTHER INCREASES SCHEDULE	STATEMENT #115
TOTAL	8	8,009
	FORM 990PF - PART II - LINE 15 OTHER ASSETS SCHEDULE	PG01 STATEMENT #120
DESCRIPTION ACCRUED INTEREST	BOY BOOK EC	OY BOOK FMV
TOTAL	6,232	
	ORM 990PF - PART II - LINE 10(B) ESTMENTS: CORPORATE STOCK SCHEDULE BOY BOOK	
INVI	ESTMENTS: CORPORATE STOCK SCHEDULE BOY BOOK	STATEMENT #137
CATEGORY	ESTMENTS: CORPORATE STOCK SCHEDULE BOY 9,300,180 12	STATEMENT #137 K VALUE EOY FMV
CATEGORY CORPORATE STOCK TOTALS	ESTMENTS: CORPORATE STOCK SCHEDULE BOY 9,300,180 12	STATEMENT #137 K VALUE EOY FMV 1,576,742 13,380,201 576,742 13,380,201 PG01 STATEMENT #138
CATEGORY CORPORATE STOCK TOTALS FOR INVENTED	BOY BOOK 9,300,180 9,300,180 11,5 ORM 990PF - PART II - LINE 10(C) VESTMENTS: CORPORATE BOND SCHEDULE	STATEMENT #137 K VALUE EOY FMV 1,576,742 13,380,201 576,742 13,380,201 PG01 STATEMENT #138
CATEGORY CORPORATE STOCK TOTALS FOR INVENTED STOCK	BOY BOOK 9,300,180 13 9,300,180 11,5 ORM 990PF - PART II - LINE 10(C) VESTMENTS: CORPORATE BOND SCHEDULE BOY BOOK	STATEMENT #137 K VALUE EOY FMV 1,576,742 13,380,201 576,742 13,380,201 PG01 STATEMENT #138

		Federal Su	Federal Supporting Statements	nents	2019 PG01
Name(s) as shown on return COMPORIUM FOUNDATION, INC.					Tax ID Number 57 - 07 9 2 7 1 9
	FORM 990PF - PART I	7 - PART I - LINE 23	3 - OTHER EXPENSES SCHEDULE	снероге	STATEMENT #103~
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
BANK FEES TOTALS	27	27	0 0	0	
	FORM 990PF - PART I		- LINE 11 - OTHER INCOME SCHEDULE	Врот. В	PG01 STATEMENT #106~
DESCRIPTION BLACKSTONE GROUP (HL) BLACKSTONE GROUP (HL)	REVENUE AND EXPENSES 67 10	NET INVESTMENT 67 10	ADJUSTED NET INCOME 0		
TOTALS	77	77	0	,	
					-

		Federal Su	Federal Supporting Statements	nents	2019 PG01	
Name(s) as shown on return COMPORIUM FOUNDATION, INC.					Tax ID Number 57-0792719	
	FORM 990PF - PART	I - LINE 16(C)	- OTHER PROFESSIONAL PERS SCHEDULE	FEES SCHEDULE	STATEMENT #109~	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
INVESTMENT FEES - CARROLL FIN INVESTMENT FEES - BERNSTEIN INVESTMENT FEES - AFS	(52) 545 33,992	(52) 545 33,992	0 0	0 0 0		
TOTALS	34,485	34,485	0	0		<u> </u>
	FORM 990PF	90PF - PART I - LIN	- PART I - LINE 18 - TAXES SCHEDULE	27.	PG01 STATEMENT #110~	<u> </u>
DESCRIPTION EXCISE TAX DUE W/ 2018 990-PF ESTIMATED EXCISE TAX FOR 2019	REVENUE AND EXPENSES 63,253 30,000	NET INVESTMENT 63,253 30,000	ADJUSTED NET INCOME 0	CHARITABLE PURPOSE 0		
TOTALS	93,253	93,253	0	o		