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2020

OMB No. 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

Open to Public Inspection

For	caler	ndar year 2020, or tax year	r beginning 01-01-20)20 , aı	nd ending 12-31	-2020	
		Indation CHARITABLE FOUNDATION			A Employer ic	lentification numbe	r
DC	NAHUL	CHARITABLE FOUNDATION			04-3368096		
		d street (or P.O. box number if mail is n MERSET DRIVE	ot delivered to street address)	Room/suite	B Telephone nu	ımber (see instructio	ns)
					(704) 877-762	1	
		n, state or province, country, and ZIP or , NC 28209	foreign postal code		C If exemption	application is pendin	g, check here
G C	neck al	l that apply: 🔲 Initial return	☐ Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere
		☐ Final return	Amended return			rganizations meeting	
		Address chan	ge 🔲 Name change			ck here and attach co	· —
_		pe of organization: 🗹 Section	- · · · · - · · · · · · · · · · · · · ·			undation status was t on 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitabl					
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 6,529,439	J Accounting method: ☐ Other (specify) (Part I, column (d) must			ation is in a 60-montl on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Bayanya and			(d) Disbursements
		of amounts in columns (b), (c), and equal the amounts in column (a) (se		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., schedule)	received (attach	433,227			
	2	Check ► ✓ if the foundation is	not required to attach	,,			
	_	Sch. B	ury cach investments	1,188	1,188		
	3	Dividends and interest from secu	•	143,079	· · · · · · · · · · · · · · · · · · ·		
	1 5a	Gross rents		143,079	143,073		
	b	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of as	ssets not on line 10	39,331			
Revenue	b	Gross sales price for all assets o	n line 6a56,715				
	7	Capital gain net income (from Pa					
	8	Net short-term capital gain .					
	9	Income modifications					
	10a	Gross sales less returns and allo	wances				
	b	Less: Cost of goods sold	· ·				
	C	Gross profit or (loss) (attach sch Other income (attach schedule)	,				
	12			616,825	144,267		
	13	Compensation of officers, director	ors trustees etc	010,023	144,207		
	14	Other employee salaries and wa	,				
S	15	Pension plans, employee benefit	=				
15e	16a	Legal fees (attach schedule)					
and Administrative Expenses	b	Accounting fees (attach schedule					
Ě	c	Other professional fees (attach s	chedule)				
tive	17	Interest					
tra	18	Taxes (attach schedule) (see ins	tructions)	9 1,142			378
inis	19	Depreciation (attach schedule) a	nd depletion				
₽	20	Occupancy					
ďΑ	21	Travel, conferences, and meeting	=	5,886			5,886
an	22	Printing and publications					
jui	23	Other expenses (attach schedule	•	4,223			4,042
Operating	24	Total operating and administ	rative expenses.				
<u>6</u>		•		11,251	С		10,306
)	25	Contributions, gifts, grants paid		231,691			231,691
	26	Total expenses and disburser 25	ments. Add lines 24 and	242,942	С		241,997
	27	Subtract line 26 from line 12:					_
	a	Excess of revenue over exper disbursements	nses and	373,883			
	ь	Net investment income (if neg	gative, enter -0-)		144,267		
	С	Adjusted net income (if negati	ive, enter -0-)				
For	Paper	work Reduction Act Notice, se	e instructions.		Cat. No. 11289	X For	m 990-PF (2020)

For	n 990-	PF (2020)					Page 2
Pa	rt 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) Book	End of	year (c) Fair Market Value
	1	Cash—non-interest		39,289	(B) Book	129,840	129,840
	2	Savings and tempo	orary cash investments				
	3	Accounts receivable	e ▶				
		Less: allowance for	doubtful accounts ►				
	4	Pledges receivable	▶				
		Less: allowance for	doubtful accounts				
	5	Grants receivable					
	6	Receivables due fro	om officers, directors, trustees, and other				
		disqualified person	s (attach schedule) (see instructions)				
	7	Other notes and loa	ans receivable (attach schedule) ▶				_
		Less: allowance for	doubtful accounts >				
Ş	8	Inventories for sale	e or use				
Assets	9	Prepaid expenses a	and deferred charges				
As	10a	Investments-U.S.	and state government obligations (attach schedule)				
	b	Investments—corp	orate stock (attach schedule)	1,003,344	<u>\$</u> J	1,076,725	6,399,599
	С	Investments—corp	orate bonds (attach schedule)	56,988			
	11	Investments—land	, buildings, and equipment: basis ▶				
		Less: accumulated	depreciation (attach schedule) ▶				
	12	Investments-mort	gage loans				
	13	Investments—othe	r (attach schedule)	4,313			
	14	Land, buildings, an	d equipment: basis ▶				
			depreciation (attach schedule) ▶				
	15	Other assets (desc	ribe ▶)				
	16	Total assets (to b	e completed by all filers—see the				
		instructions. Also,	see page 1, item I)	1,103,934		1,206,565	6,529,439
	17	Accounts payable a	and accrued expenses				
	18	Grants payable	[
ies	19	Deferred revenue					
ilic	20	Loans from officers	, directors, trustees, and other disqualified persons				
Liabilities	21		er notes payable (attach schedule)				
_	22	Other liabilities (de	scribe ▶)				
	23	Total liabilities(a	dd lines 17 through 22)			0	
\$ 8		Foundations that	follow FASB ASC 958, check here 🕨 🗹				
nce			es 24, 25, 29 and 30.				
ala	24	Net assets without	donor restrictions	1,103,934		1,206,565	
or Fund Balances	25	Net assets with dor	nor restrictions				
ı		Foundations that	do not follow FASB ASC 958, check here 🕨 🔲				
ΓF			es 26 through 30.				
	26	Capital stock, trust	principal, or current funds				
Assets	27	Paid-in or capital s	urplus, or land, bldg., and equipment fund				
As	28	Retained earnings,	accumulated income, endowment, or other funds				
Net	29	Total net assets	or fund balances (see instructions)	1,103,934		1,206,565	
2	30	Total liabilities a	nd net assets/fund balances (see instructions) .	1,103,934		1,206,565	
Pa	rt III	Analysis of Ch	nanges in Net Assets or Fund Balances				
1			balances at beginning of year—Part II, column (a), line	29 (must agree with	I		4 400 55 6
_	•		on prior year's return)		. 1		1,103,934
2 3		er amount from Part	I, line 27a		. 2		373,883 -271,252
4			ided in line 2 (itemize)		-		1,206,565
5			n line 2 (itemize) ▶		5		1,200,505
6			balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 29	. 6		1,206,565
						F.	orm 990-PF (2020)

	(a) List and describe the kind(s) of property sold (e.g., real esta 2-story brick warehouse; or common stock, 200 shs. MLC C						How acqu P—Purch D—Donat	ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	La						5 50114				
	-										
•											
	(a)		(f)				(g)		(h)	
	(e) Gross sales price		Depreciation				other basis			r (loss)	
			(or allow	/able)		plus expe	ense of sale		(e) plus (f) minus (g)	
a											
<u>b</u>											
c d											
е											
	Complete only for assets	show	ing gain in column ((h) and ow	ned hy	the foundation (nn 12/31/69			I)	
		311000	(i)		nied by		(k)		Gains (Col. (l) h) gain minus	
	(i) F.M.V. as of 12/31/69		Adjusted	basis		Excess	of col. (i)		col. (k), but not	less than -0-) or	
	1.M.V. as of 12/31/03		as of 12/	31/69		over col.	. (j), if any		Losses (fr	om col.(h))	
a											
b											
<u> </u>											
d											
е											
				(If ani	n, also enter in Pa	ort I line 7	- , 1			
2	Capital gain net income	or (ne	et capital loss)	{		s), enter -0- in P		- }			
	, ,	•	, ,	ţ	,	,,	•	_ /	2		
3	Net short-term capital o				-						
	If gain, also enter in Pa in Part I, line 8	rt I, lir			-	ons). If (loss), enter -0-			3		
	iii rait I, iiile o							. [[
Part	V Qualification U	Jndei	Section 4940(e) for Re	educe	d Tax on Net	Investme	nt Inc	ome		
ECT	ION 4940(e) REPEA	LED	ON DECEMBER 2	20, 2019	- DO	NOT COMPLE	TE				
	Reserved			•							
	(a)		(b)			(c)			(d)		
	Reserved		Reserved			Reserved			Reserved		
2	Reserved							2			
3	Reserved							3			
4	Reserved							4			
5	Reserved							5			
	Reserved							6			
-	Reserved							7			
	Reserved ,										
o	neserved , i i i i							8			

Pa	rt VII-B	Statements Regard	ııng	Activities for Which	Form 4/20 May Be	Requirea (continue	ea)			
5a	During the	year did the foundation	oay o	incur any amount to:						Yes	No
	(1) Carry	on propaganda, or otherv	vise a	e attempt to influence legislation (section 4945(e))?			Yes	.			
	(2) Influe	nce the outcome of any s	oecific	public election (see sect		∟ res	<u> </u>	40			
	on, dir	ectly or indirectly, any vo	ter re	gistration drive?			П.,	₩.	.		
	(3) Provid	e a grant to an individual	for tr	avel, study, or other sim	ilar purposes?		Yes		No .		
		e a grant to an organizati		* **		1	⊔ Yes	V	NO		
		ion 4945(d)(4)(A)? See ii		·	· •						
		e for any purpose other t					∐ Yes	✓ 1	No		
		ional purposes, or for the		•							
b		wer is "Yes" to 5a(1)–(5),	•	•			☐ Yes	✓ 1	No		
_	-	is section 53.4945 or in a		=				_	5b		
	=	ons relying on a current r					•	· —			
c	-	ver is "Yes" to question 5		· ·				Ш			
·		se it maintained expenditu			•						
		ttach the statement requi					⊔ Yes	ш	No O		
6-		undation, during the year,		=		ıms on					
6a		benefit contract?				airis oir					
L		undation, during the year,					☐ Yes	✓ 1	No 6b		No
b			рау	premiums, directly or mo	infectiy, on a personal be	ment contract:		•	00		NO
7-		6b, file Form 8870.	_ 41	6			_	_			
7a	-	e during the tax year, wa					∐ Yes	✓ 1	No J.		
b	•	id the foundation receive		•				•	7b	-	
8		ndation subject to the sec				in remuneration		_			
		achute payment during t				• •	☐ Yes		<u> </u>		
Pa		Information About (and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Hig	ghly Pai	d Em	ployees	,	
1	List all off	ficers, directors, truste	es, fo	undation managers ar	d their compensation	. See instruct	ions				
			(b) Title, and average	(c) Compensation (If	(d) Contr			(e) Expe	nse acc	ount.
	(a) Na	me and address		hours per week devoted to position	not paid, enter -0-)	employee ber deferred co				llowand	
MICH	ELE DUDLEY	96:	OFFI	· · · · · · · · · · · · · · · · · · ·	, ,	+	трепзас	0			0
	SOMERSET D		40.00		Ĭ			ไ			Ū
	LOTTE, NC 2										
2	Compensa	ation of five highest-pa	id en	ployees (other than t	hose included on line	L—see instru	ctions). I	f non	e, enter "	NONE	."
				(b) Title, and average		(d) Contr	ibutions t	:0			
(a)		ddress of each employee	paid	hours per week	(c) Compensation		e benefit		(e) Expen		
	mc	ore than \$50,000		devoted to position			d deferred ensation	1	other al	iowanc	es
NON	 F					Compo					
	_										
						+					
	I number of	other employees paid ov	er \$5	0.000.			. •				
Tota		Sanci Cilipioyees pala ov	-, yJ	·/···				1			

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional services (see inst	ructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Table with a stable and the same stable and th		
Total number of others receiving over \$50,000 for professional services		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 SUPPORT OF ALARM, AFRICAN LEADERSHIP AND RECONCILIATION MINISTRIES, WHIC TRAINING AND COMMUNUITY TRANSFORMATION TO COUNTRIES IN EAST AFRICA	H PROVIDES EDUCATION,	66,282
2 SUPPORT OF THE RESEARCH EFFORTS OF THE FOUNDATION FIGHTING BLINDNESS		35,405
3 SUPPORT OF WOMEN'S EMPOWERMENT EFFORTS THROUGH TRAINING AND WORK REAFASHION AND COMPASSION	DINESS PROGRAMS OF	16,963
4 SUPPORT OF WOMEN OVERCOMING POVERTY AND INJUSTICE THROUGH WORK READIL & COMPASSION	NESS PROGRAMS AT FASHION	15,000
Part IX-B Summary of Program-Related Investments (see instructions))	
Describe the two largest program-related investments made by the foundation during the tax year on li	ines 1 and 2.	Amount
1 N/A		
2		_
All other program-related investments. See instructions.		
3		
Tabel Add Broad Morroll 2		
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2020)
		101111 JJU-F1 (2020)

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

233.075

241,997

241,997

241.997

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233,075

233,075

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Form	990-PF	(202
Pa	rt XII	3

90-PF (2	020)		
XIII	Undistributed Income	(see	instructions)

0-PF	(2020)	

- 1 Distributable amount for 2020 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2020:
- a Enter amount for 2019 only. **b** Total for prior years: 20______, 20______ 3 Excess distributions carryover, if any, to 2020:

- a From 2015. **b** From 2016. c From 2017. . . .
- d From 2018.
- e From 2019.

c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . . d Excess from 2019. . . e Excess from 2020. . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

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

- 11.204 f Total of lines 3a through e.
- 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$
- a Applied to 2019, but not more than line 2a
- **b** Applied to undistributed income of prior years

 - (Election required—see instructions).

24 091

24,091

11.204

8.922

(a)

Corpus

8.922

44,217

44,217

35.295

(b)

Years prior to 2019

(c)

2019

Page **10**

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling							
b	Check box to indicate whether the organizati	on is a private opera	ating foundation des	cribed in section	4942(j)(3) or □] 4942(j)(5)		
	a Enter the lesser of the adjusted net Tax year Prior 3 years							
	income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) iotai		
	investment return from Part X for each year listed							
b	85% of line 2a							
	Qualifying distributions from Part XII,							
	line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon:							
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							
С	• •							
	(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							
De	Supplementary Information			foundation had s	\$5,000 or more i	in		
	assets at any time during the		ructions.)					
1	Information Regarding Foundation Mana- List any managers of the foundation who hav		than 20% of the total	Looptributions rossis	ad by the foundatio	-		
а	before the close of any tax year (but only if					11		
	MICHELE DUDLEY	,		, ((/(-/-/			
b	List any managers of the foundation who own	10% or more of th	e stock of a corpora	tion (or an equally la	arge portion of the			
_	ownership of a partnership or other entity)				9 - 1 - 1 - 1 - 1 - 1			
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Scl	holarship, etc., Pro	ograms:				
	Check here \blacktriangleright $lacksquare$ if the foundation only mak	es contributions to r	preselected charitable	e organizations and	does not accent			
	unsolicited requests for funds. If the foundar							
	other conditions, complete items 2a, b, c, ar			3				
	The warms and durant and training house without		*h		h			
a	The name, address, and telephone number of	n e-man address of	the person to whom	applications should	De addressed:			
	The form in which applications should be sub	mitted and informa	tion and materials th	ney should include:				
	STUDENT WE GRANT SCHOLARSHIP TO MUS			,	TION			
С	Any submission deadlines:							
	Any restrictions or limitations on awards, suc	ch as by goographic	al areae charitable f	ields kinds of institu	itions or other			
u	factors:	in as by geographic	ai aicas, cilalitable f	ieids, Killus Of Histitt	acions, or other			

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	1
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	231,691
b Approved for future payment				
	+			
		1		
		1		
	,	1		
	,	1		
Total			▶ 3h	

Form **990-PF** (2020)

P	art XVI	-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated.			usiness income	Excluded by sectio	(e) Related or exempt		
1	Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
		and contracts from government agencies					
		ship dues and assessments					
	Interest	on savings and temporary cash					
	investm				25	1,188	
		ds and interest from securities			25	143,079	
5		tal income or (loss) from real estate: financed property					
		ebt-financed property					
6		tal income or (loss) from personal property					
7	Other in	vestment income.					
8		(loss) from sales of assets other than					
	inventor	•					39,331
		ome or (loss) from special events:					
		rofit or (loss) from sales of inventory evenue: a					
		evenue. a					
	d						
	е						
		l. Add columns (b), (d), and (e)				144,267	·
13		Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu			1	.3	183,598
P	art XVI			hment of Exem	pt Purposes		
		<u> </u>	-		-		
Li	ne No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					

Fo	rm 990-PF (20	20)		Pa	ge 13
	Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	:able		
1		ization directly or indirectly engage in any of the following with any other organization described in section 501 in section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
ā	a Transfers from	n the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash.		1a(1)		No
	(2) Other as	sets	1a(2)		No
	0.1				

		ganization directly or inc than section 501(c)(3)								ion 501		Yes	No
. ,	a Transfers from the reporting foundation to a noncharitable exempt organization of:												
	(1) Cash								No				
(2) Other assets								[1a(2)		No		
b Othe	er tran	sactions:											
(1)	Sales	of assets to a nonchari	table exemp	t orga	nization.					[1b(1)		No
(2)	Purch	nases of assets from a n	oncharitable	exem	pt organiz	ation				[1b(2)		No
(3)	Renta	al of facilities, equipmen	it, or other a	ssets.						[1b(3)		No
(4)	Reim	bursement arrangemen	ts							.	1b(4)		No
` '		s or loan guarantees.									1b(5)		No
		mance of services or me								F	1b(6)		No
	-	facilities, equipment, n			· ·						1c		No
of th	ne goo	wer to any of the above ds, other assets, or serv nsaction or sharing arra	vices given b	y the	reporting t	foundation. If the	foundati	on receive	ed less than fair ma	rket value			
(a) Line	No.	(b) Amount involved	(c) Name of	noncha	aritable exer	mpt organization	(d) De	escription of	transfers, transactions	s, and shari	ng arrai	ngemen	ts
	_					+							
	_					+							
2a Is th	ne four	ndation directly or indire	ctly affiliated	d with	or relate	to one or more	tax-exe	mnt organ	izations				
		in section 501(c) (other	•		,	•				/es \	l No		
		omplete the following so		1 301(c)(3)) 01 1	11 30001011 327 : 1	• • •				1110		
	es, c	(a) Name of organizatio			(1:) Type of organizat	ion		(c) Descriptio	n of relation	nship		
		(a) Name of organization				7 Type of organizat	1011		(a) Description	ii oi reideioi	тотпр		
	of m	er penalties of perjury, ly knowledge and belief ch preparer has any kno	, it is true, co										
Sign Here		*****				2021-08-20	\	*****		return	e IRS di: e prepar		
	,	Signature of officer or tr	rustee			Date	7	Title		below (see ins	str.) 🔽	Yes □] No
		Print/Type preparer's	name	Prepa	arer's Sign	ature	Date		Check if self-	PTIN			
Paid		EDWARD DONAHU	E CPA				202	1-08-23	employed ▶ ☑	F	P00448	234	
Preparent			ME TAX ASS	SOCIA ⁻	TES					Firm's EI	N ▶ 04-	25084	50
Firm's address ▶ 7020 CENTRAL AVE													

	_									
		dation directly or indirectly	•	•	•			_		
desc	cribed i	n section 501(c) (other tha	an section	501(c)(3)) or i	n section 527?			⊔	Yes 🗹 No	
b If "Y	es," co	mplete the following sched	dule.							
		(a) Name of organization		(E) Type of organi	zation		(c) Description	on of relationship	
							+			
Sign Here	of my which	Inder penalties of perjury, I declare that I f my knowledge and belief, it is true, con which preparer has any knowledge. ***** Signature of officer or trustee				on of prepar				
	S			Date		<u> </u>	Title		below (see instr.) Ves No	
		Print/Type preparer's nar	ime	Preparer's Sign	ature	Date		Check if self-	PTIN P00448234	
Paid		EDWARD DONAHUE CPA				2021	2021-08-23 employed		Z	
Preparent of the Prepar		Firm's name ► INCOME	OME TAX ASSOCIATES						Firm's EIN ▶04-2508450	
		Firm's address ► 7020	CENTRAL A	AVE						
		SAINT	T PETERSB	URG, FL 3370	71213				Phone no. (727) 350-4612	
		I.							Form 990-PF (2020	

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			
MINISTRY ALLIANCE 10801 JOHNSTON ROAD CHARLOTTE, NC 28226		PRAYER SUPPORT	2,400

CASA ADALIA & BLESSING SCHOOL	5,000

FORT MILL, SC 29715			
102 ACADEMY STREET		SCHOOL	
EDUCATION EQUALS HOPE		CASA ADALIA & BLESSING	5,000

FORT MILL, SC 29715			
ALARM14140 MIDWAY ROAD		AFRICAN MINISTRY	66,282

231,691

ALARM14140 MIDWAY ROAD DALLAS, TX 75244		AFRICAN MINISTRY	66,282

	I.		l
DALLAS, TX 75244			
ALARMI4140 MIDWAY ROAD		AFRICAN MINISTRY	i

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

recipient

▶ 3a

231,691

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

a Paid during the year			
MYERS PARK HIGH SCHOOL 2400 COLONY ROAD CHARLOTTE, NC 28209		COLLEGE SCHOLARSHIP	250
FASHION COMPASSION		WOMEN'S EMPOWERMENT	15 000

1717 CLEVELAND AVE

any foundation manager

or substantial contributor

Name and address (home or business)

CHARLOTTE, NC 28203			
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 809213668		CHILD SPONSORSHIP	

CHARLOTTE, NC 28203			
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 809213668		CHILD SPONSORSHIP	11,000

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			
HOPE INTERNATIONAL 227 GRANITE RUN DRIVE SUITE 250		MICROFINANCE	3,000

SUITE 250 LANCASTER, PA 17601			
CAMPUS CRUSADE 100 LAKE HART DRIVE ORLANDO, FL 32832		EVANGELISM	900

CAMPUS CRUSADE 100 LAKE HART DRIVE ORLANDO, FL 32832		EVANGELISM	900
UNITED WORLD MISSION 205 REGENCY EXECUTIVE PAR CHARLOTTE NC 28217		MISSIONARY SUPPORT	3,000

Total	 	▶ 3a	231,691
UNITED WORLD MISSION 205 REGENCY EXECUTIVE PAR CHARLOTTE, NC 28217		MISSIONARY SUPPORT	3,000
ORLANDO, FL 32832			

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			
SCHOLARSHIPS SCHOLAR EXPENSES 3000 SOMERSET DRIVE		COLLEGE SCHOLARSHIPS & HOUSING GRANT	16,963

CHARLOTTE, NC 28209		THOUSING GRANT	
BEST BUDDIES10020 MONROE ROAD MATTHEWS, NC 28105		CHILDREN WITH DISABILITIES	

BEST BUDDIES10020 MONROE ROAD MATTHEWS, NC 28105		CHILDREN WITH DISABILITIES	507
HOSKINS PARK MINISTRIES		FAMILY CRISIS ASSISTANCE	1,000

MATTHEWS, NC 28105		CHEBICAL WITH DISKBETTES	307
HOSKINS PARK MINISTRIES 107 CROMER STREET		FAMILY CRISIS ASSISTANCE	1,000
CULARI OTTE NO DODGO	l .	l .	1

,			
HOSKINS PARK MINISTRIES 107 CROMER STREET CHARLOTTE, NC 28208		FAMILY CRISIS ASSISTANCE	1,000

107 CROMER STREET		
CHARLOTTE, NC 28208		

CHARLOTTE, NC 28208				 	1					-
Total	 	 					. >	▶ 3a	231.691	

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)

a Paid during the year			
NATL M S RESEARCH 3101 INDUSTRIAL DRIVE RALEIGH, NC 27609		MS RESEARCH	5,000

PROJECT 658CENTRAL AVENUE CHARLOTTE, NC 28205		JUSTICE INITIATIVES
SEARCH MINISTRIES		MISSIONARY SUPPORT

or substantial contributor

Total .

PROJECT 658CENTRAL AVENUE CHARLOTTE, NC 28205		JUSTICE INITIATIVES	1,200
SEARCH MINISTRIES 1043 E MOREHEAD ST		MISSIONARY SUPPORT	500
CHARLOTTE NC 29204			

CHARLOTTE, NC 28205			
SEARCH MINISTRIES 1043 E MOREHEAD ST CHARLOTTE. NC 28204		MISSIONARY SUPPORT	500

SEARCH MINISTRIES		MISSIONARY SUPPORT	500
1043 E MOREHEAD ST			
CHARLOTTE, NC 28204			

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			
S I M14830 CHOATE CIRCLE CHARLOTTE, NC 28273		INTL CHILDRENS SUPPORT	1,200

CHARLOTTE, NC 282/3			
THE SALVATIONS ARMY 534 SPRATT STREET CHARLOTTE, NC 28206		FAMILY SUPPORT	1,000

CHARLOTTE, NC 28206			
OTHER CHARITABLE GIVING 3000 SOMERSET DRIVE		SUPPORT CHRILDREN & FAMILIES	2,252

OTHER CHARITABLE GIVING 3000 SOMERSET DRIVE CHARLOTTE, NC 28209 SUPPORT CHRILDREN & FAMILIES	2,252

▶ 3a

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)

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
CHARLOTTE RESCUE MISSION		ADDICTION RECOVERY	5,000

907 WEST 1ST STREET CHARLOTTE, NC 28202		PROGRAM	
CHARLOTTE EAGLESMAI 8510 MCALPINE PARK DRIVE SUITE 109		SOCCER SCHOLARSHIPS FOR AT RISK YOUT	250

CHARLOTTE EAGLESMAI 8510 MCALPINE PARK DRIVE SUITE 109 CHARLOTTE, NC 28211	SOCCER SCHOLARSHIPS FOR AT RISK YOUT	250
CENTRAL CHURCH OF GOD	CHURCH SUPPORT	25

CHARLOTTE, NC 28211			
CENTRAL CHURCH OF GOD 5301 SARDIS ROAD CHARLOTTE NC 28270		CHURCH SUPPORT	2

CHARLOTTE, NC 28211			
CENTRAL CHURCH OF GOD 5301 SARDIS ROAD CHARLOTTE, NC 28270		CHURCH SUPPORT	

Total .

CENTRAL CHURCH OF GOD		CHURCH SUPPORT	2
5301 SARDIS ROAD			
CHARLOTTE, NC 28270			

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

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

▶ 3a

231,691

any foundation manager

Name and address (home or business)

CHARLOTTE, NC 28203

, ,	or substantial contributor		
a Paid during the year			
FOUNDATION FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR SUITE 100 COLUMBIA, MD 21046		EYE DISEASE RESEARCH	35,405
THE GATHERING6125 PALUXY DRIVE TYLER, TX 75703		PHILANTHROPY EDUCATION	600
WOMEN'S IMPACT FUND 2525 DISTRIBUTION ST		COLLECTIVE GIVING	1,300

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

Paid during the year			
NTERVARSITY635 SCIENCE DR		CAMPUS DISCIPLESHIP	

ADISON, WI 53711		
ROOTS FARM1918 W PRINCETON AST		SUSTAINABLE FARM AND FOOD

Total.

4 ROOTS FARM1918 W PRINCETON AST ORLANDO, FL 32804		SUSTAINABLE FARM AND FOOD INSECURITY	5,198

ORLANDO, FL 32804		INSECURITY	
A BREEZE OF HOPEPO BOX 148		ANTI-TRAFFICKING IN BOLIVIA	5,000
ECCYMOTON DA 40000	1		1

BREEZE OF HOPEPO BOX 148		ANTI-TRAFFICKING IN BOLIVIA	5,00
SSINGTON PA 19029			ĺ

1,200

A BREEZE OF HOPEPO BOX 148		ANTI-TRAFFICKING IN BOLIVIA	5,
ESSINGTON, PA 19029			

SSINGTON, PA 19029		

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

recipient

▶ 3a

231,691

any foundation manager

or substantial contributor

Name and address (home or business)

11 CANDLEBERRY LANE WESTON, MA 02493

a Paid during the year			
BE THE BRIDGE1151 HAMMOND DRIVE SUITE 240 ATLANTA, GA 30346		RACIAL RECONCILIATION	1,070
CHRIST EPISCOPAL CHURCH 1412 PROVIDENCE ROAD		CHURCH PROGRAM SUPPORT	500

ATLANTA, GA 30346			
CHRIST EPISCOPAL CHURCH 1412 PROVIDENCE ROAD CHARLOTTE, NC 28207		CHURCH PROGRAM SUPPORT	500
EARTH ENABLE-RWANDA		FLOORING SOLUTION	1,000

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	recipient		
a Paid during the year				
EQUAL JUSTICE INITIATIVE			RACIAL RECONCILIATION	500

122 COMMERCE ST MONTGOMERY, AL 36104		RACIAL RECONCILIATION	5
FAITH ACTION705 N GREENE ST		IMMIGRANT REFUGEE SUPPORT	5

,			
FAITH ACTION705 N GREENE ST GREENSBORO, NC 27401		IMMIGRANT REFUGEE SUPPORT	529

GREENSBORO, NC 27401			323
FOR HIS CHILDRENPO BOX 209		HOME FOR SPECIAL NEEDS	5,000

GREENSBURU, NC 27401			
FOR HIS CHILDRENPO BOX 209 MILLPORT, NY 14864		HOME FOR SPECIAL NEEDS CHILDREN IN E	5,0

FOR HIS CHILDRENPO BOX 209 MILLPORT, NY 14864		HOME FOR SPECIAL NEEDS CHILDREN IN E	5,00

MILLPORT, NY 14864	CHILDREN IN E	
Total	 ▶ 3a	231,691

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

	or substantial contributor		
a Paid during the year			
GLOBAL GIVING1 THOMAS CIRCLE NW SUITE 800		BIENVENIDA HOME IN DR	1,050

WASHINGTON, DC 20005			
HANDS FOR HOLLYPO BOX 49202		CANCER SUPPORT FOR	

HANDS FOR HOLLYPO BOX 49202 CHARLOTTE, NC 28277		CANCER SUPPORT FOR CHILDREN	819
HANNAH'S ORPHAN HOMEADDIS ABABA		ORPHAN CHILDREN SUPPORT	5 000

CHARLOTTE, NC 28277		CHILDREN	
HANNAH'S ORPHAN HOMEADDIS ABABA		ORPHAN CHILDREN SUPPORT	5,00

TO THE COURT OF THE PERSON OF		OIGHT WATER CHILEDING TO COLOR	<i>-,</i>
ETHIOPIA, NC 28209			

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

recipient

500

231,691

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			
HEALING HANDS OF JOY 1717 CLEVELAND AVE CHARLOTTE, NC 28203		HELPING WOMEN WITH FISTUAL	3,000

INTERPRETING FREEDOM FDN 7208 EMDEN CT CHARLOTTE, NC 28213		SUPPORT OF AFGHAN INTERPRETERS	
JOHN CROSLAND SCHOOL		SCHOOL FOR SPECIAL NEEDS	

CHARLOTTE, NC 28213			
JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217		SCHOOL FOR SPECIAL NEEDS KIDS	730

JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD		SCHOOL FOR SPECIAL NEEDS KIDS	730
CHARLOTTE, NC 28217			

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)

	manne and dadress (neme or basiness)	or substantial contributor		
	a Paid during the year			
П	HER FUTURE COALITIONPO BOX 3403		TRAFFICKING VICTIM	1,000

SAINT AUGUSTINE, FL 32085		EDUCATION	
METROLINA ASSN OF THE BLIND 704 LOUISE AVE CHARLOTTE.NC 28204		SERVICES FOR VISUALLY IMPAIRED	:

METROLINA ASSN OF THE BLIND 704 LOUISE AVE CHARLOTTE, NC 28204		SERVICES FOR VISUALLY IMPAIRED	
SHRINER'S HOSPITAL		CHILDREN'S HOSPITAL	

CHARLOTTE, NC 28204			
SHRINER'S HOSPITAL 2900 ROCKY POINT DRIVE		CHILDREN'S HOSPITAL	2,000
TAMPA.FL 33607			

SHRINER'S HOSPITAL		CHILDREN'S HOSPITAL	2,00
2900 ROCKY POINT DRIVE			,
TAMPA, FL 33607			

	l .	0	-,-
900 ROCKY POINT DRIVE			
AMPA, FL 33607			

SOU ROCKT POINT DRIVE	<u>'</u>	1	
AMPA, FL 33607			

IAMPA, FL 33607		
Total	 	231,691

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

a Paid during the year			
SILENT IMAGESPO BOX 667		NON-PROFIT VIDEO PRODUCER	1,000

MATTHEWS, NC 28105 THRIVE GLOBAL5162 LINCREST DRIVE EDUCATION SUPPORT

or substantial contributor

Name and address (home or business)

Total . .

5,115 CHARLOTTE, NC 28211 909

THE ECHO FOUNDATION		EDUCATION	90
1125 EAST MOREHEAD ST			
CHARLOTTE, NC 28204			

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

	or substantial contributor		
a Paid during the year			
THE BULB2401-A DISTRIBUTION ST		FOOD SECURITY	500

CHARLOTTE, NC 28203			
VERITAS FORUMPO BOX 380807 CAMBRIDGE, MA 02238		EDUCATIONAL PROGRAMS	

or substantial contributor

Name and address (home or business)

VERITAS FORUMPO BOX 380807 CAMBRIDGE, MA 02238		EDUCATIONAL PROGRAMS	5,000
WHOLEHEARTED WOMEN 6820 CLARK AVENUE		TRAUMA HEALING FOR WOMEN	2,537

WHOLEHEARTED WOMEN 6820 CLARK AVENUE		TRAUMA HEALING FOR WOMEN	2,537
PENNSAUKEN, NJ 08110			

Total	 	▶ 3a	231,691
6820 CLARK AVENUE PENNSAUKEN, NJ 08110			
WHOLEHEARTED WOMEN		TRAUMA HEALING FOR WOMEN	2,53/

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 contribution show any relationship to status of any foundation manager recipient

Name and address (home or business)

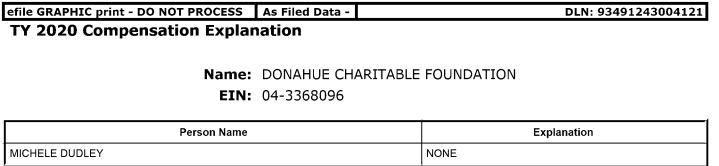
Total .

(or substantial contributor		
a Paid during the year			
THE TRUTH COLLECTIVEPO BOX 165		HELP FOR MUSLIM WOMEN	500

FORT MILL, SC 29716			
UNADILLA140 COUNTY HWY 18C W EDMESTON, NY 13485		NONPROFIT FARM	500

231.691

UNADILLA140 COUNTY HWY 18C		NONPROFIT FARM	5
W EDMESTON, NY 13485			



efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491243004121						
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.								
TY 2020 Gain/Loss from Sale o	f Other Asset	s Schedule						
Name: [OONAHUE CHARIT	ABLE FOUNDATION						
EIN: (04-3368096							

Cain I and Cale Oak and Assact a Cale dula

•	Gain Loss Sale Other Assets Schedule										
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation	
TESLA	2020-11	PURCHASE	2020-11		411				411		
BYD	2013-06	PURCHASE	2020-09		6,656	1,676			4,980		
G WILLIE	2014-09	PURCHASE	2020-09		4,683	1,768			2,915		
PAYPAL	2017-05	PURCHASE	2020-09		9,122	2,448			6,674		
BRKB	2006-06	PURCHASE	2020-02		24,220	9,001			15,219		
TPL	1995-10	PURCHASE	2020-09		11,623	2,491			9,132		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491243004121
TY 2020 Investments Corpora	te Bonds Sched	dule	
Name:	DONAHUE CHARITA	ABLE FOUNDATION	
EIN:	04-3368096		
Investments Corporate Bonds Schedule			
Name of Bond	l	End of Year Book Value	End of Year Fair Market Value
TESLA			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	

TY 2020 Investments Corporate Stock Schedule

Name: DONAHUE CHARITABLE FOUNDATION

DLN: 93491243004121

EIN: 04-3368096

EII. 04 3300030				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
G WILLI FOOD	3,536	10,705		
ALIBABA GROUP	57,173	174,548		
BYD	27,747	144,136		
BANK OF AMERICA	31,500	22,733		
BERKSHIRE HATHAWAY	268,547	982,700		
IMAX	4,276	13,515		
MARKEL	52,086	103,330		
TPL	460,546	4,289,300		
OROCOBRE LTD NV	22,553	17,229		
G E	57,505	21,600		
PAYPAL	34,268	163,940		
TESLA	56,988	455,863		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -			DLN: 93491243004121	
TY 2020 Investments - Other Schedule					
Name: [DONAHUE CHARI	TABLE FOUND	ATION		
EIN: (04-3368096				
Investments Other Schedule 2					
Category/ Item	List	ed at Cost or FMV	Book Value	End of Year Fair Market Value	
OTHER					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491243004121		
TY 2020 Other Expenses Schedule						
		RITABLE FOUNDA	ATION			
Cther Expenses Schedule	04-3368096					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

127

129

1,869

222

51

290

529

373

161

PROFESSIONAL DEVELOPMENT

EXPENSES

EVENTS

POSTAGE

MEALS

OFFICE SUPPLIES

OFFICE EXPENSE

BANK CHARGES COMPUTER RELATED

DUES & SUBSCRIPTIONS

127

129

222

51

290

528

373

181

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

40

210

202

210

INVESTMENT EXPENSES	20		
PAYPAL FEES	202		

Other Expenses Schedule

VOLUNTEER EXPENSES

CONTRACT LABOR

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491243004121		
TY 2020 Other Increases Schedule					
Name:	DONAHUE CH	ARITABLE FOUNDATION			
EIN:	04-3368096				
Other Increases Schedule					
D€	escription		Amount		
CAPITAL GAIN ADJUSTMENT			-271,252		

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DLI	N: 93491243004121	
TY 2020 Taxes Schedule					
Name: DONAHUE CHARITABLE FOUNDATION					
EIN: 04-3368096					
Taxes Schedule					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
US TREASURY	759				
FOREIGN TAXES	5				
FEES AND LICENSES	378			378	