990-PF

Department of the Treasury

Internal Revenue Service

**Return of Private Foundation** 

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

OMB No 1545-0047

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

25019

⊻-							
		ndar year 2019 or tax year beginning		, and	ending	Id-Aifi-Ai-	<del></del>
٠,	Name of fo				A Employer	r identification number	1
		FOUNDATION	Boom	a/austa		EZ 000E071	
	•	d street (or P O box number if mail is not delivered to street address)	Room	n/suite	R Telephone	57-0835071 e number (see instruction	ons)
		SVILLE NATIONAL BANK - PO BOX 1177  n, state or province, country, and ZIP or foreign postal code			- reception	S Hamber (See mandene	
ш	THOMAS		31799			229-227-060	n .
ч		untry name Foreign province/state/county	Foreign post	al code	C If evernt	ion application is pendii	
¥	i oreign co	unity fiame Totalgri province/state/searty	. oroigi, pool		C il exempt	ion application is pendi	ig, check here
A -	G Chec	k all that apply	of a former public	obort.	D 1 Foreig	n organizations, check l	nere ▶□
_	O Onco	Final return Amended re	of a former public	спапцу	_	_	_
		Address change Name change				n organizations meeting here and attach comput	
	H Chec	k type of organization. X Section 501(c)(3) exempt p		íΔ		foundation status was to	erminated under
ſ		on 4947(a)(1) nonexempt charitable trust		U \	section 50	07(b)(1)(A), check here	▶⊡
Ŀ				Accrual			
			☑ Cash ☐ A	Acciuai		ndation is in a 60-month	
		of year (from Part II, col. (c), ☐ Other (specify) 6) ► \$ 1,041,225 (Part I, column (d), must be	on cash hasis )		under sed	ction 507(b)(1)(B), checl	k nere
						· · · · · · · · · · · · · · · · · · ·	(d) Disbursements
	Fart	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	for chantable
		equal the amounts in column (a) (see instructions)	expenses per books	ır	ncome	ıncome	purposes
、 -	1 4			<del>                                     </del>			(cash basis only)
<b>%</b>	1	Contributions, gifts, grants, etc., received (attach schedule)		<del> </del>	···-		
小	2 3	Check ►X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments		<del> </del>			<u> </u>
	4	Dividends and interest from securities	23,323	<del> </del>	23,323		<del></del>
	5a	Gross rents	23,323	<del> </del>	20,020		
	b	Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10	33,741				
	Bevenue 6a 7 8	Gross sales price for all assets on line 6a 207;105				· · · · · · · · · · · · · · · · · · ·	
	<b>ĕ</b>   7	Capital gain net income (from Part IV, line 2)	TILULIVE	)	33,741		<del>                                     </del>
	8   20	Net short-term capital gain		10	1 00,141		
	_   0 9	Net short-term capital gain	ADD 1 5 2020	हि	<del> </del>		i
	10a	Gross sales less returns and allowances	APR 1 5 202.	6	İ		
	b	Less Cost of goods sold					i
S	C		DGDEN. I		İ		i
SCANNE	11	Other income (attach schedule)		-	1		
٤	12	Total. Add lines 1 through 11	57,064		57,064	0	
Z.	<del></del>	Compensation of officers, directors, trustees, etc .	8,336		8,336		
5	13 14 15	Other employee salaries and wages					
<del>-</del>	등 15	Pension plans, employee benefits					
+EB	ē 15 Х 16а Ш	Legal fees (attach schedule)					
		Accounting fees (attach schedule)					
2	. <u>≷</u>   c	Other professional fees (attach schedule)					
· ·	<u>면</u> 17	Interest					
₹	<u>.</u> 18	Taxes (attach schedule) (see instructions) .	709		576		
-	.들   19	Depreciation (attach schedule) and depletion		ļ			<u></u>
	등 20	Occupancy					
	<b>⊈</b>   21	Travel, conferences, and meetings		ļ			
	22	Printing and publications		ļ			
	ත 23	Other expenses (attach schedule)	4,489		4,489		
0 5 2021	<u>=</u> 24	Total operating and administrative expenses.					_
	ā	Add lines 13 through 23	13,534		13,401	0	
	<u>원</u> 25	Contributions, gifts, grants paid	45,780				45,780
_		Total expenses and disbursements. Add lines 24 and 25	59,314	<u> </u>	13,401	0	45,780
	27	Subtract line 26 from line 12:					[
	а	Excess of revenue over expenses and disbursements	-2,250				
	b	Net investment income (if negative, enter -0-)			43,663		
	С	Adjusted net income (if negative, enter -0-)				0	[

For Paperwork Reduction Act Notice, see instructions.

925

Form **990-PF** (2019)

Рā	art II	<b>Balance Sheets</b> Attached schedules and amounts in the description column	Beginning of year	Ena o	r year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1'	Cash—non-interest-bearing			
	2	Savings and temporary cash investments			-
	3	. · · · · · · · · · · · · · · · · · · ·			
1		Accounts receivable Less allowance for doubtful accounts			<del></del>
- 1					1
	4	Pledges receivable ►  Less allowance for doubtful accounts ►			
	_				<del> </del>
	5	Grants receivable			<del> </del>
	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			
Assets	8	Inventories for sale or use			
ŝ	9	Prepaid expenses and deferred charges			
۲	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	823,296	821,087	1,041,225
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	823,296	821,087	1,041,225
	17	Accounts payable and accrued expenses		•	
	18	Grants payable	1		Ī
<u>ie</u> s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			İ
ab	21	Mortgages and other notes payable (attach schedule)			
≔	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0	0	ì
S		Foundations that follow FASB ASC 958, check here			
Balances		and complete lines 24, 25, 29, and 30.			
a	24	Net assets without donor restrictions			
3al	25	Net assets with donor restrictions	-	· · ·	j
_	23	Foundations that do not follow FASB ASC 958, check here			
Š		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	823,296	821,087	
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund	023,230	021,007	
ets	28	Retained earnings, accumulated income, endowment, or other funds			1
SS	29	Total net assets or fund balances (see instructions)	823,296	821,087	-
۷	30	Total liabilities and net assets/fund balances (see	020,230	021,007	
Net Assets or Fund	30	instructions)	823,296	821,087	
	rt III	Analysis of Changes in Net Assets or Fund Balances	020,200	021,001	<u> </u>
		net assets or fund balances at beginning of year—Part II, column (a	a), line 29 (must agree	e with	
•		of-year figure reported on prior year's return).	,, <u></u> \	<b>1</b>	823,296
2		amount from Part I, line 27a		2	-2,250
		r increases not included in line 2 (itemize) POSTED CURREN	T YR TAXED PRIOR		41
		ines 1, 2, and 3		4	821,087
		eases not included in line 2 (itemize)		5	021,007
		net assets or fund balances at end of year (line 4 minus line 5)—Pa	urt II. column (h) line		821,087
0	i Ulai	net assets of fully balances at end of year (line 4 minus line 5)—Fa	iren, column (b), ime	20	021,007

Part	V Çapital Gains and	Losses for Tax on Investme	ent Income				
		nd(s) of property sold (for example, real estatise, or common stock, 200 shs MLC Co )	de,	(b) How acquired P—Purchase D—Donation	(c) Date a	•	(d) Date sold (mo , day, yr )
1a	See Attached Statement						
b							
<u>C</u>							
d							
е_	<del></del>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) (f) minus (g))
a							
<u>b</u>							
<u>c</u>							
<u>d</u>							
<u>          e                          </u>	Complete only for exects ob	owing goin in column (h) and owned	by the foundation	on 12/31/60			
	Complete only for assets sn	owing gain in column (h) and owned					l (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but not less than -0-) or Losses (from col (h))		
<u>a</u>							
b					-		
<u>c</u>			<del></del>				
<u>d</u>			<del> </del>				
e_	<u> </u>	. If going	ilso enter in Pa	et Line 7	1		
2	Capital gain net income or	(net capital loss) 1 If (loss),	enter -0- in Par	rt I, line 7	2		33,741
3	If gain, also enter in Part I,	n or (loss) as defined in sections 1 , line 8, column (c). See instructio					
	Part I, line 8			, J	3		33,424
Part		er Section 4940(e) for Reductions subject to the se					
If sec	tion 4940(d)(2) applies, leav the foundation liable for the	-	ble amount of a	any year in the ba			☐ Yes 🛛 No
1		unt in each column for each year			king anv e	ntries	
	(a)	(b)	1	(c)	<u> </u>		(d)
Cal	Base period years endar year (or tax year beginning in	Adjusted qualifying distributions	Net value o	of noncharitable-use as	ssets		stribution ratio divided by col. (c))
Car	2018		,929	976	5,635	(001 (0)	0.050100
	2017		,472		),973		0.048393
	2016		,027		1,452		0.049427
	2015		,097		7,366		0.052764
	2014		,279	1,031	1,380	•	0.049719
2	Total of line 1, column (d)				. 2		0.250403
3		for the 5-year base period—divide				T	
	•	oundation has been in existence if		-	. 3		0.050081
4	Enter the net value of none	charitable-use assets for 2019 fro	m Part X, line t	5	. 4	<u> </u>	975,640
5	Multiply line 4 by line 3				. 5		48,861
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	-	437
7	Add lines 5 and 6				7	-	49,298
8		ns from Part XII, line 4 .. ter than line 7, check the box in P			. 8 it part usin	  g a 1%	45,780 tax rate See the

57-0835071

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstruc	ctions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1				- 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	1			873
	here ▶ ☐ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of				
_	Part I, line 12, col. (b)				0
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0 72
3	Add lines 1 and 2	3 4			873
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	5			873
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	-			<del>- 673</del>
6	Credits/Payments. 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 275				
a b	Exempt foreign organizations—tax withheld at source  6b  6b				
C	Tax paid with application for extension of time to file (Form 8868) 6c				j
d	Backup withholding erroneously withheld 6d				ļ
7	Total credits and payments. Add lines 6a through 6d	7			275
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			598
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . •	10			0
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ► Refunded ►	11			0
Part	VII-A Statements Regarding Activities			[	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	d it		Yes	-
_	participate or intervene in any political campaign?		<u>1a</u>	+	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	9	45		×
	instructions for the definition	riale	1b	-	<del>  ^-</del> -
	published or distributed by the foundation in connection with the activities.	iiais			
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. >\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp	osed			
	on foundation managers.   \$\Bigs\\$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.				1.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			-	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	-	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. 4b	N/A	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• •	.   3		<u> </u>
6	If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
U	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>	that			1 1
	conflict with the state law remain in the governing instrument?		. 6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	SC				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge	neral	<u> </u>		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		. 8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(			_	
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV	√. If			
	"Yes," complete Part XIV		. 9	-	<u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their			V
	names and addresses		<u>  10</u>		X

Part	VII-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		X
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		X
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 ► THOMASVILLE NATIONAL BANK Telephone no. ► 229-227	-0600		
	Located at ► PO BOX 1177 THOMASVILLE, GA ZIP+4 ►			1799
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	[	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
	name of the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
	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			
	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? X 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)?	1		
4	(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)			
	<u> </u>			1
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	<u> </u>		<u> </u>
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	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	4-	<del></del>	
•	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))			
2	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
u	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			!
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse		l	
	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.) , ,	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<del></del> -		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х

57-0835071

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

Form 99	90-PF (2019)	MCCALL FOUNDATION							57-08	35071	F	age 6
Part	VII-B,	Statements Regarding Activities t	or Wh	ich Form 47	720 Ma	ay Be Req	uired (	continue)	d)			
5a		year, did the foundation pay or incur a on propaganda, or otherwise attempt to			(sectio	on 4945(e))	? .	Yes	X No		Yes	No
		ce the outcome of any specific public e		(see section	4955), 	or to carry o	on,	Yes	X No		;	
		e a grant to an individual for travel, stud		ther similar pu	ırposes	s?		Yes	X No			
	(4) Provid	e a grant to an organization other than an 4945(d)(4)(A)? See instructions .					ed in	Yes	X No			
		e for any purpose other than religious, oses, or for the prevention of cruelty to ch			literary	, or educati	onal	Yes	X No			
b		wer is "Yes" to 5a(1)–(5), did <b>any</b> of thens section 53.4945 or in a current notice							bed in	5b	N/A	
С	If the ansv	ions relying on a current notice regardir ver is "Yes" to question 5a(4), does the t maintained expenditure responsibility	founda	ition claim ex				· ·	► □ No	ļ,		
6a	Did the fo	ttach the statement required by Regula undation, during the year, receive any fonal benefit contract?	unds, d	rectly or indi	ectly, t	o pay prem		☐ Yes	⊠ No			
b		undation, during the year, pay premium 6b, file Form 8870.	s, direc	tly or indirect	ly, on a	personal b	enefit d	contract?	•	6b		X
7a		during the tax year, was the foundation a pa						Yes	_			
b	•	id the foundation receive any proceeds		•				nsaction?		7b	N/A	
8		ndation subject to the section 4960 tax of tion or excess parachute payment(s) du				\$1,000,000		☐ Yes	X No			
Pari	VIII Ir	formation About Officers, Direct								ploye	es,	
		nd Contractors	-41		سة م حاله الم		4: 6	en inntm				
	List all of	ficers, directors, trustees, and found		nanagers an le, and average		mpensation		Contribution				
		(a) Name and address	hou	urs per week ted to position	(lf	not paid, nter -0-)	empl	oyee benefit erred compe	plans	(e) Expe	ense ac allowan	
		NATIONAL BANK HOMASVILLE GA 31799	TRUS	TEE 2 00		8,336						·
	IUR C MCC	CALL II STREET DURHAM, NC 27705	DISTF	RIB COMMITT 1 00		0			1			
	M ELLEFS		DISTE	RIB COMMIT								
		JRT GREENVILLE, SC 29601		1.00		0						
2	Compens "NONE."	ation of five highest-paid employees	(other	than those	includ	ed on line	l—see	instructi	ons). If	none,	enter	•
	(a) Name and	l address of each employee paid more than \$50,00	10	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	isation	(d) Contribution (d) Co	benefit deferred	(e) Expe	ense ac allowan	
NONE												

Pa	rt VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	ONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI		
	al number of others receiving over \$50,000 for professional services	
P	art 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 anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
3		
4		
P	art IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
Α	other program-related investments. See instructions	
3		
Tot	al. Add lines 1 through 3	(

57-0835071

<b>Part</b>	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundation	ons,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	990,497
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	990,497
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	990,497
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	14,857
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	975,640
6	Minimum investment return. Enter 5% of line 5	6	48,782
Part		ons	
	and certain foreign organizations, check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	48,782
2a	Tax on investment income for 2019 from Part VI, line 5	3	
b	Income tax for 2019. (This does not include the tax from Part VI.) .		
С	Add lines 2a and 2b	2c	873
3	Distributable amount before adjustments Subtract line 2c from line 1	3	47,909
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	47,909
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	47,909
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	45,780
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	45,780
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	45,780
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will	hether the 1	oundation
	qualifies for the section 4940(e) reduction of tax in those years.		

∙arτ	Undistributed income (see instructions)				
		(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1	Distributable amount for 2019 from Part XI, line 7				47,909
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only			34,307	
b	Total for prior years 20, 20, 20		,		
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
c	From 2016				
d	From 2017				
_	From 2018				
f	Total of lines 3a through e	0			· · · · · · · · · · · · · · · · · · ·
4	Qualifying distributions for 2019 from Part XII,	<u> </u>			
•	line 4. ► \$ 45,780				
_	Applied to 2018, but not more than line 2a			34,307	
	· ·			34,307	
D	Applied to undistributed income of prior years				
	(Election required—see instructions)	-			
С	Treated as distributions out of corpus (Election				
_	required—see instructions)				44.470
d	Applied to 2019 distributable amount				11,473
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019.				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed		•		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions			o	
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2020				36,436
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2014 not				··
-	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.		<del>.</del>		
-	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				3
а	_ '			}	
b	Excess from 2016 .				
C	Excess from 2017				
d	Excess from 2018				_
-	Excess from 2019				•

Part	XIV Private Operating Foundation	ons (see instruct	ions and Part VI	I-A, question 9)		N/A
	If the foundation has received a ruling of					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the foundation				4942(j)(3	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for each year listed					0
ь	85% of line 2a					0
C	Qualifying distributions from Part XII,					
·	line 4, for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c		/			0
3	Complete 3a, b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	_ ^ /				0
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed					0
C	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section				·	
	512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					_
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization .					0
Part	(4) Gross investment income  XV Supplementary Information	(Complete this	nart only if the	l a foundation ha	d \$5 000 or mor	
rait	any time during the year—			e iouridation na	u \$5,000 OF FINOR	e iii assets at
	Information Regarding Foundation N		· · · · · · · · · · · · · · · · · · ·			
'a	List any managers of the foundation wh		d more than 2% o	f the total contribu	tions received by th	ne foundation
_	before the close of any tax year (but on					
NONE	• • •			, ,		
	List any managers of the foundation wh	no own 10% or mo	ore of the stock of	a corporation (or a	n equally large por	tion of the
	ownership of a partnership or other ent					
NONE				_		
2	Information Regarding Contribution,	Grant, Gift, Loai	n, Scholarship, et	tc., Programs:		
	Check here ▶ 🗓 if the foundation or	nly makes contribu	tions to preselecte	ed charitable organ	izations and does	not accept
	unsolicited requests for funds If the fou		-	individuals or orga	anizations under ot	her
	conditions, complete items 2a, b, c, and	d d See instructio	ns.			
а	The name, address, and telephone nur	mber or email add	ress of the person	to whom applicate	ons should be add	ressed.
b	The form in which applications should be	pe submitted and i	nformation and ma	aterials they should	d include:	
С	Any submission deadlines					
d	Any restrictions or limitations on award	s, such as by geo	graphical areas, ch	narıtable fields, kin	ds of institutions o	r other
-	factors.		,	,		

Part XV Supplementary Information (continu	ued)			
3 Grants and Contributions Paid During t	the Year or Approve	1	ure Payment	1
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	Or substantial contributor			
See Attached Statement				
				7
				·
•				
•				
Total				<b>3a</b> 45,780
<b>b</b> Approved for future payment				
NONE				
			·	'
•				
		<u></u>		

	rt XVI-A. Analysis of Income-Producing	Activities				
Ente	er gross amounts unless otherwise indicated.		siness income	Excluded by section	on 512, 513, or 514	(e)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue:					(000 ///0000000)
	a	_		l — — -		
	b	_				<del></del>
	C	_				
	d	_				
	e					
	f	_				
	<b>g</b> 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	23,323	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
	<b>b</b> Not debt-financed property					
6	Net rental income or (loss) from personal proper	ty				
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventor	у		18	33,741	
9	Net income or (loss) from special events					_
10	Gross profit or (loss) from sales of inventory					
11	Other revenue. a					
	b					
	C					
	d					
	е					
12	Subtotal Add columns (b), (d), and (e)		0		57,064	
13	Total. Add line 12, columns (b), (d), and (e)				13	57,064
(See	e worksheet in line 13 instructions to verify calcula	itions)				
Рa	rt XVI-B Relationship of Activities to th	e Accomplishme	nt of Exempt	Purposes		
Lin	ne No. Explain below how each activity for which in accomplishment of the foundation's exempt	come is reported in conjugate than	olumn (e) of Part 3	XVI-A contributed	importantly to the	ons )
	▼ accomplishment of the foundation's exempt	parposes (ourse utarr	-, -, -, -, -, -, -, -, -, -, -, -, -, -	s for such purpos	es) (See instructi	
	Not Applicable	parposes (exist water	-	s for such purpos	es) (See instructi	
	<del></del>	parposee (enter true)		s for such purpos	es) (See Instructi	
	<del></del>	parposes (euror unear		s for such purpos	es) (See Instructi	
	<del></del>	parpasse (out of the		s for such purpos	es) (See instructi	
	<del></del>	porposed (out of the		s for such purpos	es) (See Instructi	
	<del></del>			s for such purpos	es) (See instructi	
	<del></del>			s for such purpos	es) (See instructi	
	<del></del>			s for such purpos	es) (See instructi	
	<del></del>			s for such purpos	es) (See instructi	
	<del></del>			s for such purpos	es) (See instructi	
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	<del></del>			s for such purpos	es) (See Instructi	
	<del></del>			s for such purpos	es) (See Instructi	
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	<del></del>			s for such purpos	es) (See Instructi	
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	<del></del>			s for such purpos	es) (See Instructi	
	<del></del>			s for such purpos	es) (See Instructi	
	<del></del>			s for such purpos	es) (See Instructi	
	<del></del>			s for such purpos	es) (See Instructi	

Part	XVII	Information Exempt Org	Regarding Trans	fers to	and Transa	actions	and Re	lationship	s With N	loncharit	able		
<del>1</del>	Did tl	he organization d	lirectly or indirectly e	ngage ir	any of the fo	ollowing	with any	other organi	zation de	scribed		Yes	No
•	ın se	ction 501(c) (othe	er than section 501(c	)(3) orga	anizations) or	ın secti	on 527, r	elating to pol	itıcal				
	•	nizations?						. £					
а			porting foundation to								40/4)		<del>~</del>
	. ,								•		1a(1) 1a(2)		X
				•							Id(Z)		
b		r transactions:	a nanaharitahla ayar	mot orac	nization						1b(1)		X
			a noncharitable exer ets from a noncharita						- • •		1b(2)		X
			equipment, or other		. •				• •	• •	1b(3)		X
			rrangements								1b(4)		X
			rantees								1b(5)		X
			rvices or membershi								1b(6)		X
С			quipment, mailing lis								1c		Х
d			he above is "Yes," com							fair market			
_	value	of the goods, othe	er assets, or services gi or sharing arrangemen	iven by th	ne reporting for	undation	If the fou	ndation receiv	ed less that	an fair mark	et		
(a) Line		(b) Amount involved	(c) Name of noncl					cription of transf				angeme	nts
			Not Applicable										
							_						
					<del></del> -								
		<u> </u>											
	+												
	+												
					-			<del></del>	-				
	<u> </u>												
2a b	desc	ribed in section 5	ctly or indirectly affilia i01(c) (other than sec following schedule.					x-exempt org	anization	s . 🔲	Yes	X N	0
•		(a) Name of organ	<u> </u>		(b) Type of org	anization			(c) Descrip	tion of relatio	nship		
		· · · · · · · · · · · · · · · · · · ·											
				<del></del>	<del></del>								_
			fare that I have examined this re on of preparer (other than taxpay						knowledge and				
Sign	L	. ,	on or preparer (outer than taxpa)	(01) 13 50300	1	_ k		omougo		May the IRS			
Here	Sign	المحد (بسير) nature of officer or trus	stee	·	4/3/2020 Date	Title	USTEE			See instruc		Yes	
	I Sigi	Print/Type preparer		Prepar	er's signature			Date	1.	. 🗀 . 1	PTIN		
Paid		TIMOTHY S VA			.s. Vanna			4/3/20		eck if   f-employed		7 <b>4</b> ∩¤	
Prepa	rer		CCH TRUST US					1 4/3/20	Firm's EIN			, <del>, , , , ,</del>	
Use C	nly		225 CHASTAIN ME	ADOWS	CT, KENNE	SAW. C	A 30144		Phone no	866-3		6	

## Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Ben Lucas Sponsorship/Archway Inst. For Mental Health & Addictive Disorders Street 3941 Tamıami Trail, Ste. 3157-53 **Foreign Country** State Zip Code City 33950 Punta Gorda Foundation Status Relationship NONE **Amount** Purpose of grant/contribution **GENERAL FINANCIAL SUPPORT** 100 Name Bon Secours/St. Francis Hospital **Street** 1 St. Francis Drive State Zip Code **Foreign Country** City SC 29601 Greenville Foundation Status Relationship lрс **Amount** Purpose of grant/contribution 1,000 **GENERAL FINANCIAL SUPPORT** Christ Church Episcopal School Memorial-M/M AC McCall Street 245 Cavalier Drive State Zip Code Foreign Country City 29601 Greenville SC Relationship **Foundation Status** PC NONE Purpose of grant/contribution Amount 2,886 **GENERAL FINANCIAL SUPPORT** Christ Church Episcopal School Memorial-M/M AC McCall Street 245 Cavalier Drive Foreign Country State Zip Code City SC 29601 Greenville **Foundation Status** Relationship NONE **Amount** Purpose of grant/contribution GENERAL FINANCIAL SUPPORT 750 Name A Child's Haven Street 20 Martin Drive State Zip Code Foreign Country City SC 29617 Greenville Relationship Foundation Status PC Purpose of grant/contribution **Amount** 250 GENERAL FINANCIAL SUPPORT Camperdown Academy Street 501 Howell Road Zip Code Foreign Country City State 29615 SC Greenville Foundation Status Relationship PC NONE Purpose of grant/contribution **Amount** 3,053 **GENERAL FINANCIAL SUPPORT**

Continuation of Part XV, Lir Recipient(s) paid during the year	<u>ie 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	During the	e Year
Name						
Cancer Survivor's Park						
Street						
52 Cleveland Street			T=	- In		
City		State	Zip Code	Foreign Count	try	
Greenville Relationship	Foundation Status	SC	29601		· . ·	
NONE	PC					
Purpose of grant/contribution	,, ·			-	Amount	
GENERAL FINANCIAL SUPPORT						500
Name						
Christ Episcopal Church						
Street						
10 N. Church Street		0.1	l <del>s:</del> 0 4	- · ·		
City		State	Zip Code 29601	Foreign Count	try	
Greenville Relationship	Foundation Status	SU	129001			
NONE	PC					
Purpose of grant/contribution	, -				Amount	
GENERAL FINANCIAL SUPPORT						5,150
Name						
Christ Episcopal Church						
Street						
10 N Church Street			<del></del>			
City			Zip Code	Foreign Count	try	
Greenville Relationship	Foundation Status	SC	29601			
NONE	PC					
Purpose of grant/contribution	<u> </u>				Amount	
GENERAL FINANCIAL SUPPORT						2,886
Name				•		
Christ the King Grace Church				\		
Street						
9630 Ocean Highway						
City			Zip Code	Foreign Count	try	
Pawley s Island	Foundation Status	SC	29585			<del></del>
Relationship NONE	PC					
Purpose of grant/contribution	ji O				Amount	
GENERAL FINANCIAL SUPPORT						3,053
Name						
Down Home NC - Alliance for a Just So	cietv					
Street						
3518 S Edmunds St						
City			Zip Code	Foreign Count	try	
Seattle Paletianahin	Foundation Status	WA	98118		<del></del>	
Relationship NONE	PC					
Purpose of grant/contribution	<u></u>				Amount	
GENERAL FINANCIAL SUPPORT						200
Name	-					
Family Effect (The)						
Street						
1400 Cleveland Street						
City			Zip Code	Foreign Count	try	
Greenville	F	SC	29607			
Relationship NONE	Foundation Status					
Purpose of grant/contribution	Įr O				Amount	
GENERAL FINANCIAL SUPPORT						_1,000

## Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name Family Effect (The) Street 1400 Cleveland Street State Zip Code **Foreign Country** City 29607 SC Greenville Foundation Status Relationship NONE Purpose of grant/contribution **Amount** GENERAL FINANCIAL SUPPORT 200 Name Greenville Free Medical Clinic Street P.O Box 8993 State Zip Code **Foreign Country** City SC 29602 Greenville Foundation Status Relationship PC NONE Amount Purpose of grant/contribution **GENERAL FINANCIAL SUPPORT** 100 Greenville Humane Society Street 305 Airport Road Foreign Country City State Zip Code 29607 Greenville SC Relationship Foundation Status NONE PC Purpose of grant/contribution **Amount GENERAL FINANCIAL SUPPORT** 200 Name Ben Lippen School Street 7401 Monticello Rd State Zip Code **Foreign Country** City 29603 Greenville SC Foundation Status Relationship NONE Amount Purpose of grant/contribution 3,053 **GENERAL FINANCIAL SUPPORT** Presbyterian College-Dr. Fred Chapman Fund Street 503 South Broad St. State Zip Code **Foreign Country** City Clinton SC 29325 Foundation Status Relationship lРС NONE Purpose of grant/contribution Amount **GENERAL FINANCIAL SUPPORT** 750 Name St. Paul's Anglican Church Street 304 E. Camperdown Way State Zip Code Foreign Country City 29601 Greenville SC Relationship Foundation Status NONE PC Purpose of grant/contribution Amount **GENERAL FINANCIAL SUPPORT** 5,000

## Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year Name St. Paul's Anglican Church Street 304 E. Camperdown Way State Zip Code Foreign Country City 29601 SC Greenville Foundation Status Relationship NONE Purpose of grant/contribution Amount **GENERAL FINANCIAL SUPPORT** 5,310 Name St. Paul's Anglican Church Street 304 E. Camperdown Way State Zip Code Foreign Country City 29601 SC Greenville Foundation Status Relationship PC NONE Amount Purpose of grant/contribution 3,847 **GENERAL FINANCIAL SUPPORT** YMCA of Greenville Foundation, INC-Learn to Swim Program Street 720 Cleveland Street State Zip Code **Foreign Country** City 29601 Greenville SC **Foundation Status** Relationship NONE PC Purpose of grant/contribution Amount 2,500 GENERAL FINANCIAL SUPPORT Name YMCA of Greenville Endowment Street 720 Cleveland Street State Zip Code Foreign Country City 29601 SC Greenville Foundation Status Relationship NONE Amount Purpose of grant/contribution 2,886 **GENERAL FINANCIAL SUPPORT** Name Trout Unlimited / Triangle Fly Fishers Street 121 Painted Rock Ct State Zip Code **Foreign Country** City NC 27529 Garner Foundation Status Relationship lрс NONE Amount Purpose of grant/contribution 100 **GENERAL FINANCIAL SUPPORT** Name United Way of Greenville County Street 105 Edinburgh Ct Foreign Country City State Zip Code Greenville 29607 SC **Foundation Status** Relationship NONE PC Purpose of grant/contribution **Amount GENERAL FINANCIAL SUPPORT** 157

Continuation of Part XV, Lir	ne 3a (990-PF) -	<u>Gran</u>	<u>ts and Cont</u>	ributions Paid	<b>During the Year</b>
Recipient(s) paid during the year					
Name					
Alzheimers Society					
Street					
4124 Clemson Blvd , Ste L					
City			Zip Code	Foreign Count	try
ANDERSON		SC	29261		
Relationship	Foundation Status				
NONE	PC				
Purpose of grant/contribution GENERAL FINANCIAL SUPPORT					Amount 750
Name Fund for UNC Kenan-Flagler: MBA Pro	gram (171732)		,	-	
Street	3.4				
UNC Chapel Hill, P.O. Box 309					
City		State	Zip Code	Foreign Count	trv
Chapel Hill		NC	27514-0309	<b>g</b>	,
Relationship	Foundation Status	110	127014 0000		
	PC				
NONE	PC				Amount
Purpose of grant/contribution					
GENERAL FINANCIAL SUPPORT					100
Name					
Street		-			
City	_	State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	<u> </u>	<u> </u>		
		<u>-</u>			IA
Purpose of grant/contribution					Amount
Name	4			,	
Street				<del></del>	
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	<u> </u>	1		
Purpose of grant/contribution					Amount
				· · · · · · · · · · · · · · · · · · ·	Amount
Name .					
Street					•
City		State	Zip Code	Foreign Count	try
Relationship	Foundation Status				
Purpose of grant/contribution					Amount
Name					<del> </del>
Street	•				
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status				
Purpose of grant/contribution	<u> </u>				Amount

Inventory
Than
Other
Assets
Sale of
s from
in/Los
. Gai
(990-PF
ine 6

1, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory	Loss from Sale	e of Assets (	Other Than Invento	λί										
								Totals	Scool	9	Cost or Other Basis, Expenses,	asis, Expenses,	Net Gain	LIE
	Amount	,							Sales	S	Depreciation and Adjustments	d Adjustments	or Loss	SS
Long Term CG Distributions	317	. '					Cap	Capital Gains/Losses		207,105		173,364		33
Short Term CG Distributions	,							Other sales		0		0		
				Check X if										
		Check X		Purchaser		į	i		1	Melicelia	Expense of Sale			0
Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	and Cost of Improvements	Depreciation	Adiustments	or Loss
1 TRUIST FINANCIAL CORP	89832Q109	×				12/27/2018	12/13/2019	41	F					
2 APPLE, INC	037833100	×				7/26/2018	10/1/2019	4,497	3,889					_
3 WALT DISNEY CO	254687106	×				5/2/2018	10/1/2019	5,841	4,507					-
4 ISHARE RUSSELL MIDCAP G	464287481	×				7/19/2005	10/1/2019	13,980	4,472					တ်
5 PROCTER & GAMBLE CO	742718109	×				7/17/2014	10/1/2019	10,525	6,845					E.
- 6 BIOGEN IDEC INC	09062X103	×				6/9/2016	10/22/2019	5,177	4,161					F
. 7 CELGENE CORP	151020104	×				5/10/2017	11/21/2019	10,263	11,362					÷
8 SOUTHERN COMPANY	842587107	×				3/8/2019	9/11/2019	5,057	4,302					1
9 SOUTHERN COMPANY	842587107	×				8/15/2018	9/11/2019	8,924	7,056					7
10 GENERAL MILLS		×				9/19/2018	9/20/2019	12,239	9,983					2,
11 BANK WEST SAN FRANCISCO	065680NW6	×				7/25/2018	8/1/2019	20,000	20,000					
		×				8/3/2016	6/28/2019	9,307	7,397					1,1
13 NOVARTIS A G SPONSORED	66987V109	×				4/7/2016	6/28/2019	11,223	8,134					3,0
	H01301128	×				8/3/2016	6/26/2019	1,224	1,009					
	H01301128	×				4/7/2016	6/26/2019	1,476	1,109					
_		×				6/22/2016	4/4/2019	2,977	1,278					1,6
		×				6/2/2016	4/4/2019	41,312	41,848					•
$\neg$		×				10/15/2014	4/4/2019	14,749	15,033					•
Т	92826C839	×				3/29/2017	4/4/2019	3,930	2,234					1,1
ı	254687106	×				2/10/2016	3/8/2019	1,926	1,519					
Т	254687106	×				8/24/2015	3/8/2019	4,305	3,660					
$\neg$	343498101	×				10/6/2014	3/8/2019	3,448	3,111					
23 PROCTER & GAMBLE CO	742718109	×				8/6/2014	3/8/2019	3,435	2,840					-
24 SUNTRUST BANKS INC	867914103	×				12/27/2018	3/8/2019	5,828	4,475					-
25 VISA INC COM CL A	92826C839	×				3/29/2017	3/8/2019	5,129	3,128					2,1

Part I, Line 18 (990-PF) - Taxes

	709	576	٠ 0	0
	Revenue			Disbursements
,	and Expenses	Net Investment	Adjusted	for Charitable
Description	per Books	Income	Net Income	Purposes
1 FOREIGN TAXES	576	576		
2 ESTIMATED TAXES	133			

ार IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	33.	Gains Minus	Excess FMV Ov	Adj Basis or Loss			- 0	6	5	-		-	1		-	3			-								
	0	Excess of FMV	Over	Adjusted Basis						Ö	Ö		jö	ō	ō	ō		0	Ö	ō	0	Č	0	ō		0	-
	0	Adjusted Basis	as of	89/16/21					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	>₩.	asof	12/31/69	5 0			Dic	0	0	0	0	ō	0	0	0	0	0	0	0	0	0	0	0	0	0	
	33,424			Gain or Loss	0	1 226	508	3,680	1,017	1 099	755	1.868	2.256	0	1,910	3 089	215	367	1,699	-536	-284	1,696	407	645	336	294	4 262
	173,364	Cost or Other	Basis Plus	Expense of Sale	0000	2,005	4 472	6.845	4.161	11.362	4,302	7.056	9.983	20,000	7,397	8,134	1.009	1,109	1,278	41,848	15,033	2.234	1.519	3,660	3,111	2,840	17.
	0			Adjustrients																							
	0		Depreciation	Allowed																							
	206,788		Gross	Sales Fillos	707 7	5,431	13.980	10.525	5,177	10,263	5,057	8,924	12,239	20,000	9,307	11,223	1,224	1,476	2,977	41,312	14,749	3,930	1,926	4,305	3,448	3,435	000 1
			Date	12/12/2010	10/4/2010	10/1/2019	10/1/2019	10/1/2019	10/22/2019	11/21/2019	9/11/2019	9/11/2019	9/20/2019	8/1/2019	6/28/2019	6/28/2019	6/26/2019	6/26/2019	4/4/2019	4/4/2019	4/4/2019	4/4/2019	3/8/2019	3/8/2019	3/8/2019	3/8/2019	0.000000
			Date	12/27/2018	7/26/2018	5/2/2018	7/19/2005	7/17/2014	6/9/2016	5/10/2017	3/8/2019	8/15/2018	9/19/2018	7/25/2018	8/3/2016	4/7/2016	8/3/2016	4/7/2016	6/22/2016	6/2/2016	10/15/2014	3/29/2017	2/10/2016	8/24/2015	10/6/2014	8/6/2014	42/27/2010
			Acquisition	DOMESTIC																							
317	0		100	898320100	037833100	254687106	464287481	742718109	09062X103	151020104	842587107	842587107	370334104	065680NW6	66987V109	66987V109	H01301128	H01301128	594918104	921937827	921937827	92826C839	254687106	254687106	343498101	742718109	007044403
Long Term CG Distributions	Short Term CG Distributions		Decomposition of Presents Cold	TRUIST FINANCIAL CORP	APPI F INC	3 WALT DISNEY CO	ISHARE RUSSELL MIDCAP G	PROCTER & GAMBLE CO	BIOGEN IDEC INC	CELGENE CORP	SOUTHERN COMPANY		10 GENERAL MILLS	11 BANK WEST SAN FRANCISCO	12 NOVARTIS A G SPONSORED	13 NOVARTIS A G SPONSORED	14 ALCON INC ORD SHS	15 ALCON INC ORD SHS	16 MICROSOFT CORP		18 VANGUARD SHORT TERM BO	19 VISA INC COM CL A		21 WALT DISNEY CO	22 FLOWERS FOODS INC	23 PROCTER & GAMBLE CO	24 SHINTEHST BANKS INC

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Part VI, Line 6a (990-PF) - Estimated Tax Payments

	Date	Amount
1 Credit from prior year return	1	142
2 First quarter estimated tax payment	2	
3 Second quarter estimated tax payment	3	
4 Third quarter estimated tax payment	4	<del></del>
5 Fourth quarter estimated tax payment	5	
6 Other payments	6	133
7 Total	<u> 7</u>	275

Expense Account Benefits 8,336 Compensation 8,336 Avg Hrs Per Week 2 00 8 1 8 DISTRIB DISTRIB Title Foreign Country State Zip Code GA 31799 رغط VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers حبط المادية 27705 29601 City THOMASVILLE GREENVILLE DURHAM 3725 HERMINE STREET 8 LA VISTA COURT Check "X" S If Business S X PO BOX 1177 Name
THOMASVILLE NATIONAL BANK ARTHUR C MCCALL II JANE M ELLEFSON က

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income		
1 Distributable amounts for 2018 that remained undistributed at the beginning of the 2019 tax year	1	34,307
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	<u> </u>
10 Total	. 10	34,307

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