

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation THE SUNSHINE FOUNDATION INC		A Employer identification number 57-1060737	
Number and street (or P.O. box number if mail is not delivered to street address) 1664 JACKSON STREET		B Telephone number (see instructions) (803) 259-1404	
City or town, state or province, country, and ZIP or foreign postal code BARNWELL, SC 29812		C If exemption application is pending, check here ☐	
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here..... ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ... ☐	
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 8,253,136		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	428,000			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	135,822	135,606		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	163,269			
	b Gross sales price for all assets on line 6a 3,653,521				
	7 Capital gain net income (from Part IV, line 2) . . .		163,269		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	898	898		
	12 Total. Add lines 1 through 11	727,989	299,773		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	5,525	0		5,525
	c Other professional fees (attach schedule)	32,921	32,921		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,971	990		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	43,417	33,911		5,525
	25 Contributions, gifts, grants paid	420,158			420,158
	26 Total expenses and disbursements. Add lines 24 and 25	463,575	33,911		425,683
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	264,414			
	b Net investment income (if negative, enter -0-)		265,862		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	94,278	172,140	172,140
	2 Savings and temporary cash investments	17,835	16,036	16,036
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	7,281,604	8,064,960	8,064,960
	c 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)			
	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)	7,393,717	8,253,136	8,253,136	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	7,393,717	8,253,136	
	29 Total net assets or fund balances (see instructions)	7,393,717	8,253,136	
30 Total liabilities and net assets/fund balances (see instructions) .	7,393,717	8,253,136		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	7,393,717
2 Enter amount from Part I, line 27a	2	264,414
3 Other increases not included in line 2 (itemize) ▶ _____	3	595,005
4 Add lines 1, 2, and 3	4	8,253,136
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	8,253,136

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	163,269
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	

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

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

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

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



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	405,113	7,999,803	0.050640
2017	395,131	8,036,330	0.049168
2016	383,039	7,778,528	0.049243
2015	333,123	8,238,721	0.040434
2014	258,398	8,324,069	0.031042

2 Total of line 1, column (d)	2	0.220527
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.044105
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	7,889,474
5 Multiply line 4 by line 3	5	347,965
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,659
7 Add lines 5 and 6	7	350,624
8 Enter qualifying distributions from Part XII, line 4	8	425,683

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	2,659
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	2,659
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2,659
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	3,240
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	3,240
8	Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	581
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 581 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 (2) On foundation managers. \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
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 General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	No
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>NELLIE ROSIER</u> Telephone no. ► <u>(803) 541-3410</u>			

Located at ► 1664 JACKSON STREET BARNWELL SCZIP+4 ► 29812

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	☐		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	
	Organizations relying on a current notice regarding disaster assistance check here. ► ☐		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☒ No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the 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	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	7,867,143
b	Average of monthly cash balances.	1b	142,475
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	8,009,618
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	8,009,618
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	120,144
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,889,474
6	Minimum investment return. Enter 5% of line 5.	6	394,474

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

1	Minimum investment return from Part X, line 6.	1	394,474
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	2,659
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	2,659
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	391,815
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	391,815
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	391,815

Part XII Qualifying Distributions (see instructions)

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	425,683
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	425,683
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	2,659
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	423,024

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				391,815
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			378,373	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>425,683</u>				
a Applied to 2018, but not more than line 2a			378,373	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				47,310
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	0			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				344,505
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).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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:					
a "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.					
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	420,158
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
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	135,822	
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.			14	898	
8 Gain or (loss) from sales of assets other than inventory			14	163,269	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . .		0		299,989	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13	299,989	299,989

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

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

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

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

Sign Here 	*****	2020-11-11	*****	May the IRS discuss this return with the preparer shown below (see instr.) ☒ Yes ☐ No
	_____ Signature of officer or trustee	_____ Date	_____ Title	

Paid Preparer Use Only	STACY STOKES		2020-11-11		
	Firm's name ► BAUKNIGHT PIETRAS & STORMER PA				Firm's EIN ► 57-0940019
	Firm's address ► 1501 MAIN ST SUITE 600 COLUMBIA, SC 29201				Phone no. (803) 771-8943

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
50987-4 (SEE ATTACHED STMT)			
50988-1 (SEE ATTACHED STMT)			
50999-9 (SEE ATTACHED STMT)			
51970-9 (SEE ATTACHED STMT)			
50987-4 (SEE ATTACHED STMT)			
50988-1 (SEE ATTACHED STMT)			
50999-9 (SEE ATTACHED STMT)			
51970-9 (SEE ATTACHED STMT)			
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
130,043		126,269	3,774
50,000		49,678	322
150,637		150,326	311
326,533		350,000	-23,467
789,983		738,106	51,877
130,292		125,261	5,031
263,843		225,612	38,231
1,794,487		1,725,000	69,487
17,703			17,703

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			3,774
			322
			311
			-23,467
			51,877
			5,031
			38,231
			69,487
			17,703

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
TERRY E RICHARDSON JR	BOARD MEMBER 0.00	0	0	0
1664 JACKSON STREET BARNWELL, SC 29812				
GAIL NESS RICHARDSON	BOARD MEMBER 0.00	0	0	0
1664 JACKSON STREET BARNWELL, SC 29812				
KATHERINE J RICHARDSON	BOARD MEMBER 0.00	0	0	0
1664 JACKSON STREET BARNWELL, SC 29812				
DAVID G BUNDY	BOARD MEMBER 0.00	0	0	0
1664 JACKSON STREET BARNWELL, SC 29812				
BETH BURKE RICHARDSON	BOARD MEMBER 0.00	0	0	0
1664 JACKSON STREET BARNWELL, SC 29812				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SC LEGAL SERVICES 2803 CARNER AVENUE NORTH CHARLESTON, SC 29405			ECONOMIC	1,000
BARNWELL COUNTY FAMILY YMCA 681-471 JOEY ZORN BVLD BARNWELL, SC 29812			HEALTH	1,960
CIRCLE THEATRE325 ACADEMY STREET BARNWELL, SC 29812			ECONOMIC	1,065
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHARLESTON SCHOOL OF THE ARTS 5109 W ENTERPRISE ST NORTH CHARLESTON, SC 29405			EDUCATIONAL	1,100
SOUTH CAROLINA BAR FOUNDATION 950 TAYLOR STREET COLUMBIA, SC 29202			ECONOMIC	1,750
CHARLESTON LEGAL ACCESS 1630-2 MEETING STREET CHARLESTON, SC 29405			ECONOMIC	2,500
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SC APPLESEED LEGAL JUSTICE CENTER 1518 WASHINGTON ST COLUMBIA, SC 29201			ECONOMIC	10,000
ETV ENDOWMENT OF SC 401 E KENNEDY ST SUITE B1 SPARTANBURG, SC 29302			ECONOMIC	500
BARNWELL UNITED METHODIST CHURCH 236 MAIN ST BARNWELL, SC 29812			ECONOMIC	6,156
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHIFA CLINIC 1092 JOHNNIE DODDS BLVD SUIT 108 MT PLEASANT, SC 29464			ECONOMIC	2,500
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202			ECONOMIC	2,700
WE ARE FAMILY FOUNDATION MIDTOWN STATION NEW YORK CITY, NY 10018			ECONOMIC	6,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BARNWELL COUNTY ANIMAL SHELTER FOUNDATION 55 DIAMOND RD BARNWELL, SC 29812			ECONOMIC	4,000
KIVA875 HOWARD ST SAN FRANCISCO, CA 94103			ECONOMIC	300
PLANNED PARENTHOOD HEALTH SYSTEM 200 RUTLEDGE AVE CHARLESTON, SC 29403			HEALTH	2,767
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRESH FUTURE FARMS 2008 SUCCESS STREET NORTH CHARLESTON, SC 29405			ECONOMIC	2,000
NARAL PRO-CHOICE AMERICA 1725 EYE STREET NW SUITE 900 WASHINGTON, DC 20006			ECONOMIC	1,000
SOUTH END CEMETARYS CARLISLE ST BAMBERG, SC 29003			ECONOMIC	100
Total ▶ 3a				420,158

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TRI COUNTY COMMUNITY FOUNDATION PO BOX 160 BARNWELL, SC 29812			ECONOMIC	55,300
PRUITTHEALTH - BARNWELL 31 WREN ST BARNWELL, SC 29812			ECONOMIC	1,100
EPWORTH CHILDREN'S HOME 2900 MILLWOOD AVE COLUMBIA, SC 29205			ECONOMIC	2,100
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BOYZ2MENPO BOX 661 BARNWELL, SC 29812			ECONOMIC	1,000
PALMETTO PROJECT 4500 FORT JACKSON BLVD COLUMBIA, SC 29209			ECONOMIC	792
WOFFORD COLLEGE LIBERTY FELLOWSHIP 429 N CHURCH STREET SPARTANBURG, SC 29303			EDUCATIONAL	5,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEACH FOR AMERICA 7301 RIVERS AVE SUITE 160 NORTH CHARLESTON, SC 29406			EDUCATIONAL	500
BARNWELL COUNTY LIBRARY 40 BURR ST BARNWELL, SC 29812			ECONOMIC	500
EDISTO OPEN LAND TRUSTPO BOX 1 EDISTO ISLAND, SC 29438			ECONOMIC	4,750
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONSERVATION VOTERS OF SOUTH CAROLINA 701 WHALEY ST SUITE 207 COLUMBIA, SC 29201			ECONOMIC	10,000
SC ENVIRONMENTAL LAW PROJECT 430 HIGHMARKET ST GEORGETOWN, SC 29440			ECONOMIC	1,000
THE NATURE CONSERVANCY 2231 DEVINE ST SUITE 100 COLUMBIA, SC 29205			ECONOMIC	25,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHERN ENVIRONMENTAL LAW CENTER 463 KING STREET SUITE B CHARLESTON, SC 29403			ENVIRONMENTAL	1,000
COASTAL CONSERVATION LEAGUE 328 EAST BAY STREET CHARLESTON, SC 29401			ENVIRONMENTAL	1,000
AXIS I CENTER OF BARNWELL 1644 JACKSON ST BARNWELL, SC 29812			ECONOMIC	5,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAROLINA HONDURAS HEALTH FOUNDATION 299 JACKSON ST BARNWELL, SC 29812			HEALTH	6,025
HEALTHY LEARNERS 2749 LAUREL STREET COLUMBIA, SC 29204			HEALTH	3,000
PEOPLE AGAINST RAPE 198 RUTLEDGE AVE 5 CHARLESTON, SC 29403			HEALTH	1,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIGHTHOUSE FOR LIFE 7320 BROAD RIVER RD IRMO, SC 29063			HEALTH	2,000
BLACKVILLE FIRST BAPTIST CHURCH 19449 SOLOMON BLATT AVE BLACKVILLE, SC 29817			ECONOMIC	1,900
CUMBEE CENTER TO ASSIST ABUSED PERSONS 254 BEAUFORT ST NE AIKEN, SC 29801			HEALTH	2,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BARNWELL COUNTY ARTS COUNCIL 9426 MARLBORO AVENUE BARNWELL, SC 29812			ECONOMIC	100
BARNWELL COUNTY SHERIFF'S OFFICE 599 JOEY ZORN BLVD BARNWELL, SC 29812			ECONOMIC	500
MISCELLANEOUS FAMILIES 1664 JACKSON STREET BARNWELL, SC 29812	N/A		ECONOMIC	35,570
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHARACTER RESTORATION INITIATIVE 362 BRYAN STREET ALLENDALE, SC 29810			ECONOMIC	1,000
COACHES 4 CHARACTER 411 RIVERS EDGE 814 GREENVILLE, SC 29601			ECONOMIC	1,000
THE COOPER SCHOOL13 OAKDALE PL CHARLESTON, SC 29407			EDUCATIONAL	1,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JANE EDWARDS ELEMENTARY SCHOOL 1960 JANE EDWARDS RD EDISTO ISLAND, SC 29438			EDUCATIONAL	300
TRINITY UNITED METHODIST CHURCH 11761 HERITAGE HWY BAMBERG, SC 29003			ECONOMIC	1,000
QUEEN'S UNIVERSITY 1900 SELWYN AVE CHARLOTTE, NC 28274			EDUCATIONAL	50,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EAST POINT ACADEMY1401 LEPHART ST WEST COLUMBIA, SC 29169			EDUCATIONAL	1,050
REACH OUT & READ86 WREN ST BARNWELL, SC 29812			ECONOMIC	3,000
NEVERTHIRST1112A EDENTON ST BIRMINGHAM, AL 35242			HEALTH	250
Total ▶ 3a				420,158

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARTNERS IN HEALTH HAITI 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199			HEALTH	200
THE CHEESE & CRACKER BOX 1162 NORTH ST BAMBERG, SC 29003			ECONOMIC	250
FIRST BAPTIST CHURCH OF BAMBERG 220 RAILROAD AVE BAMBERG, SC 29003			ECONOMIC	25
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BARNWELL COUNTY UNITED WAY 1644 JACKSON ST BARNWELL, SC 29812			ECONOMIC	50
SC CENTER FOR FATHER'S & FAMILIES 2711 MIDDLEBURG DR 111 COLUMBIA, SC 29204			ECONOMIC	100
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE STE 310 WHITE PLAINS, NY 10605			HEALTH	100
Total ▶ 3a				420,158

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ERSKINE COLLEGE2 WASHINGTON ST DUE WEST, SC 29639			EDUCATIONAL	1,000
ALLENDALE COUNTY SCHOOLS 3249 ALLENDALE-FAIRFAX HWY FAIRFAX, SC 29827			EDUCATIONAL	30,000
YMCA OF GREATER CHARLESTON 1064 GARDNER RD 113 CHARLESTON, SC 29407			ECONOMIC	1,000
Total ▶ 3a				420,158

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIRLS ON THE RUN COLUMBIA 105 LEXINGTON ST WEST COLUMBIA, SC 29169			ECONOMIC	250
HAMMOND SCHOOL854 GALWAY LN COLUMBIA, SC 29209			EDUCATIONAL	1,000
ACLU FOUNDATION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004			ECONOMIC	2,800
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GEE WARRIORS FOR JUSTICE FUND 701 S MAIN STREET SUITE 202 COLUMBIA, SC 29208			EDUCATIONAL	1,000
ONE JUSTICE 433 CALIFORNIA STREET SUITE 815 SAN FRANCISCO, CA 94104			ECONOMIC	500
THE CHARLESTON FORUM PO BOX 21136 CHARLESTON, SC 29413			ECONOMIC	5,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S TRUST1330 LADY ST 310 COLUMBIA, SC 29201			EDUCATIONAL	1,000
SC WREN1201 MAIN STREET SUITE 320 COLUMBIA, SC 29201			ECONOMIC	1,000
BROADWAY CARES 165 WEST 46TH STREET SUITE 1300 NEW YORK, NY 10036			HEALTH	100
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOLAR SISTER 94 INTERPROMONTORY ROAD GREAT FALLS, VA 22066			ECONOMIC	767
USC SCHOOL OF LAW701 MAIN ST COLUMBIA, SC 29208			EDUCATIONAL	3,000
ST JUDES501 ST JUDE PLACE MEMPHIS, TN 38105			ECONOMIC	100
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAST FORWARD SC 1331 ELMWOOD AVENUE SUITE 300 COLUMBIA, SC 29201			HEALTH	3,000
SADIE ELLEN FUND 300 WEST MORGAN STREET SUITE 1200 DURHAM, NC 27701			EDUCATIONAL	600
WATERKEEPER ALLIANCE 180 MAIDEN LN 603 NEW YORK, NY 10038			ECONOMIC	767
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009			ECONOMIC	2,000
GREAT SALKEHATCHIE CEMETARY FUND 465 JAMES BRANDT BLVD ALLENDALE, SC 29810			ECONOMIC	20
BARNWELL COUNTY UNITED WAY 660 JOEY ZORN BLVD BARNWELL, SC 29812			ECONOMIC	50
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST CHICAGO, IL 60611			HEALTH	100
IT TAKES A VILLAGEPO BOX 103 HOLLYWOOD, SC 29449			ECONOMIC	100
DOORS TO FREEDOM 1317-M NORTH MAIN ST 263 SUMMERVILLE, SC 29483			ECONOMIC	1,000
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BARNWELL BREAST CANCER SUPPORT GROUP 1644 JACKSON ST BARNWELL, SC 29003			HEALTH	25
BARNWELL COUNTY TREASURER 57 WALL ST 123 BARNWELL, SC 29003			ECONOMIC	200
BARNWELL COUNTY FIRST STEPS 11015 ELLENTON ST BARNWELL, SC 29812			ECONOMIC	100
Total ▶ 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORENCE CHORAL SOCIETY 1106 S EDISTO DR FLORENCE, SC 29501			ECONOMIC	50
ROPER HOSPICE COTTAGE 676 WANDO PARK BLVD MT PLEASANT, SC 29464			ECONOMIC	25
HAITI MISSION LOVE & GRACE MINISTRIES 229 BLYTHE ISLAND DR BLUFFTON, SC 29910			ECONOMIC	100
Total ▶ 3a				420,158

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10618			ECONOMIC	189
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 BELTLINE BLVD COLUMBIA, SC 29201			EDUCATIONAL	1,000
CLEMSON UNIVERSITY CLEMSON UNIVERSITY CLEMSON, SC 29634			EDUCATIONAL	25,550
Total ► 3a				420,158

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH EASTERN HOUSING AUTHORITY PO BOX 1326 BARNWELL, SC 29812			ECONOMIC	355
FMU- CENTER FOR THE CHILD 524 FRANCIS MARION RD FLORENCE, SC 29506			EDUCATIONAL	63,550
Total ▶ 3a				420,158

TY 2019 Accounting Fees Schedule**Name:** THE SUNSHINE FOUNDATION INC**EIN:** 57-1060737

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION FEES	5,525	0		5,525

TY 2019 Applied to Prior Year Election

Name: THE SUNSHINE FOUNDATION INC

EIN: 57-1060737

Election: PURSUANT TO CODE SEC. 4942(H)(2) AND REG. 53.4942 (A)-3 (D)(2), THE SUNSHINEFOUNDATION, INC. ELECTS TO TREAT THE 2015 TAX YEAR UNDISTRIBUTED INCOME TOWARD CURRENT YEAR QUALIFYING DISTRIBUTIONS.

TY 2019 Explanation of Non-Filing with Attorney General Statement

Name: THE SUNSHINE FOUNDATION INC

EIN: 57-1060737

Statement:

SOUTH CAROLINA NO LONGER REQUIRES A COPY OF FORM 990-PF TO BE FILED WITH THE STATE ATTORNEY GENERAL'S OFFICE.

TY 2019 Investments Corporate Stock Schedule**Name:** THE SUNSHINE FOUNDATION INC**EIN:** 57-1060737**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE SECURITIES/MUTUAL FUNDS	8,054,944	8,054,944
SERUUS TELECOM FUND, L.P.	10,016	10,016

TY 2019 Other Income Schedule

Name: THE SUNSHINE FOUNDATION INC

EIN: 57-1060737

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	898	898	898

TY 2019 Other Increases Schedule

Name: THE SUNSHINE FOUNDATION INC
EIN: 57-1060737

Description	Amount
UNREALIZED GAIN/LOSS	595,005

TY 2019 Other Professional Fees Schedule**Name:** THE SUNSHINE FOUNDATION INC**EIN:** 57-1060737

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	31,982	31,982		0
INVESTMENT EXPENSES	804	804		0
BANK FEES	135	135		0

TY 2019 Taxes Schedule**Name:** THE SUNSHINE FOUNDATION INC**EIN:** 57-1060737

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	990	990		0
ESTIMATED TAXES	3,981	0		0
FEDERAL TAX	0	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047 2019
	Name of the organization THE SUNSHINE FOUNDATION INC	Employer identification number 57-1060737

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE SUNSHINE FOUNDATION INC

Employer identification number
57-1060737

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AQUARIUS I LLC 1664 JACKSON STREET BARNWELL, SC 29812	\$ 428,000	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization THE SUNSHINE FOUNDATION INC	Employer identification number 57-1060737
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

57-1060737

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)