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OMB No 1545-0047

Form **990-PF****Return of Private Foundation**

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

Department of the Treasury
Internal Revenue Service

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

2004

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning

5/1/2019

, and ending

4/30/2020

Name of foundation

DOBSON TAPE MINISTRY, INC

Number and street (or P.O. box number if mail is not delivered to street address)

1207 PELHAM ROAD

Room/suite

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

GREENVILLE

SC

29615

Foreign country name

Foreign province/state/county

Foreign postal code

A Employer identification number

57-0852580

B Telephone number (see instructions)

864-284-6042

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeH Check type of organization ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at
end of year (from Part II, col (c),
line 16) ► \$ 1,892,392J Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) _____

(Part I, column (d), must be on cash basis)

C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test,
check here and attach computation ☐E If private foundation status was terminated under
section 507(b)(1)(A), check here ☐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)
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1	Contributions, gifts, grants, etc., received (attach schedule)	10,325		
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
3	Interest on savings and temporary cash investments	128,836	128,836	
4	Dividends and interest from securities	7,730	7,730	
5a	Gross rents			
b	Net rental income or (loss)			
6a	Net gain or (loss) from sale of assets not on line 10			
b	Gross sales price for all assets on line 6a			
7	Capital gain net income (from Part IV, line 2)			
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)	83,441	6,000	
12	Total. Add lines 1 through 11	230,332	142,566	0
13	Compensation of officers, directors, trustees, etc.			
14	Other employee salaries and wages			
15	Pension plans, employee benefits			
16a	Legal fees (attach schedule)	1,531		
b	Accounting fees (attach schedule)	2,125		
c	Other professional fees (attach schedule)	8,678	8,678	
17	Interest			
18	Taxes (attach schedule) (see instructions)	1,125		
19	Depreciation (attach schedule) and depletion			
20	Occupancy			
21	Travel, conferences, and meetings	10,025		
22	Printing and publications			
23	Other expenses (attach schedule)	18,414		
24	Total operating and administrative expenses. Add lines 13 through 23	41,898	8,678	0
25	Contributions, gifts, grants paid	98,105		98,105
26	Total expenses and disbursements. Add lines 24 and 25	140,003	8,678	0
27	Subtract line 26 from line 12	90,329		
a	Excess of revenue over expenses and disbursements		133,888	
b	Net investment income (if negative, enter -0-)			
c	Adjusted net income (if negative, enter -0-)			0

For Paperwork Reduction Act Notice, see instructions.

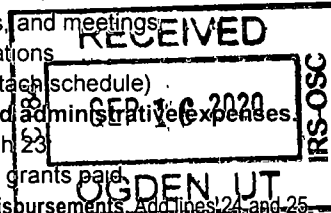
Form **990-PF** (2019)

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SCANNED JAN 13 2022

Operating and Administrative Expenses



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	72,218	85,902	85,902
	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)	449,734	526,379	526,379
	c Investments—corporate bonds (attach schedule)	1,000,000	1,000,000	1,000,000
Liabilities	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	254,411	254,411	254,411
	14 Land, buildings, and equipment basis ▶ 25,700			
	Less accumulated depreciation (attach schedule) ▶	25,700	25,700	25,700
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,802,063	1,892,392	1,892,392
Net Assets or Fund Balances	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. ▶ <input type="checkbox"/>			
	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. ▶ <input checked="" type="checkbox"/>			
	26 Capital stock, trust principal, or current funds	1,802,063	1,892,392	
	27 Paid-in or capital surplus, or land, bldg, and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	1,802,063	1,892,392	
Net Assets or Fund Balances	30 Total liabilities and net assets/fund balances (see instructions)	1,802,063	1,892,392	

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	1,802,063
2 Enter amount from Part I, line 27a	2	90,329
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,892,392
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	1,892,392

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				
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			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
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	0
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	98,125	1,795,428	0.054653
2017	96,621	1,731,339	0.055807
2016	0	0	0.000000
2015	0	0	0.000000
2014	0	0	0.000000

2	Total of line 1, column (d)	2	0.110460
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	0.022092
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,794,206
5	Multiply line 4 by line 3	5	39,638
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,339
7	Add lines 5 and 6	7	40,977
8	Enter qualifying distributions from Part XII, line 4 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	8	98,105

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,339
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	0
3	Add lines 1 and 2	3	1,339
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	1,339
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 <input type="checkbox"/> if Form 2220 is attached	8	40
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,379
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered See instructions 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 <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	X	
14 The books are in care of ▶ DANIEL L A DOBSON Telephone no ▶ 864-284-6042 Located at ▶ 1207 PELHAM ROAD GREENVILLE SC ZIP+4 ▶ 29615		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ▶ <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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	N/A
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ELIZABETH C DOBSON 1207 PELHAM ROAD GREENVILLE, SC 29615	CHAIRWOMAN 5 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 SUPPORT OF OTHER 501(c)(3) ORGANIZATIONS THAT ARE INVOLVED IN CHRISTIAN EVANGELISM AND FULFILLING CHRIST'S MANDATE OF HELPING THE SICK, POOR, AND HOMELESS 38 MINISTRIES or 501(c)(3) ORGANIZATIONS WERE SERVED DURING THE YEAR

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	1,488,057
b	Average of monthly cash balances	1b	79,061
c	Fair market value of all other assets (see instructions)	1c	254,411
d	Total (add lines 1a, b, and c)	1d	1,821,529
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	1,821,529
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	27,323
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,794,206
6	Minimum investment return. Enter 5% of line 5	6	89,710

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	89,710
2a	Tax on investment income for 2019 from Part VI, line 5	2a	1,339
b	Income tax for 2019 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,339
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	88,371
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	88,371
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	88,371

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	98,105
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	98,105
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	1,339
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,766

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				88,371
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				12,066
e From 2018				10,514
f Total of lines 3a through e	22,580			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 98,105				
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				88,371
e Remaining amount distributed out of corpus	9,734			
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	32,314			
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	32,314			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				12,066
d Excess from 2018				10,514
e Excess from 2019				9,734

N/A

- 4942(j)(3) QP 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2019	(b) 2018	(c) 2017	(d) 2016	
				0

					0
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[illegible]

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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 Paid during the year				
CRU		PC	FUND OPER	2,200
100 Lake Hart Dr				
Orlando, FL 32831		NC	FUND OPER	100
CENTER FOR ACTION AND CONTEMPLATION				
1207 Pelham Rd		PC	FUND OPER	5,000
Greenville, SC 29615				
ST FRANCIS FOUNDATION		PC	FUND OPER	1,000
1 St Francis Dr				
Greenville, SC 29601		PC	FUND OPER	1,000
LIMESTONE COLLEGE				
1115 College Dr		PC	FUND OPER	500
Gaffney, SC 29340				
USC FOUNDATION		PC	FUND OPER	500
1027 Barnwell Street				
Columbia, SC 29201		PC	FUND OPER	1,000
TIM LEE MINISTRIES				
PO Box 461674		PC	FUND OPER	1,000
Garland, TX 75046				
POINSETT CLUB FOUNDATION		POF	FUND OPER	1,000
807 E Washington St				
Greenville, SC 29601		PC	FUND OPER	1,000
FELLOWSHIP CHRISTIAN ATHLETES				
8701 Leeds Rd		PC	FUND OPER	250
Kansas City, MO 64129				
AMERICAN RED CROSS		PC	FUND OPER	10,000
940 Grove Rd				
Greenville, SC 29605		PC	FUND OPER	
NATURE CONSERVANCY				
4245 N Fairfax Dr, Ste 100		PC	FUND OPER	
Arlington, VA 22203				
UNITED WAY OF GREENVILLE		PC	FUND OPER	
105 Edinburgh Ct, Ste 2529				
Greenville, SC 29607				
Total See Attached Statement			3a	98,105
b Approved for future payment				
Total			3b	0

Part XVI-A Analysis of Income-Producing Activities

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			01	128,836	
4	Dividends and interest from securities			01	7,730	
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					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a <u>BAD DEBT RECOVERY</u>			01	6,000	
b	<u>UNREALIZED APPRECIATION</u>			01	77,441	
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e)		0		220,007	0
13	Total. Add line 12, columns (b), (d), and (e)				13	220,007

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

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

Recipient(s) paid during the year

Name

COMMUNITY FOUNDATION

Street

630 E Washington St

City

Greenville

State

SC

Zip Code

29601

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

SEARCH MINISTRIES

Street

P O Box 165029

City

Fort Worth

State

TX

Zip Code

76161

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

ELDERSOURCE SENIOR MINISTRIES

Street

P O Box 4848

City

Greenville

State

SC

Zip Code

29608

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

5,000

Name

ONE LIFE INSTITUTE

Street

625 2nd St

City

Lancaster

State

PA

Zip Code

17603

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

HABITAT FOR HUMANITY

Street

3033 Wade Hampton Blvd

City

Taylors

State

SC

Zip Code

29687

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

CHRIST CENTRAL MINISTRIES

Street

2801 Augusta Rd

City

West Columbia

State

SC

Zip Code

29170

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

12,000

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

Recipient(s) paid during the year

Name

CAMPING MINISTRIES of CAROLINAS

Street

457 Camp Fellowship Rd

City

Waterloo

State

SC

Zip Code

29384

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

500

Name

KAPPA SIGMA ENDOWMENT FUND

Street

1610 Scottsville Rd

City

Charlottesville

State

VA

Zip Code

22902

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

11,000

Name

CHRISTIAN LEARNING CENTER

Street

410 Pelham Rd

City

Greenville

State

SC

Zip Code

29615

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

BOY SCOUTS BLUE RIDGE COUNCIL

Street

1 Park Plaza

City

Greenville

State

SC

Zip Code

29607

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

500

Name

SC SCHOOL DEAF AND BLIND

Street

355 Cedar Springs Rd

City

Spartanburg

State

SC

Zip Code

29302

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

ST JUDE HOSPITAL

Street

262 Danny Thomas Place

City

Memphis

State

TN

Zip Code

38105

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

500

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

Recipient(s) paid during the year

Name

SCHOOL MINISTRIES

Street

101 Rice Bent Way

City

Columbia

State

SC

Zip Code

29229

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

2,000

Name

TRIUNE MERCY CENTER

Street

222 Rutherford Rd

City

Greenville

State

SC

Zip Code

29609

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

2,000

Name

CENTER DEVELOPMENTAL STUDIES

Street

29 N Academy St

City

Greenville

State

SC

Zip Code

29601

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

1,000

Name

INTERVARSITY CHRISTIAN FELLOWSHIP

Street

6500 Papermill Dr NW

City

Knoxville

State

TN

Zip Code

37919

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

1,000

Name

THORNWELL CHILDRENS HOME

Street

302 S Broad St

City

Clinton

State

SC

Zip Code

29325

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

2,000

Name

KB CHARITABLE TRUST

Street

28 Seth St

City

Greenville

State

SC

Zip Code

29605

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

4,500

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

Recipient(s) paid during the year

Name

A CHILDS HAVEN

Street

1124 Rutherford Rd

City

Greenville

State

SC

Zip Code

29609

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

1,000

Name

PEACE CENTER

Street

300 S Main St

City

Greenville

State

SC

Zip Code

29601

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

2,500

Name

CIRCLE 555

Street

198 White Star Point

City

Spartanburg

State

SC

Zip Code

29301

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

555

Name

NAMI

Street

1735 St Julian Pl, Ste 300

City

Columbia

State

SC

Zip Code

29204

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

1,000

Name

MITOCHONDRIAL DISEASE FOUNDATION

Street

8085 Saltsburg Rd, Ste 201

City

Pittsburgh

State

PA

Zip Code

15239

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

500

Name

WATER OF LIFE

Street

1607 Laurens Rd

City

Greenville

State

SC

Zip Code

29607

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

FUND OPER

Amount

5,000

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

Recipient(s) paid during the year

Name

UNITED MINISTRIES

Street

503 Vardry St

City

Greenville

State

SC

Zip Code

29601

Foreign Country

Relationship

Foundation Status

PC

Purpose of grant/contribution

FUND OPER

Amount

1,000

Name

GAIN USA

Street

2001 W Plano Pkwy, Ste 2200

City

Plano

State

TX

Zip Code

75075

Foreign Country

Relationship

Foundation Status

PC

Purpose of grant/contribution

FUND OPER

Amount

3,000

Name

GATEWAY HOUSE

Street

415 Rutherford St

City

Greenville

State

SC

Zip Code

29609

Foreign Country

Relationship

Foundation Status

PC

Purpose of grant/contribution

FUND OPER

Amount

1,000

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

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

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

DOBSON TAPE MINISTRY, INC

Employer identification number

57-0852580

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 DOBSON TAPE MINISTRY, INC	Employer identification number 57-0852580
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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	ROBERT A DOBSON III 1207 PELHAM RD GREENVILLE SC 29615 Foreign State or Province _____ Foreign Country _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Part I, Line 11 (990-PF) - Other Income

		83,441	6,000	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	UNREALIZED APPRECIATION OF INVESTMENTS	77,441	0	
2	BAD DEBT RECOVERY	6,000	6,000	

Part I, Line 16c (990-PF) - Other Professional Fees

		8,678	8,678	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	BROKER FEES	8,678	8,678		0

Part I, Line 23 (990-PF) - Other Expenses

		18,414	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	BANK CHARGES	197	0		
2	INSURANCE	17,428	0		
3	OFFICE	789	0		
4		0	0		
5		0	0		

Part II, Line 10b (990-PF) - Investments - Corporate Stock

Description		Num Shares/ Face Value	449,734		526,379		449,734		526,379	
			Book Value Beg. of Year	Book Value End of Year	Book Value End of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year		
1	VARIOUS									

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

		1,000,000		1,000,000		1,000,000		1,000,000	
Description		Interest Rate	Maturity Date	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year		
1	INTEGRITY	11 00%		1,000,000	1,000,000	1,000,000	1,000,000		

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

		254,411		254,411		254,411	
Asset Description		Basis of Valuation	Book Value Beg. of Year	Book Value End of Year	FMV	End of Year	
1	ANNUITY	FMV	254,411	254,411	254,411	254,411	

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

		25,700	0	0	25,700	25,700	25,700	25,700
Asset Description		Cost or Other Basis	Accumulated Depreciation Beg of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	Book Value End of Year	FMV End of Year
1	FURN & FIXTURES	25,700			25,700	25,700	25,700	25,700

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

Name		Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	ELIZABETH C DOBSON		1207 PELHAM ROAD	GREENVILLE	SC	29615		CHAIRWOMAN	5.00	0	0	0