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2019

OMB No. 1545-0052

**Return of Private Foundation** 

Form 990-PF Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 10-01-20	)19 , aı	nd en	ding 09-30-	2020		
		Indation			A Employer id	entification numbe	r	
		D CHARITABLE TRUST IVUS TRUST COMPANY			63-6231842			
		l street (or P.O. box number if mail is not delivered to street address) MONBREUN STREET 2ND FLOOR	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)	
C:b.		about an amountain and are an arranged and			(615) 271-2172	2		
		, state or province, country, and ZIP or foreign postal code TN 37203			<b>C</b> If exemption	application is pendin	g, check here	
<b>G</b> Cl	neck al	l that apply: $\Box$ Initial return $\Box$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere	
		☐ Final return ☐ Amended return				ganizations meeting		
		Address change $\square$ Name change			•	k here and attach co	· —	
H C	neck ty	pe of organization: $oxed{arSigma}$ Section 501(c)(3) exempt private t	foundation			ındation status was t n 507(b)(1)(A), chec		
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation					
of	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 5,011,512  J Accounting method:  □ Other (specify) (Part I, column (d) must	<b>☑</b> Cash ☐ Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b) N	Net investment income	(c) Adjusted net income	for charitable purposes	
		equal the amounts in column (a) (see instructions).)	books				(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)						
	2	Check $\blacktriangleright$ $lacksquare$ if the foundation is <b>not</b> required to attach						
	3	Sch. B Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	88,450		88,450			
	5a	Gross rents	30,100					
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	98,416	i .				
Revenue	b	Gross sales price for all assets on line 6a326,191						
Re	7	Capital gain net income (from Part IV, line 2)			98,416			
	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)						
	12		186,866		186,866			
	13	Compensation of officers, directors, trustees, etc.	90,654		35,458		55,196	
	14	Other employee salaries and wages	90,034		33,430		55,190	
S	15	Pension plans, employee benefits						
15e	16a	Legal fees (attach schedule)						
<u>Be</u>	b	Accounting fees (attach schedule)	<b>9</b> 5,755	;	5,755		0	
and Administrative Expenses	c	Other professional fees (attach schedule)						
tive	17	Interest						
<b>tra</b>	18	Taxes (attach schedule) (see instructions)	2,343	3	2,343		0	
inis	19	Depreciation (attach schedule) and depletion						
₽	20	Occupancy						
ΑP	21	Travel, conferences, and meetings						
an	22	Printing and publications						
ing	23	Other expenses (attach schedule)	1,365	5	0		1,365	
Operating	24	Total operating and administrative expenses.						
be O		Add lines 13 through 23	100,117		43,556		56,561	
O	25	Contributions, gifts, grants paid	263,800				263,800	
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	363,917	,	43,556		320,361	
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements	-177,051					
	b	Net investment income (if negative, enter -0-)	1,,,031		143,310			
	С	Adjusted net income (if negative, enter -0-)			,-10			
For	Paper	work Reduction Act Notice, see instructions.	I		Cat. No. 11289	· For	m <b>990-PF</b> (2019)	

Form 990	O-PF (2019)					Page <b>2</b>
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 (a) Book Value	<b>(b)</b> Book '	End of	year (c) Fair Market Value
1	Cash—non-interest		(a) Book value	(B) Book	Value	(c) Fall Planket Value
2	Savings and tempo	orary cash investments	109,037		126,021	126,021
3	Accounts receivabl	e <b>▶</b>				
	Less: allowance for	doubtful accounts				
4	Pledges receivable	<u> </u>				
		doubtful accounts				
5	Grants receivable	<del></del>				
6	Receivables due fro	om officers, directors, trustees, and other				
	disqualified person	s (attach schedule) (see instructions)				
7	Other notes and lo	ans receivable (attach schedule) ▶				
	Less: allowance for	doubtful accounts				
<sub>ν</sub> 8	Inventories for sale	eoruse				
Assets e o	Prepaid expenses a	and deferred charges				
Š 10a	Investments—U.S.	and state government obligations (attach schedule)				
Ь	Investments—corp	orate stock (attach schedule)	1,620,762	<b>%</b> j :	1,448,227	3,856,913
c	Investments—corp	orate bonds (attach schedule)	920,044		972,544	1,028,578
11	Investments—land	, buildings, and equipment: basis 🕨				
		depreciation (attach schedule) ▶				
12	Investments-mor	gage loans				
13		r (attach schedule)				
14	Land, buildings, an	d equipment: basis ▶				
		depreciation (attach schedule)				
15		ribe <b>&gt;</b> )				
16		e completed by all filers—see the				
	instructions. Also,	see page 1, item I)	2,649,843	2	2,546,792	5,011,512
17	Accounts payable a	and accrued expenses				
18	Grants payable					
<b>61</b> G	Deferred revenue					
≣   20	Loans from officers	, directors, trustees, and other disqualified persons				
Liabilities 20 21	Mortgages and oth	er notes payable (attach schedule)				
<b>┙</b>   <sub>22</sub>	Other liabilities (de	escribe <b>&gt;</b> )				
23	Total liabilities(a	dd lines 17 through 22)	0		0	
<u></u>	Equadations that	follow FASB ASC 958, check here 🕨 🗌				
Fund Balances	and complete line	es 24, 25, 29 and 30.				
E 24	-	donor restrictions				
සි   <sub>25</sub>		nor restrictions				
밀		_				
		edo not follow FASB ASC 958, check here   George 26 through 30.				
ة ع	•	principal, or current funds	2,649,843		2,723,843	
Assets 28 28		urplus, or land, bldg., and equipment fund	2,649,843		-,, 23,043	
S 28	•	accumulated income, endowment, or other funds	0		-177,051	
	<b>5</b> ,	or fund balances (see instructions)	2,649,843		2,546,792	
Ž 29		nd net assets/fund balances (see instructions) .	2,649,843		2,546,792	
Part II		nanges in Net Assets or Fund Balances	_/* /		.,0 .0,	_
		balances at beginning of year—Part II, column (a), line	29 (must agree with	end-		
		on prior year's return)		. 1		2,649,843
	ter amount from Part	•		. 2		-177,051
		uded in line 2 (itemize) 🟲		3		74,000
		uling 2 (Hamilas)				2,546,792
		n line 2 (itemize) ► balances at end of year (line 4 minus line 5)—Part II, c	olumn (h) line 20	. 6		<u>0</u> 2,546,792
- 10	ta. Het assets of fullu	za.azaz de end en year (mile 4 militas mile 5) - Fart II, t	.e.a (b), mic 25	.   0	Er	orm <b>990-PF</b> (2019)

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	e the kind(s) of property sold (e.g., irehouse; or common stock, 200 shs	. MLC Co.) P—	(b)  acquired  Purchase  Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Tabl	Δ		Donation		
b					
c					
d					
e					
-	(f)	(g)		(	h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other b plus expense of		Gain d	or (loss) f) minus (g)
a See Additional Data Tabl	e				
b					
с					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation on 12/3	31/69		(I)
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	( <b>k)</b> Excess of col. over col. (j), if		col. (k), but not	(h) gain minus : less than -0-) <b>or</b> :om col.(h))
<b>a</b> See Additional Data Tabl		over cor. (j), ii	arry	203303 (11	0111 0011(11))
b	-				
c					
d					
e					
·	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructions 1 rt I.	. , , , ,	}	3	98,416
Part V Qualification (	Jnder Section 4940(e) for Re	educed Tax on Net Inves	tment In	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net inves	tment incom	ne.)	
If section 4940(d)(2) applies, le	eave this part blank.				
	e section 4942 tax on the distributal ot qualify under section 4940(e). Do	• •	base period	? L Y	es 🗹 No
	nount in each column for each year;	see instructions before makin	g any entrie		
<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use as	ssets	<b>(d)</b> Distribution rat (col. (b) divided by o	
2018	295,486	4,46	2,234		0.066219
2017	285,837	· · · · · · · · · · · · · · · · · · ·	5,363	·	0.062473
2016	288,563	4,32	1,532	·	0.066773
2015	271,447	4,17	9,422		0.064948
2014	260,304	4,39	6,134		0.059212
2 Total of line 1, column (	•				0.319625
number of years the four	o for the 5-year base period—divide to adation has been in existence if less ncharitable-use assets for 2019 from	than 5 years . ´ ˙.	y the <b>3</b>		0.063925 4,714,421
<b>5</b> Multiply line 4 by line 3			5		301,369
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,433
<b>7</b> Add lines 5 and 6			7		302,802
	ons from Part XII, line 4 ,				320,361
If line 8 is equal to or gre instructions.	eater than line 7, check the box in Pa	art VI, line 1b, and complete t	hat part usir		
				F <sub>ℓ</sub>	orm <b>990-PF</b> (2019

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ia	During the year did the foundation p	pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	slation (section 4945(e))?	□ ves	✓ N	_		
	(2) Influence the outcome of any sp	ecific public election (see sec	ction 4955); or to carry	1es	- IN	١ .		
	on, directly or indirectly, any vol	ter registration drive?		· · · 🔲 Yes	✓ N	_		
	(3) Provide a grant to an individual	for travel, study, or other sin	nilar purposes?	☐ Yes				
	(4) Provide a grant to an organization	on other than a charitable, et	c., organization described		,	Ĭ		
	in section 4945(d)(4)(A)? See in			· · □ Yes	✓ N	0		
	(5) Provide for any purpose other th	nan religious, charitable, scie	ntific, literary, or		—			
	educational purposes, or for the	prevention of cruelty to child	lren or animals?	· ·	✓ N			
b	If any answer is "Yes" to $5a(1)-(5)$ ,	did <b>any</b> of the transactions f	ail to qualify under the ex		,	Ĭ		
	Regulations section 53.4945 or in a	current notice regarding disa	ster assistance? See instr	ructions	•	5b		No
	Organizations relying on a current n	otice regarding disaster assis	tance check here					
C	If the answer is "Yes" to question 5a	(4), does the foundation clai	m exemption from the					
	tax because it maintained expenditu	re responsibility for the grant	t?	· · 🗌 Yes	$\square$ N	_		
	If "Yes," attach the statement requir	red by Regulations section 53	?.4945–5(d).		,	<b>"</b>		
ia	Did the foundation, during the year,	receive any funds, directly o	r indirectly, to pay premi	ums on				
	a personal benefit contract?			· 🗌 Yes	✓ N			
b	Did the foundation, during the year,	pay premiums, directly or in	directly, on a personal be	nefit contract?		6   6ь		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	s the foundation a party to a	prohibited tax shelter tra	nsaction?	✓ N			
b	If "Yes", did the foundation receive a	any proceeds or have any net	t income attributable to th	ne transaction?		о   7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	ne year?		· · 🗌 Yes	✓ N			
	Information About C	Officers, Directors, Trus	tees Foundation Ma					
Pai	and Contractors	incers, Directors, Trus	reces, roundation ric	anagers, mgmy ra	id Linp	noyees	,	
1	List all officers, directors, trustee	s foundation managers a	nd thair compandation	Coo instructions				
	List all officers, directors, trustee	(b) Title, and average	(c) Compensation (If		to			
	(a) Name and address	hours per week	not paid, enter	employee benefit plan		(e) Expe	nse aco Illowan	
		devoted to position	-0-)	deferred compensat	ion	ouner a	illowali	
ee A	Additional Data Table							
2	Compensation of five highest-pai	d employees (other than t	those included on line	1—see instructions).	If none	, enter '	'NONE	."
		(b) Title, and average		(d) Contributions				
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefi plans and deferre		<b>e)</b> Exper other al		
	more than \$50,000	devoted to position		compensation	١	otilei ai	ilowalic	.63
ONI				,				
ota	I number of other employees paid over	er \$50,000	<del></del>	<u> ▶</u>				
						Form <b>99</b>	0-PF	(201

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

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (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		
<b>Total</b> number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	·	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form <b>990-PF</b> (2019)

Page 8

235.721

1,433

234,288

234.288

234.288

320,361

320,361

1.433

318.928

Form 990-PF (2019)

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

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1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

## 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 4,714,421

6 235.721 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign Part XI organizations check here 

and do not complete this part.)

2a |

2b

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Tax on investment income for 2019 from Part VI, line 5. . . . . .

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

From 2014. . . . .

**b** From 2015. . . . c From 2016. . .

e From 2018. . . . .

**d** From 2017. . . .

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t	XΙ	• •	

Form 9

Par

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ī	ΧT	7			ī	ī	

(20	319)	
	Undistributed Income	(see instructions)

Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. . . . . . **b** Total for prior years: 20\_\_\_\_\_\_, 20\_\_\_\_\_\_ Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. .

**b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. .

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . . . . . 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 . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 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). . . . . . . . .

aceu	THEOHIE	(300	mstruc	-LI
				l
				l
				-

Distributable amount for 2019 from Part XI, line 7

24.188 65,300

75.858

89.358 75,816

65.300 75,858

89.358

75,816

86.073

- (a) Corpus

330.520

86.073

416,593

24.188

392,405

- (b) Years prior to 2018

(c)

2018

- 234,288

234,288

Form 990-PF (2019)

For	m 990-PF (2019)						Page <b>10</b>
	Part XIV Priva	te Operating Founda	tions (see instru	ictions and Part V	II-A, question 9)		
1a		s received a ruling or dete ruling is effective for 2019					
b	Check box to indicat	te whether the organization	n is a private opera	ting foundation des	cribed in section $\Box$	4942(j)(3) or	] 4942(j)(5)
2a			Tax year		Prior 3 years		(e) Total
	income from Part I investment return for year listed		(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) rotar
b							
С	Qualifying distribution line 4 for each year	ons from Part XII, listed					
d	directly for active co						
е	Qualifying distribution for active conduct on Subtract line 2d from						
3	Complete 3a, b, or c alternative test relie						
а	"Assets" alternative	test-enter:					
	(1) Value of all ass	sets					
	(2) Value of assets under section 4	s qualifying 1942(j)(3)(B)(i)					
b	of minimum invest	native test— enter 2/3 ment return shown in ach year listed.					

3	Complete 3a, b, or c for the alternative test relied upon:				
а	"Assets" alternative test—enter:				
	(1) Value of all assets				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
C	"Support" alternative test—enter:				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
	(3) Largest amount of support from an exempt organization				
	(4) Gross investment income				
Pa	Supplementary Information assets at any time during th		oundation had s	\$5,000 or more	in

Part X, line 6 for each year listed.					
<b>c</b> "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the	•	•	foundation had s	\$5,000 or more	in
1 Information Regarding Foundation Mana					
a List any managers of the foundation who hav before the close of any tax year (but only if					n
<b>b</b> List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2 Information Regarding Contribution, Gra	ant, Gift, Loan, Sch	nolarship, etc., Pro	grams:		
Check here					

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 e-mail address of the person to whom applications should be addressed:

FRANK A RIKARD

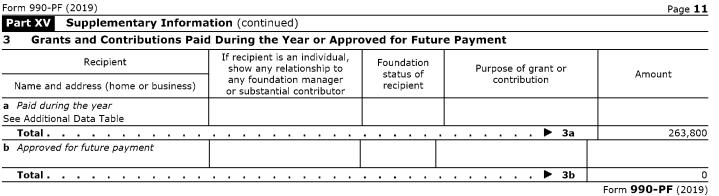
9340 CLUBHOUSE ROAD FOLEY, AL 36535 (615) 271-2172

**b** The form in which applications should be submitted and information and materials they should include: IN LETTER FORM WITH COPY OF REQUESTING ORG. LATEST DETERMINATION LETTER

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 Form **990-PF** (2019)



Enter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
a					
b					
d					
e					
f g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate:</li></ul>			14	88,450	
a Debt-financed property					
<b>b</b> Not debt-financed property					
<ul><li>6 Net rental income or (loss) from personal property</li><li>7 Other investment income.</li></ul>					
8 Gain or (loss) from sales of assets other than					
inventory			18	98,416	
<ul><li>9 Net income or (loss) from special events:</li><li>10 Gross profit or (loss) from sales of inventory</li></ul>			14		
l1 Other revenue: a			- '		
b					
c					
c d e					
d e		C		186,866	
d e		0	13	186,866	
de	ulations.) he Accomplisi	nment of Exem	pt Purposes	3	
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orm 9	90-PF (			_									Pa	ge <b>13</b>
	: XVII	Exempt Organi	zations							nships With Non		le		
		ganization directly or in than section 501(c)(3)									on 501		Yes	No
a Tra	nsfers t	from the reporting foun	dation to a n	oncha	ritable exe	mpt organizati	on of:							
(1	) Cash.										. 1a	(1)		No
(2	<b>)</b> Other	assets									. <u>1</u> a	(2)		No
		sactions:												
-	-	of assets to a nonchari	· ·	-					• •			(1)		No
-	-	lases of assets from a n										(2)		No
-	•	al of facilities, equipmer bursement arrangemen	•									(3) (4)		No No
-		s or Ioan guarantees.							· · ·			(5)		No
•	•	mance of services or m										(6)		No
•	•	facilities, equipment, n			-							Lc		No
of	the goo	ver to any of the above ds, other assets, or ser nsaction or sharing arra	vices given b	y the	reporting f	oundation. If the	he foui	ndation	receive	d less than fair mark	ket value	e		
<b>(a)</b> Lin	e No.	(b) Amount involved	(c) Name of	noncha	aritable exer	npt organization	-	( <b>d)</b> Descri	iption of	transfers, transactions,	and sharing	arrai	ngemer	nts
	_						-							
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de:	scribed	ndation directly or indire in section 501(c) (other omplete the following so (a) Name of organizatio	than section chedule.		c)(3)) or i				-			-		
	T													
Sign	of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co									infor	matio	n of
Here		*****				2021-02-09		**	****		return with the p			
	<b>│ </b>	Signature of officer or t	rustee			Date		Tit	le		below (see instr		_	
		Print/Type preparer's	name	Prep	arer's Sign	ature	Da	ate		Check if self-	PTIN			
Paid		MYRA S ROBERTS	СРА							employed ▶ □	P0	)165	769	
	arer Only		S LLC							F	Firm's EIN	<b>►</b> 46	-14988	370
			21 RIVERCH	ASE O	FFICE RD					<u> </u>	N			FF00
	BIRMINGHAM, AL 35244				Phone no. (	205	) 982-	5500						

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation AT&T INC. Ρ 2008-01-28 2020-07-30 AT&T INC. Ρ 2014-01-16 2020-07-30 AT&T INC. Р 2011-04-06 2020-07-30 AT&T INC. Ρ 2009-12-17 2020-07-30 AT&T INC. Ρ 2009-05-05 2020-07-30 Ρ CAPITAL ONE FINL CORP 2013-04-22 2020-04-23 Ρ COGNIZANT TECH SOLUTIONS 2011-05-17 2020-04-23 Р 2013-04-22 2020-04-23 COGNIZANT TECH SOLUTIONS Ρ 2007-03-01 2020-04-23 DOW INC COM DOW INC COM Ρ 2013-04-22 2020-04-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 3,547 4,287 -740 6,651 7,649 -998 4,700 4,860 -160 4,168 3.842 326 5,173 4,626 547 25,827 -1,036 26,863 11,977 8,244 3,733 26,616 16,709 9,907 128 148 -20 1,413 1.614 -201 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -740 -998 -160 326 547 -1,036 3,733 9,907 -20 -201

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation DOW INC COM Ρ 2007-06-27 2020-04-23 DOW INC COM Ρ 2007-10-12 2020-04-23 DOW INC COM Р 2007-08-03 2020-04-23 DOW INC COM Ρ 2008-01-17 2020-04-23 DOW INC COM Ρ 2009-05-05 2020-04-23 Ρ DUPONT DE NEMOURS INC 2007-03-01 2020-04-23 Ρ DUPONT DE NEMOURS INC 2013-04-22 2020-04-23 Р 2007-06-27 DUPONT DE NEMOURS INC 2020-04-23 DUPONT DE NEMOURS INC Ρ 2007-10-12 2020-04-23 DUPONT DE NEMOURS INC Ρ 2007-08-03 2020-04-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 113 128 -15 71 78 -7 141 149 -8 212 206 6 3,179 2,052 1,127 217 -56 161 1,771 2,368 -597 142 188 -46 89 114 -25 177 218 -41 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -15 -7 -8 6 1,127 -56 -597 -46 -25 -41

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р 2008-01-17 2020-04-23 DUPONT DE NEMOURS INC DUPONT DE NEMOURS INC Ρ 2009-05-05 2020-04-23 AMERICAN FUNDS EUROPACIFIC GROWTH Р 2013-04-23 2019-11-20 AMERICAN FUNDS EUROPACIFIC GROWTH Ρ 2009-11-09 2019-11-20 GOLDMAN SACHS INTERNATIONAL EQUITY INSIGHTS FD Ρ 2017-03-20 2019-11-20 Ρ HP INC 2016-05-03 2020-04-23 Ρ HP INC 2013-04-22 2020-04-23 Р 2019-11-20 JPMORGAN MID CAP VALUE FUND 2014-01-16 Ρ 2011-04-06 2019-11-20 JPMORGAN MID CAP VALUE FUND JPMORGAN MID CAP VALUE FUND Р 2011-10-19 2019-11-20 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 266 302 -36 3,985 3,011 974 5,168 4,040 1,128 22,982 16.495 6,487 28,000 25,264 2,736 319 1,488 1,169 7,407 19,719 12,312 191 167 24 27,630 17,308 10,322 22,178 12,502 9,676 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -36 974 1,128 6,487 2,736 319 7,407 24 10,322 9,676

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Ρ 2016-03-15 2019-11-20 JANUS HENDERSON ENTERPRISE FUND OTIS WORLDWIDE CORP Ρ 2014-01-16 2020-04-23 OTIS WORLDWIDE CORP Р 2001-12-04 2020-04-23 OTIS WORLDWIDE CORP Ρ 2002-01-08 2020-04-23 OTIS WORLDWIDE CORP Ρ 2001-12-04 2020-05-12 Ρ SOUTHWEST AIRLINES CO 2014-10-24 2020-04-23 Ρ AB SMALL CAP GROWTH PORTFOLIO - LTCG DIST 2019-10-01 2020-09-30 Р 2019-10-01 COLUMBIA SMALL CAP INDEX FUND - LTCG DIST 2020-06-23 DODGE & COX INCOME FD - LTCG DIST Ρ 2019-10-01 2020-03-30 AMERICAN FUNDS EUROPACIFIC GROWTH - LTCG DIST Ρ 2019-10-01 2020-09-30 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 20,530 50.000 29.470 3,328 4,052 -724 4,255 1,357 2,898 119 42 77 26 8 18 14,234 15,716 -1,482 4,895 4,895 1,885 1,885 1,470 1,470 1,780 1,780 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 20,530 -724 2,898 77 18 -1,482 4,895 1,885 1,470 1,780

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation JPMORGAN MID CAP VALUE FUND - LTCG DIST Ρ 2019-10-01 2020-09-30 JANUS HENDERSON ENTERPRISE FUND - LTCG DIST Ρ 2019-10-01 2020-09-30 3D SYS CORP - LTCG DIST Ρ 2019-10-01 2020-02-28 WESTERN ASSET CORE PLUS BOND FUND - LTCG DIST Ρ 2019-10-01 2020-09-30 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 6,107 6,107 8,822 8,822 401 401 1,006 1,006 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (i), if any 6,107 8,822

401

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred

			compensation	
SYNOVUS TRUST COMPANY	CO-TRUSTEE	50,654	0	C
800 SHADES CREEK PARKWAY SUITE 125	10.00			

800 SHADES CREEK PARKWAY SUITE 125 BIRMINGHAM, AL 35209	10.00	30,034	5	· ·
FRANK A RIKARD	CO-TRUSTEE	10,000	0	0
	1 6.00			

FRANK A RIKARD	CO-TRUSTEE	10,000	0	0
9340 CLUBHOUSE DRIVE FOLEY, AL 36535	6.00			
GLENN A RIKARD	CO-TRUSTEE	10,000	0	0

9340 CLUBHOUSE DRIVE FOLEY, AL 36535	6.00			
GLENN A RIKARD	CO-TRUSTEE	10,000	0	0
600 AYLESFORD LANE FRANKLIN, TN 37069	6.00			
				(

GLENN A RIKARD	CO-TRUSTEE	10,000	0	0
600 AYLESFORD LANE FRANKLIN, TN 37069	6.00			
ELIZABETH R VON KRUSENSTIERN	CO-TRUSTEE	10,000	0	0
PO BOX 1105	6.00			

	FRANKLIN, TN 37069				
ĺ	ELIZABETH R VON KRUSENSTIERN	CO-TRUSTEE	10,000	0	0
	PO BOX 1105 KALAHEO, HI 96741	6.00			

PO POY 1105	6.00	10,000		O
PO BOX 1105 KALAHEO, HI 96741				
JOHN VON KRUSENSTIERN	CO-TRUSTEE	10,000	0	0

PO BOX 1105 KALAHEO, HI 96741	0.00			
JOHN VON KRUSENSTIERN	CO-TRUSTEE	10,000	0	
	6.00			

PO BOX 1105 KALAHEO, HI 96741

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
ALABAMA CHILDREN'S HOSPITAL FOUNDATION		CHARITABLE	7,000

1600 7TH AVENUE SOUTH BIRMINGHAM, AL 35233			
ALZHEIMER'S DISEASE RESEARCH 2512 GATEWAY CENTER DRIVE		CHARITABLE	300

BIN III ON WIN IN THE SOLOS			
ALZHEIMER'S DISEASE RESEARCH 2512 GATEWAY CENTER DRIVE CLARKSBURG, MD 208711950		CHARITABLE	
AMERICAN CANCER SOCIETY		CHARITABLE	

2512 GATEWAY CENTER DRIVE CLARKSBURG, MD 208711950			
AMERICAN CANCER SOCIETY PO BOX 94098 BIRMINGHAM, AL 352204098		CHARITABLE	200

CLARKSBURG, MD 208711950			
AMERICAN CANCER SOCIETY PO BOX 94098 BIRMINGHAM, AL 352204098		CHARITABLE	:

Total		▶ 3a	263,800
AMERICAN CANCER SOCIETY PO BOX 94098		CHARITABLE	200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AMERICAN FOUNDATION FOR SUICIDE PREVENTION		CHARITABLE	5,000

120 WALL STREET 29TH FLOOR NEW YORK, NY 10005			
AMERICAN HEART ASSOCIATION PO BOX 78851		CHARITABLE	

AMERICAN HEART ASSOCIATION PO BOX 78851 PHOENIX, AZ 850628851		CHARITABLE	300
AMERICAN INSTITUTECANCER		CHARITABLE	200

PO BOX 78851 PHOENIX, AZ 850628851			
AMERICAN INSTITUTECANCER RESEARCH PO BOX 97167		CHARITABLE	

PHOENIX, AZ 850628851			
AMERICAN INSTITUTECANCER RESEARCH PO BOX 97167		CHARITABLE	200
MACHINICTON DC 300777034			1

AMERICAN INSTITUTECANCER		CHARITABLE	200
RESEARCH			
PO BOX 97167			
WASHINGTON, DC 200777824			

			<del> </del>
WASHINGTON, DC 200777824			1
PO BOX 97167	!		1
RESEARCH	l		1

WASHINGTON, DC 200777824		
Total	 ▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
AMERICAN LUNG ASSOC OF ALABAMA 1678 MONTGOMERY HIGHWAY HOOVER, AL 35216		CHARITABLE	300

11001210,712 33210			
BALDWIN COUNTY HERITAGE MUSEUM 25521 HIGHWAY 98 EAST ELBERTA, AL 36530		CHARITABLE	5,000
· · · · · · · · · · · · · · · · · · ·	1	1	1

25521 HIGHWAY 98 EAST ELBERTA, AL 36530			
BE BOLD MINISTRIESPO BOX 13864		CHARITABLE	3,000

ELBERTA, AL 36530			
BE BOLD MINISTRIESPO BOX 13864		CHARITABLE	3,000

BE BOLD MINISTRIESPO BOX 13864 SALEM, OR 97309		CHARITABLE	3,000
· ·			1

SALEM, OR 97309		CHARITABLE	3,00
Total	 	▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

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

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
BELMONT UNIVERSITY 1900 BELMONT BLVD FIDELITY HALL 105		CHARITABLE	10,000

DUENA VICTA MEMODIAL ACCOCIATION		CHARTTARIE	
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146		CHARITABLE	
NASHVILLE, TN 37212			

BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146		CHARITABLE	5,000
BUENA VISTA MEMORIAL ASSOCIATION		CHARITABLE	1,500

SPRINGVILLE, AL 35146		CHARITABLE	
BUENA VISTA MEMORIAL ASSOCIATION PO BOX 256		CHARITABLE	

SPRINGVILLE, AL 35146			
BUENA VISTA MEMORIAL ASSOCIATION PO BOX 256		CHARITABLE	1,50
DEATRICE AL OCADE			

BUENA VISTA MEMORIAL ASSOCIATION		CHARITABLE	1,500
PO BOX 256			
BEATRICE, AL 36425			

BEATRICE, AL 36425									▶ 3:	+	263.800	
PO BOX 256 BEATRICE AL 36425												

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor		
a Paid during the year			
CITY OF FOLEY ALABAMA FIRE DEPT 120 VERBENA AVE		CHARITABLE	5,000

FOLEY, AL 36535			
CITY OF FOLEY ALABAMA POLICE DEPT 200 EAST SECTION STREET		CHARITABLE	5,00
		CHARITABLE	

CITY OF FOLEY ALABAMA POLICE DEPT 200 EAST SECTION STREET FOLEY, AL 36536		CHARITABLE	5,000
CITY OF FOLEY ALABAMA MARKETING DEPT		CHARITABLE	1,000

FOLEY, AL 36536			
CITY OF FOLEY ALABAMA MARKETING DEPT 104 NORTH MCKINSEY STREET FOLEY, AL 36535		CHARITABLE	1,000

CITY OF FOLEY ALABAMA MARKETING DEPT 104 NORTH MCKINSEY STREET FOLEY, AL 36535		1,000
Total	 	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Lancana and address (nome or addiness)	or substantial contributor		
a Paid during the year			
COMMUNITY HOSPICE OF BALDWIN COUNTY		CHARITABLE	2,000

1320 NORTH MCKENZIE STREET FOLEY, AL 36535			
DISABLE AMERICAN VETERANS (DAV) PO BOX 14301		CHARITABLE	400

,			
DISABLE AMERICAN VETERANS (DAV) PO BOX 14301 CINCINNATI, OH 452500301		CHARITABLE	400
ECUMENICAL MINISTRIES INC 102 WEST SPRUCE STREET		CHARITABLE	3,000

CINCINNATI, OH 452500301			
ECUMENICAL MINISTRIES INC 102 WEST SPRUCE STREET FOLEY, AL 36535		CHARITABLE	3,000

ECUMENICAL MINISTRIES INC 102 WEST SPRUCE STREET FOLEY, AL 36535		CHARITABLE	3,000
Total	 	▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FHS PARENT ASSOCIATION 2020 FIELDSTONE PARKWAY SUITE 900 FRANKLIN, TN 37069		CHARITABLE	2,000

FRANKLIN, IN 37069			
FIRST UNITED METHODIST CHURCH 10903 HIGHWAY 119 ALABASTER, AL 35007		CHARITABLE	1,000

10903 HIGHWAY 119 ALABASTER, AL 35007		CHARITABLE	1,000
FOLEY AL WOMAN'S CLUBPO BOX 731		CHARITABLE	1,000

ALABASTER, AL 35007			
FOLEY AL WOMAN'S CLUBPO BOX 731 FOLEY, AL 36536		CHARITABLE	1,000

Total .

263,800

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

<b>a</b> Paid during the year			
FRANKLIN HIGH SCHOOL 810 HILLSBORO ROAD FRANKLIN, TN 37064		CHARITABLE	5,000
FRIENDS OF NORTH FORK COM		CHARITABI F	1 500

BRARY 06 KENDALL ROAD PLE FALLS, WA 98266		
IENDS OF NORTH FORK COM		CHARITABLE
′		

LIBRARY 7506 KENDALL ROAD MAPLE FALLS, WA 98266			
FRIENDS OF NORTH FORK COM LIBRARY		CHARITABLE	2,5

7506 KENDALL ROAD MAPLE FALLS, WA 98266			
FRIENDS OF NORTH FORK COM LIBRARY 7506 KENDALL ROAD MAPLE FALLS, WA 98266		CHARITABLE	2,500

FRIENDS OF NORTH FORK COM LIBRARY 7506 KENDALL ROAD MAPLE FALLS, WA 98266		CHARITABLE	2,500
Total	 	▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

E 000

263,800

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
FRIENDS OF THE FOLEY AL LIBRARY 319 EAST LAUREL AVE		CHARITABLE	1,500

10EE1, AE 30333			
FRIENDS OF THE LIBRARY OF HAWAII 99-1132 IWAENA STREET AIEA, HI 96701		CHARITABLE	

99-1132 IWAENA STREET AIEA, HI 96701		CHARITABLE	3,000
GIRLS ROCK PITTSBURGH 242 51ST STREET		CHARITABLE	2,500

AIEA, HI 96701			
GIRLS ROCK PITTSBURGH 242 51ST STREET LAWRENCEVILLE, PA 15201		CHARITABLE	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
a raid duffing the year			
GLACIER SKATE ASSOCIATION 19487 ELLISON MOUNT VERNON, WA 98274		CHARITABLE	2,500

GRASSLAND MIDDLE SCHOOL 2390 HILLSBORO ROAD FRANKLIN, TN 37069		CHARITABLE	1,000
MOUNT VERNON, WA 98274			

GRASSLAND MIDDLE SCHOOL 2390 HILLSBORO ROAD FRANKLIN, TN 37069		CHARITABLE	1,000
HABITAT FOR HUMANITY OF BALDWIN CTY PO BOX 854		CHARITABLE	1,000

FRANKLIN, TN 37069		
HABITAT FOR HUMANITY OF BALDWIN CTY DO BOX 854	CHARITABLE	1,000
PO BOX 854 SUMMERDALE, AL 36580		

Tatal		<b>N</b> 2-	262.800
CTY PO BOX 854 SUMMERDALE, AL 36580		SID WATER	1,000
HABITAT FOR HUMANITY OF BALDWIN		CHARITABLE	1,000
FRANKLIN, TN 37069			

SUMMERDALE, AL 36580		_
Total	 ▶ 3a	263,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

▶ 3a

263,800

any foundation manager

or substantial contributor

Name and address (home or business)

1310 HILLSBORO PARKWAY HELENA, AL 35080 Total .

	or substantial contributor		
a Paid during the year			
HANAPEPE PUBLIC LIBRARY 4490 KONA ROAD HANAPEPE, HI 96716		CHARITABLE	500
HELENA ELEMENTARY SCHOOL 87 THIRD STREET		CHARITABLE	2,000

HANAPEPE, HI 96716			
HELENA ELEMENTARY SCHOOL 87 THIRD STREET HELENA, AL 35080		CHARITABLE	2,000
HELENA HIGH SCHOOL		CHARITABLE	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
HELENA INTERMEDIATE SCHOOL 3500 HIGHWAY 52 HELENA, AL 35080		CHARITABLE	2,000

HELENA, AL 35080			
HELENA MIDDLE SCHOOL 1299 HILLSBORO PARKWAY		CHARITABLE	
HELENA AL SEGOO			

ENA MIDDLE SCHOOL 9 HILLSBORO PARKWAY ENA, AL 35080		CHARITABLE	
AI HO'O HUI'O RECREATION		CHARITABLE	

1299 HILLSBORO PARKWAY HELENA, AL 35080			
KAUAI HO'O HUI'O RECREATION 4444 RICE STREET MOIKEHA BUILDING SUITE 105		CHARITABLE	5,000

2,000

HELENA, AL 35080			
KAUAI HO'O HUI'O RECREATION 4444 RICE STREET MOIKEHA BUILDING SUITE 105 LIHUE, HI 96766		CHARITABLE	5,000

KAUAI HO'O HUI'O RECREATION 4444 RICE STREET MOIKEHA BUILDING SUITE 105 LIHUE, HI 96766	CHARITABLE	5,000
Total	 ▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
KAUAI HUMANE SOCIETY 3-825 KAUMUALII HWY		CHARITABLE	5,000
LIHUE HI 96766			

LINOE, HI 90700			
KEKAHU FOUNDATION INCPO BOX 825 HANALEI, HI 96714		CHARITABLE	3,000
KEKULA NI'IHAU O KEKAHA		CHARITABLE	35.000

HANALEI, HI 96714		CHARITABLE	3,000
KEKULA NI'IHAU O KEKAHA 8135 KEKAHA ROAD		CHARITABLE	35,000

KEKULA NI'IHAU O KEKAHA 8135 KEKAHA ROAD KEKAHA, HI 96752		CHARITABLE	35,000

263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

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

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
KILOHANA CANOE CLUBPO BOX 991 WAIMEA, HI 96796		CHARITABLE	3,000
KULA AUPUNI NIIHAU KAHELELANI ALOHA 8315 KEKAHA ROAD K		CHARITABLE	9,000

ALOHA 8315 KEKAHA ROAD K KEKAHA, HI 96752			-,-
MARCH OF DIMES		CHARITABLE	1

8315 KEKAHA ROAD K KEKAHA, HI 96752			
MARCH OF DIMES 450 CENTURY PARK S 200B		CHARITABLE	1

•			
MARCH OF DIMES 450 CENTURY PARK S 200B BIRMINGHAM, AL 35226		CHARITABLE	100

450 CENTURY PARK S 200B BIRMINGHAM, AL 35226		
Total	 ▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT 3322 WEST END AVE SUITE 900 NASHVILLE, TN 372031197		CHARITABLE	5,000

NASHVILLE, TN 372031197			
MONROE COUNTY HERITAGE MUSEUM 31 NO ALABAMA AVE MONROEVILLE, AL 36460		CHARITABLE	1,500
MT BAKER HIGH SCHOOL		CHARITABLE	1,500

31 NO ALABAMA AVE MONROEVILLE, AL 36460	CHACTABLE	1,500
MT BAKER HIGH SCHOOL 7547 KENDALL ROAD MAPLE FALLS, WA 98244	CHARITABLE	1,500
Total	 ▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor		
a Paid during the year			
NATIONAL TROPICAL BOTANICAL GARDENS 3530 PAPLINA ROAD		CHARITABLE	10,000

3530 PAPLINA ROAD KALAHEO, HI 96741			
OGLETHORPE UNIVERSITY 4484 PEACHTREE RD NE ATLANTA, GA 30319		CHARITABLE	6

OGLETHORPE UNIVERSITY 4484 PEACHTREE RD NE ATLANTA, GA 30319		CHARITABLE	65,000
ONE WORLD SURGERY		CHARITABLE	1,000

ATLANTA, GA 30319			
ONE WORLD SURGERY 510 LAKE COOK ROAD SUITE 400		CHARITABLE	1,000
DEEDETELD IL 6001E			

510 LAKE COOK ROAD SUITE 400 DEERFIELD, IL 60015		GIVINZI/NBEE	1,00
Total	 	▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial continuator		
a Paid during the year			
PEACE LUTHERAN CHURCH		CHARITABLE	2,000

or substantial contributor

Total .

8250 ROSCOE ROAD GULF SHORES, AL 36542

RIVERSIDE MILITARY ACADEMY 2001 RIVERSIDE DRIVE GAINESVILLE, GA 30501		CHARITABLE	2,500
SALVATION ARMY 2410 REVERAND ABRAHAM WOODS JR		CHARITABLE	2,500

GAINESVILLE, GA 30501			
SALVATION ARMY 2410 REVERAND ABRAHAM WOODS JR BLVD BIRMINGHAM AL 35203		CHARITABLE	2,500

263,800

GAINESVILLE, GA 30501		
SALVATION ARMY 2410 REVERAND ABRAHAM WOODS JR	CHARITABLE	2,5
BLVD		
BIRMINGHAM, AL 35203		

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

a Paid during the year			
SALVATION ARMY4465 PUOLO ROAD		CHARITABLE	7,000

4,000

263,800

SOUTH BALDWIN LITERACY COUNCIL CHARITABLE

or substantial contributor

21441 HIGHWAY 98 EAST FOLEY, AL 36535			·
ST ANDREW BY THE SEAPO BOX 2385		CHARITABLE	3,

FOLEY, AL 36535			
ST ANDREW BY THE SEAPO BOX 2385		CHARITABLE	3,0

/			
ST ANDREW BY THE SEAPO BOX 2385		CHARITABLE	3,000
GULF SHORES, AL 365472385			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
STURDIVANT MUSEUM ASSOCIATION PO BOX 1205 SELMA, AL 36702		CHARITABLE	2,500

SELMA, AL 36702			
THE DAVID & SUE VOSLOH CHARITABLE FOUNDATION 23342 CARNOUSTIE DRIVE FOLEY, AL 36535		CHARITABLE	1,000

FOUNDATION 23342 CARNOUSTIE DRIVE FOLEY, AL 36535			_,
UNITED WAY OF BALDWIN COUNTY PO BOX 244		CHARITABLE	2,500

23342 CARNOUSTIE DRIVE FOLEY, AL 36535			
UNITED WAY OF BALDWIN COUNTY PO BOX 244 FOLEY, AL 365360244		CHARITABLE	2,500

10LL1, AL 30333			
UNITED WAY OF BALDWIN COUNTY PO BOX 244 FOLEY, AL 365360244		CHARITABLE	2,500
Total	 	▶ 3a	263,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

▶ 3a

263,800

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

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor		
a Paid during the year			
UNITED WAY OF CENTRAL ALABAMA PO BOX 320189		CHARITABLE	2,500

BIRMINGHAM, AL 35232			
WOLF BAY WATERSHED WATCH 23030 WOLF BAY DRIVE		CHARITABLE	1,00

WOLF BAY WATERSHED WATCH 23030 WOLF BAY DRIVE		CHARITABLE	1,000
FOLEY, AL 36535			

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	a -	D	LN: 93491043004351		
TY 2019 Accounting Fees Schedule							
	Name:	MA RIKARD	CHARITABLE TE	RUST			
C/O SYNOVUS TRUST COMPANY							
<b>EIN:</b> 63-6231842							
Category	Amo	ount I	let Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

5,755

5,755

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491043004351					
TY 2019 Investments Corporate Bonds Schedule							
•							
Name:	MA RIKARD CHARITABLE TRUST						
	C/O SYNOVUS TRUST COMPANY						
EIN:	63-6231842						

<b>LIN.</b> 03 0231042							
Investments Corporate Bonds Schedule							
Name of Bond	End of Year Book	End of Year Fair					
	Value	Market Value					

972,544

1,028,578

MARKETABLE SECURITIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491043004351					
TY 2019 Investments Corporate Stock Schedule								
11 2013 Investments corporate Stock Schedule								
Name:	MA RIKARD CHARI	ITABLE TRUST						
	0.40 00.40.00.00.00							

3,856,913

1,448,227

C/O SYNOVUS TRUST COMPANY **EIN:** 63-6231842

MARKETABLE SECURITIES

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491043004351		
TY 2019 Other Expenses Schedule						
Name: MA RIKARD CHARITABLE TRUST						
C/O SYNOVUS TRUST COMPANY						
<b>EIN:</b> 63-6231842						
Other Expenses Schedule						
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Other Expenses Schedule	1			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

1,365

1,365

ADMINISTRATIVE EXPENSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491043004351				
TY 2019 Other Increases Schedule							
Name:	MA RIKARD CI	HARITABLE TRUST					
	C/O SYNOVUS	TRUST COMPANY					
EIN:	63-6231842						
De	escription		Amount				
PRIOR PERIOD ADJUSTMENT			74,000				

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	d Data - DLN: 934910430043				
TY 2019 Taxes Schedule						
Name: MA RIKARD CHARITABLE TRUST  C/O SYNOVUS TRUST COMPANY  EIN: 63-6231842						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAX PAYMENTS	2,041	2,041	·	0		
FOREIGN TAXES PAID	302	302	1	0		