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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation
Myers Family Charitable Foundation

A Employer identification number
82-2463728

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
4715 Strack Rd | 114

B Telephone number (see instructions)
281-4404865

City or town, state or province, country, and ZIP or foreign postal code
Houston TX 77069

Foreign country name | Foreign province/state/county | Foreign postal code

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ 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) ▶ $ 4,188,599

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☐ if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	342	342		
	4	Dividends and interest from securities	122,846	122,846		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	72,101			
	b	Gross sales price for all assets on line 6a 241,635				
	7	Capital gain net income (from Part IV, line 2)		72,101		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	195,289	195,289	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,880			
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	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	2,880	0	0	0
	25	Contributions, gifts, grants paid	185,000			185,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	187,880	0	0	185,000
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	7,409			
	b	**Net investment income** (if negative, enter -0-)		195,289		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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Form 990-PF (2019)

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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	22,779	10,036	10,036
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	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)			
	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)	3,660,443	4,270,563	4,178,563
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶ unrealized loss)	171,406		
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	3,854,628	4,280,599	4,188,599
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			
	27	Paid-in or capital surplus, or land, bldg , and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds	3,854,628	4,280,599	
	29	**Total net assets or fund balances** (see instructions)	3,854,628	4,280,599	
	30	**Total liabilities and net assets/fund balances** (see instructions)	3,854,628	4,280,599	

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	3,854,628
2	Enter amount from Part I, line 27a	2	7,409
3	Other increases not included in line 2 (itemize) ▶ gain in stock value	3	418,562
4	Add lines 1, 2, and 3	4	4,280,599
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	4,280,599

Part IV Capital Gains and Losses for Tax on Investment Income

	a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	Realty income reit	D	9/1/2017	12/31/2019
b	BP	D	9/1/2017	4/24/2019
c	Exxon	D	9/1/2017	4/24/2019
d				
e	Capital Gains Distributions			

	(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	40,293		32,176	8,117
b	109,579		84,965	24,614
c	54,629		52,393	2,236
d				
e				37,134

	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				8,117
b				24,614
c				2,236
d				
e				37,134

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	72,101
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	0

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	205,000	0	0 000000
2017	66,600	0	0 000000
2016	0	0	0 000000
2015	0	0	0 000000
2014	0	0	0 000000

2	**Total** of line 1, column (d)	2	0 000000
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 000000
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	0
8	Enter qualifying distributions from Part XII, line 4	8	0

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 ▶ [X] and enter "N/A" on line 1. Date of ruling or determination letter: 2/7/2018 (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	N/A
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	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax. Check here [ ] if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
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

			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		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ▶ SC, TX			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		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 ▶ bill@brpitcherpc com

14 The books are in care of ▶ B R Pitcher, P C Telephone no ▶ (281) 440-4865

Located at ▶ 4715 Strack Road Suite 114 Houston TX ZIP+4 ▶ 77069

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—check here . . . ▶ [X]
and enter the amount of tax-exempt interest received or accrued during the year . ▶ 15

			Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶	16		X

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 [X] No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .		[ ] Yes [X] No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		[ ] Yes [X] No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		[ ] Yes [X] 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 [X] 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 [X] No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ▶ [ ]	1b	N/A	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?		[ ] Yes [X] 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	N/A	
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 [X] No	
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019)	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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

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

		Yes	No
5a	During the year, did the foundation pay or incur any amount to		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ 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		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐	5b	X
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		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	X
	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		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A
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(s) 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, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DIANE MYERS 75 Shoreline Dr Hilton Head, SC 29928	TRUSTEE 30 00	0		

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 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

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

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

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Urban Impact of Blk RK 801 Union Pittsburgh Pa Aid to Public charity	30,000
2 Volunters for Medicine 15 Northridge Hilton Head SC Aid for public charity	10,000
3 St Lukes of Hilton Head 50 Pope Hilton Head SC Aid to public Charity	10,000
4 Blue Angels P O Box 1945 Pensacola, Fl Aid public charity	10,000

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 there are no programs other than to aid various charities as listed under section XV	
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	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)	4	
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	**Minimum investment return.** Enter 5% of line 5	6	0

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	
2a	Tax on investment income for 2019 from Part VI, line 5	2a		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	0
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	0

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	185,000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (prior IRS approval required)	3a	
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	185,000
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	185,000

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				
2	Undistributed income, if any, as of the end of 2019				
a	Enter amount for 2018 only			0	
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	65,664			
e	From 2018	205,000			
f	**Total** of lines 3a through e	270,664			
4	Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 185,000				
a	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
c	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				
e	Remaining amount distributed out of corpus	185,000			
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:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	455,664			
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				
d	Subtract line 6c from line 6b Taxable amount—see instructions				
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				0
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.** Subtract lines 7 and 8 from line 6a	455,664			
10	Analysis of line 9				
a	Excess from 2015				
b	Excess from 2016				
c	Excess from 2017	65,664			
d	Excess from 2018	205,000			
e	Excess from 2019	185,000			

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 ▶ 2/7/2018

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4, for each year listed	185,000	205,000	66,600		456,600
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	185,000	205,000	66,600		456,600
3 Complete 3a, b, or c for the alternative test relied upon					
a "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			624		624
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
(4) Gross investment income					0

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))

Diane Myers

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

Susan G Komen 5005 LBJ Freeway Dallas, TX 75244 (281) 440-4865

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

no restrictions

c Any submission deadlines

none

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

none

Part XV Supplementary Information *(continued)*

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Play For Pink 28 W 44th St New York, NY 10036			charity	5,000
Injured Marine Sempler Fi Fund P.O Box 55513 Camp Pendleton, CA 92055			charity	5,000
Friends of Ocean City P O Box 931 Ocean City, NJ 08226			charity	15,000
ETV Endowmment of South Carolina 401 E Kennedy St Spartanburg, SC 29302			charity	10,000
Hilton Head Symphony Orchester P O Box 5757 Hilton Head, SC 29938			charity	15,000
Ocean City Taberanacle 550 Wesley Ave Ocean City, NJ 08226			charity	5,000
Medical University 18 Bee St Charleston, SC 29425			charity	10,000
Memory Matter Alzheimer Hospital P O Box 22330 Hilton Head, SC 29925			charity	5,000
St Jude Childrens Research Hospital 262 Danny Thomas Place Memphis, TN 38105			charity	5,000
Hospice of the Low Country P O Box 3827 Bluffton, SC 29910			charity	1,000
Arcadia University 450 Seaston Rd Glenside, CA 92055			charity	1,000
Total See Attached Statement			▶ **3a**	185,000
b *Approved for future payment*				
Total			▶ **3b**	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 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					
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	110000	342	03		
4 Dividends and interest from securities	111000	122,846	02		
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	111000	72,101	03		
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)		195,289		0	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	195,289

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

▶ Diane M. Myers | Date | ▶ Pres/owner/trustee

Signature of officer or trustee | Title

May the IRS discuss this return with the preparer shown below? See instructions ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Bill R Pitcher	Bill R. Pitcher CPA	2/20/2020		P00235870

Firm's name ▶ B R Pitcher P C. Firm's EIN ▶ 76-0462724

Firm's address ▶ 4715 Strack Road Ste 114, Houston, TX 77069 Phone no (281) 440-4865

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2019

Name of the organization	Employer identification number
Myers Family Charitable Foundation	82-2463728

Organization type (check one)

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % 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 990-PF, 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	Employer identification number
Myers Family Charitable Foundation	82-2463728

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	Diane Myers 75 Shoreline Dr Hilton Head SC 29928 Foreign State or Province Foreign Country	$	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province. Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization	Employer identification number
Myers Family Charitable Foundation	82-2463728

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(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
		$	

Name of organization	Employer identification number
Myers Family Charitable Foundation	82-2463728

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) ▶ $ 0

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.

Recipient(s)

Name
Friends of Ocean City Pop
Street
P O Box 931

City	State	Zip Code	Foreign Country
Ocean City	NJ	08226	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Ocean City Tabernacle Association
Street
500 Wesley

City	State	Zip Code	Foreign Country
Ocean City	NJ	08226	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
ETV Endowment of South Carolina
Street
401 East Kennedy

City	State	Zip Code	Foreign Country
Spartanburg	SC	29302	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Hilton Head Symphony Orchestra
Street
32 Office Park

City	State	Zip Code	Foreign Country
Hilton Head Island	SC	29928	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Medical University of SC
Street
P O Box 250450

City	State	Zip Code	Foreign Country
Charleston	SC	29425	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.

Recipient(s)

Name
St Jude
Street
262 Danny Thomas

City	State	Zip Code	Foreign Country
Memphis	TN	38105	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Arcadia University
Street
450 S Easton

City	State	Zip Code	Foreign Country
Glenside	PA	19038	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
American Heart Association
Street
P O Box 78851

City	State	Zip Code	Foreign Country
Phoenix	AZ	85062	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
American Cancer Association
Street
P O Box 100902

City	State	Zip Code	Foreign Country
Columbia	SC	29290	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
The Salvation Army
Street
P O Box 4547

City	State	Zip Code	Foreign Country
Beaufort	SC	29903	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.

Recipient(s)

Name
Alzheimer Disease Research
Street
22512 Gateway Center

City	State	Zip Code	Foreign Country
Clarksburg	MD	20871	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
American Parkinsons Disease
Street
135 Parkinson

City	State	Zip Code	Foreign Country
Statin Island	NY	10305	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Low Country Food Bank
Street
1 Guess Road

City	State	Zip Code	Foreign Country
Yamassee	SC	29945	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Injuried Marine Semper Fi
Street
825 College

City	State	Zip Code	Foreign Country
Ocean Side	CA	92057	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Hilton Head Humane
Street
P O Box 21790

City	State	Zip Code	Foreign Country
Hilton Head	SC	29925	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.

Recipient(s)

Name
Boys and Girls Club
Street
P O Box 22267

City	State	Zip Code	Foreign Country
Hilton Head Island	SC	29925	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Abington Health Fd
Street
1200 Old York Road

City	State	Zip Code	Foreign Country
Aabington	PA	19001	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Alzheimer Respite Resourse
Street
P O Box 22330

City	State	Zip Code	Foreign Country
Hilton Head	SC	29925	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Hospice of Low Country
Street
20 Palmetto

City	State	Zip Code	Foreign Country
Hilton Head	SC	29926	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Name
Doctors Without Borders
Street
P O Box 5022

City	State	Zip Code	Foreign Country
Hagerstown	MD	21741	

Telephone	Form in which applications should be submitted and information and materials they should include
(281) 440-4865	no restrictions

Any submission deadlines
none
Any restrictions or limitations on awards
none

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
American Heart Association
Street
7272 Greenville

City	State	Zip Code	Foreign Country
Dallas	TX	75231	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
		charity	1,000

Name
Doctors without Borders
Street
40 Rector St

City	State	Zip Code	Foreign Country
New York	NY	10006	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
		charity	1,000

Name
American Cancer Society
Street
250 Williams St NW

City	State	Zip Code	Foreign Country
Atlanta	GA	30303	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
		charity	1,000

Name
American Parkinsons Disease
Street
135 Parkinson Ave

City	State	Zip Code	Foreign Country
Staten Island	NY	10305	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
		charity	1,000

Name
Salvation Army
Street
1424 Northeast Expy NE

City	State	Zip Code	Foreign Country
Atlanta	GA	30329	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
		charity	2,000

Name
Deep Well Project
Street
80 Capital Dr

City	State	Zip Code	Foreign Country
Hilton Head	SC	29926	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
		charity	2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
Hilton Head Human Association
Street
10 Humane Way

City	State	Zip Code	Foreign Country
Hilton Head	SC	29926	

Relationship	Foundation Status	Amount

Purpose of grant/contribution
charity — 1,000

Name
Alkzheimer Disease Reasearch
Street
34 Washington St

City	State	Zip Code	Foreign Country
Wellesley Hills	MA	02481	

Relationship	Foundation Status	Amount

Purpose of grant/contribution
charity — 1,000

Name
School Volunteer Association
Street
280 Tesiny Ave

City	State	Zip Code	Foreign Country
Bridgeport	CT	06606	

Relationship	Foundation Status	Amount

Purpose of grant/contribution
charity — 3,000

Name
State Agricultural College
Street
P O Box 98204

City	State	Zip Code	Foreign Country
Washington	DC	20090	

Relationship	Foundation Status	Amount

Purpose of grant/contribution
charity — 20,000

Name
Abington Hospital
Street
1200 Old York Rd

City	State	Zip Code	Foreign Country
Abington	PA	19001	

Relationship	Foundation Status	Amount

Purpose of grant/contribution
charity — 10,000

Name
Volunteer for Medicine
Street
15 Northridge

City	State	Zip Code	Foreign Country
Hilton Head	SC	29926	

Relationship	Foundation Status	Amount

Purpose of grant/contribution
charity — 10,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
Boys & Girls Club of Hilton Head
Street
151 Gumtree

City	State	Zip Code	Foreign Country
Hilton Head	SC	29926	

Relationship	Foundation Status

Purpose of grant/contribution	Amount
charity	5,000

Name
St Luke Church
Street
50 Pope Ave

City	State	Zip Code	Foreign Country
Hilton Head	SC	29926	

Relationship	Foundation Status

Purpose of grant/contribution	Amount
charity	10,000

Name
Blue Angels FRD
Street
P O Box 1945

City	State	Zip Code	Foreign Country
Pensacola	FL	32507	

Relationship	Foundation Status

Purpose of grant/contribution	Amount
charity	10,000

Name
Urban Impact of Blackrock
Street
801 Union

City	State	Zip Code	Foreign Country
Pottsburgh	PA	19001	

Relationship	Foundation Status

Purpose of grant/contribution	Amount
charity	30,000

Name

Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status

Purpose of grant/contribution	Amount

Name

Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status

Purpose of grant/contribution	Amount

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

	Amount
Long Term CG Distributions	37,134
Short Term CG Distributions	0

									Totals	Gross Sales		Cost or Other Basis, Expenses, Depreciation and Adjustments			Net Gain or Loss	
									Capital Gains/Losses	241,635		169,534			72,101	
									Other sales	0		0			0	
	Description	CUSIP #	Check "X" to include in Part IV	Purchaser	Check "X" if Purchaser is a Business	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Adjustments	Net Gain or Loss	
1	Realty income ret	756109104	X			D	9/1/2017	12/31/2019	40,293	32,176	FMV				8,117	
2	BP		X			D	9/1/2017	4/24/2019	109,579	84,965	FMV				24,614	
3	exxon		X			D	9/1/2017	4/24/2019	54,629	52,393	FMV				2,236	

Part I, Line 16a (990-PF) - Legal Fees

		0	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	initial legal fees	0			0

Part I, Line 16b (990-PF) - Accounting Fees

		2,880	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Accounting fees	2,880			0

Part II, Line 13 (990-PF) - Investments - Other

			3,660,443	4,270,563	4,178,563
	Asset Description	Basis of Valuation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	Stocks & ETFs	FMV	1,565,412	1,699,815	1,699,815
2	fixed income securities	FMV		92,000	
3	mutual funds	FMV	2,095,031	2,478,748	2,478,748

Part II, Line 15 (990-PF) - Other Assets

		171,406	0	0
	Asset Description	Book Value Beg of Year	Book Value End of Year	FMV End of Year
1	unrealized loss	171,406		

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

	Amount
Long Term CG Distributions	37,134
Short Term CG Distributions	0

	Description of Property Sold	CUSIP #	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed	Adjustments	Cost or Other Basis Plus Expense of Sale	Gain or Loss	FMV as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adjusted Basis	Gains Minus Excess FMV Over Adj Basis or Losses
						204,501	0	0	169,534	34,967	0	0	0	34,967
1	Realty income reit	756109104	D	9/1/2017	12/31/2019	40,293			32,176	8,117	0	0	0	8,117
2	BP		D	9/1/2017	4/24/2019	109,579			84,965	24,614	0	0	0	24,614
3	Exxon		D	9/1/2017	4/24/2019	54,629			52,393	2,236	0	0	0	2,236

Part VII-A, Line 10 (990-PF) - Substantial Contributors

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country
1	Diane Myers		4715 Strack Rd.	Houston	TX	77069	
2	John Myers		4715 Strack Rd.	Houston	TX	77069	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										0	0	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	DIANE MYERS		75 Shoreline Dr.	Hilton Head	SC	29928		TRUSTEE	30 00	0		