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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation  
THE JOHN R AND M MARGRITE DAVIS FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)  
41000 WOODWARD AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
BLOOMFIELD HILLS, MI 48304

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 15,043,644

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

A Employer identification number  
38-6058593

B Telephone number (see instructions)  
(248) 594-5770

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐





2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

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

Part I

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

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)			
	2 Check ▶ <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .			
	3 Interest on savings and temporary cash investments			
	4 Dividends and interest from securities . . .	197,722	197,722	
	5a Gross rents . . . . .			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10 	347		
	b Gross sales price for all assets on line 6a _____ 6,768,224			
	7 Capital gain net income (from Part IV, line 2) . . .		0	
	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) . . . . .	0			
11 Other income (attach schedule) . . . . .	 9,056	9,056		
12 Total. Add lines 1 through 11 . . . . .	207,125	206,778		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	25,000		
	14 Other employee salaries and wages . . . . .			
	15 Pension plans, employee benefits . . . . .			
	16a Legal fees (attach schedule) . . . . .	2,422		
	b Accounting fees (attach schedule) . . . . .	0		
	c Other professional fees (attach schedule) . . . . .	0		
	17 Interest . . . . .	5,110		
	18 Taxes (attach schedule) (see instructions) . . .	 5,260	5,260	
	19 Depreciation (attach schedule) and depletion . . .	0		
	20 Occupancy . . . . .			
	21 Travel, conferences, and meetings . . . . .	821		
	22 Printing and publications . . . . .	1,041		
	23 Other expenses (attach schedule) . . . . .	 2,578		
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	42,232	5,260	0
	25 Contributions, gifts, grants paid . . . . .	675,000		675,000
26 Total expenses and disbursements. Add lines 24 and 25	717,232	5,260	675,000	
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	-510,107		
	b Net investment income (if negative, enter -0-)		201,518	
	c Adjusted net income (if negative, enter -0-)			

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	40,239	53,367	53,367
	<b>2</b> Savings and temporary cash investments . . . . .	480,949	676,267	676,267
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .		0	
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____		0	
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	3,814,786	2,752,633	11,293,029
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	506,014	249,938	249,888
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____		0	
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	2,000,000	2,600,000	2,771,093
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____		0	
<b>15</b> Other assets (describe ▶ _____)	0	0	0	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,841,988	6,332,205	15,043,644	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons		0	
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .		0	
	<b>22</b> Other liabilities (describe ▶ _____)	0	0	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	6,841,988	6,332,205	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	6,841,988	6,332,205	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	6,841,988	6,332,205		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	6,841,988
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-510,107
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	324
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	6,332,205
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	6,332,205

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

<b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	<b>2</b>	
	<b>3</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

<b>1</b> Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .			<b>2</b>
<b>3</b> Reserved. . . . .			<b>3</b>
<b>4</b> Reserved . . . . .			<b>4</b>
<b>5</b> Reserved . . . . .			<b>5</b>
<b>6</b> Reserved . . . . .			<b>6</b>
<b>7</b> Reserved . . . . .			<b>7</b>
<b>8</b> Reserved , . . . . .			<b>8</b>

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	2,801
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	2,801
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	2,801
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	4,764
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	4,764
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	1,963
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>	1,963

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>Yes</b>	<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year?		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ► \$ _____ <b>(2)</b> On foundation managers. ► \$ _____		
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	<b>No</b>
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	<b>No</b>
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	<b>Yes</b>
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	<b>Yes</b>
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MI _____		
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	<b>Yes</b>
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	<b>No</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	<b>No</b>

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>RAYMOND C CUNNINGHAM JR</u> Telephone no. ► <u>(864) 908-7062</u>			

Located at ► 132 CREEKRIDGE ROAD GREENVILLE SC ZIP+4 ► 29607

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . .	<b>1b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	<b>No</b>
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	<b>4b</b>	<b>No</b>

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

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

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

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

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

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

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

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

1	Expenses

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	12,957,686
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	470,619
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	13,428,305
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	13,428,305
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	201,425
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	13,226,880
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	661,344

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	661,344
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	2,801
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	2,801
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	658,543
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	658,543
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	658,543

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	675,000
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	675,000
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	675,000

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				658,543
<b>2</b> Undistributed income, if any, as of the end of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . . 0				
<b>b</b> From 2016. . . . . 0				
<b>c</b> From 2017. . . . . 0				
<b>d</b> From 2018. . . . . 0				
<b>e</b> From 2019. . . . . 0				
<b>f</b> <b>Total</b> of lines 3a through e. . . . . 0	0			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 675,000				
<b>a</b> Applied to 2019, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				658,543
<b>e</b> Remaining amount distributed out of corpus	16,457			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	16,457			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	16,457			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . . 0				
<b>b</b> Excess from 2017. . . . . 0				
<b>c</b> Excess from 2018. . . . . 0				
<b>d</b> Excess from 2019. . . . . 0				
<b>e</b> Excess from 2020. . . . . 16,457				

## Part XIV

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

## Inform

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

Check here ☐ if the foundation only makes contributions to pre-unsolicited requests for funds. If the foundation makes gifts, grants, or other conditions, complete items 2a, b, c, and d. See instructions

- See Additional Data Table

- See Additional Data Table

- See Additional Data Table

- See Additional Data Table

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	675,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	197,722	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	347	347
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). .				198,069	347
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>		<b>198,416</b>

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

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions:				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

<b>(a)</b> Name of organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-04-13	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☐ **Yes** ☒ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P01207065
	Mary M Lyneis				
	Firm's name ▶ LoPrete & Lyneis PC				Firm's EIN ▶
	Firm's address ▶ 41000 Woodward Ave Ste 310 Bloomfield Hills, MI 48304				Phone no. (248) 594-5770

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RAYMOND C CUNNINGHAM JR 132 CREEKRIDGE ROAD GREENVILLE, SC 29607	PRESIDENT 5.00	0	0	0
LESLIE R MOORE 245 E BROAD STREET GREENVILLE, SC 29601				
DEBORAH SUE CUNNINGHAM 318 E FARIS ROAD GREENVILLE, SC 29605	SEC/TREAS/TRUTEE 10.00	25,000	0	0
JAMES H LOPRETE 41000 WOODWARD AVENUE SUITE 310 EAS BLOOMFIELD HILLS, MI 48304				
MARY M LYNEIS 41000 WOODWARD AVENUE SUITE 310 EAS BLOOMFIELD HILLS, MI 48304	TRUSTEE 1.00	0	0	0
JOHN C CUNNINGHAM 2 CALLE DE PRINCESA COTO DE CAZA, CA 92679				

**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

RAYMOND C CUNNINGHAM JR  
132 CREEKRIDGE ROAD  
GREENVILLE, SC 29607  
(864) 908-7062

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

LETTER FOR WITH COPY OF IRS 501(c)(3) EXEMPTION LETTER

**c** Any submission deadlines:

NONE - AVAILABILITY OF FUNDS

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

NON

**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

RAYMOND C CUNNINGHAM JR  
126 BABBS HOLLOW ROAD  
GREENVILLE, SC 29607  
(843) 671-1108

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

LETTER FORM WITH COPY OF IRS 501(c)(3)EXEMPTION 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 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

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

RAYMOND C CUNNINGHAM JR  
126 BABBS HOLLOW ROAD  
GREENVILLE, SC 29606  
(843) 671-1108

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

LETTER FORM WITH COPY OF IRS 501(c)(3)EXEMPTION LETTER

**c** Any submission deadlines:

NONE - AVAILABILITY OF FUNDS

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

NONE

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADRIAN DOMINICAN SISTERS 1257 E SIENA HEIGHTS DRIVE ADRIAN, MI 49221		501(c)(3)	RELIGIOUS	5,000
ALL HANDS AND HEARTS 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02739		501(c)(3)	CHARITABLE	30,000
GLENER'S FOOD BANK2131 BEAUFIT DETROIT, MI 48207		501(c)(3)	CHARITABLE	2,500
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATERINA'S CLUB 341 E CENTER STREET ANAHEIM, CA 92805		501(c)(3)	CHARITABLE	14,000
HARVEST HOPE FOOD BANK 2818 WILD HORSE ROAD GREENVILLE, SC 29611		501(c)(3)	CHARITABLE	2,500
BOY SCOUTS BLUE RIDGE COUNCIL 1 PARK PLAZA GREENVILLE, SC 29607		501(c)(3)	GENERAL CHARITABLE	2,500
<b>Total . . . . . ▶ 3a</b>				675,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE WASHINGTON, DC 20002		501(c)(3)	GENERAL CHARITABLE	7,500
MAKE A WISH SOUTH CAROLINA 225 S PLEASANTBURG DRIVE GREENVILLE, SC 29607		501(c)(3)	GENERAL CHARITABLE	3,500
CANCER SURVIVORS PARK 24 CLEVELAND STREET GREENVILLE, SC 29601		501(c)(3)	GENERAL CHARITABLE	10,000
<b>Total . . . . .</b> ► <b>3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY FOUNDATION OF GREENVILLE 27 CLEVELAND ST SUITE 101 GREENVILLE, SC 29601		501(c)(3)	GENERAL CHARITABLE	100,000
MEALS ON WHEELS15 OREGON STREET GREENVILLE, SC 29605		501(c)(3)	GENERAL CHARITABLE	2,500
CATHOLIC RELIEF SERVICES 209 W FAYETTE STREET BALTIMORE, MD 21201		501(c)(3)	RELIGIOUS	15,000
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD ARLINGTON, VA 22201		501(c)(3)	EDUCATION	2,500
GREENVILLE CTY CANCER SOCIETY 113 MILLS AVENUE GREENVILLE, SC 29605		501(c)(3)	MEDICAL	2,500
PROJECT HOST525 S ACADEMY STREET GREENVILLE, SC 29601		501(c)(3)	GENERAL CHARITABLE	2,000
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREENVILLE FREE CLINIC P O BOX 8993 GREENVILLE, SC 29604		501(c)(3)	MEDICAL	40,000
GREENVILLE HUMANE SOCIETY 328 FURMAN HALL RD GREENVILLE, SC 29609		501(c)(3)	GENERAL CHARITABLE	10,000
GREENVILLE PRISMA HOSP FOUNDATION 255 ENTERPRISE BLVD GREENVILLE, SC 29615		501(c)(3)	MEDICAL	25,000
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY10200 PIONEER ROAD TUSTIN, CA 92782		501(c)(3)	GENERAL CHARITABLE	10,000
HABITAT FOR HUMANITY 2200 RITCHEY STREET SANTA ANA, CA 92705		501(c)(3)	GENERAL CHARITABLE	25,000
				0
<b>Total . . . . . ▶ 3a</b>				675,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MERRILL PALMER SKILLMAN INST 71 E FERRY DETROIT, MI 48202		501(c)(3)	EDUCATION	2,500
WAYNE STATE INSTITUTE FOR GERONTOLOGY 87 E FERRY DETROIT, MI 48202		501(c)(3)	MEDICAL	7,500
GIRLS SCOUTS MOUNTAINS TO MIDLANDS 5 INDEPENDENCE POINTE GREENVILLE, SC 29615		501(c)(3)	GENERAL CHARITABLE	3,000
<b>Total . . . . . ▶ 3a</b>				675,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUDICIAL WATCH 525 THIRD STREET SUITE 800 WASHINGTON, DC 20024		501(c)(3)	GENERAL CHARITABLE	10,000
KILO-9 FOUNDATION206 WOODBURY TAYLORS, SC 29687		501(c)(3)	GENERAL CHARITABLE	22,500
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 50 MEMPHIS, TN 38101		501(c)(3)	MEDICAL	5,000
<b>Total . . . . . ▶ 3a</b>				675,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARINE CORP LAW ENFORCEMENT FOUND P O BOX 37 MOUNTAIN LAKES, NJ 07046		501(c)(3)	GENERAL CHARITABLE	50,000
MARTIN MEMORIAL HOSPITAL 2127 SE OCEAN BLVD STEWART, FL 34966		501(c)(3)	MEDICAL	5,000
ST VINCENT DePAUL24 POPE AVENUE HILTON HEAD, SC 29928		501(c)(3)	GENERAL CHARITABLE	5,000
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
US VETS733 S HINDRY AVENUE INGLELWOOD, CA 90301		501(c)(3)	GENERAL CHARITABLE	55,000
MICHIGAN HUMANE SOCIEITY 3600 W AUBURN RD ROCHESTER HILLS, MI 48309		501(c)(3)	GENERAL CHARITABLE	2,500
MIRACLE HILL MINISTRIES P O BOX 2546 GREENVILLE, SC 29602		501(c)(3)	GENERAL CHARITABLE	3,000
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NAVY SEALS FOUNDATION 1619 D ST BLDG 5326 VIRGINIA BECH, VA 23459		501(c)(3)	GENERAL CHARITABLE	10,000
OUR LADY OF THE ROSARY CHURCH 3710 AUGUSTA RD GREENVILLE, SC 29604		501(c)(3)	RELIGIOUS	5,000
PEACE CENTER PEACEKEEPERS PROGRAM 101 W BROAD ST GREENVILLE, SC 29601		501(c)(3)	GENERAL CHARITABLE	2,500
<b>Total . . . . . ▶ 3a</b>				675,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PINK FUND3580 W MAPLE BLOOMFIELD HILLS, MI 48301		501(c)(3)	GENERAL CHARITABLE	5,000
PROJECT HOPEAUTISM 2131 WOODRUFF RD GREENVILLE, SC 29607		501(c)(3)	MEDICAL	15,000
RIGHT TO WORK LEGAL FOUND 8001 BRADDOCK RD SPRINGFIELD, VA 22160		501(c)(3)	GENERAL CHARITABLE	2,500
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY615 SLATERS LANE ALEXANDRA, VA 22313		501(c)(3)	GENERAL CHARITABLE	15,000
UPCOUNTRY HISTORY MUSEUM 540 BUNCOMBE STREET GREENVILLE, SC 29601		501(c)(3)	GENERAL CHARITABLE	1,000
SALVATION ARMY GREENVILLE 417 RUTHERFORD ST GREENVILLE, SC 29609		501(c)(3)	GENERAL CHARITABLE	5,000
<b>Total . . . . . ▶ 3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHRINERS HOSP FOR CHILDREN 950 W ARIS RD GREENILLE, SC 29605		501(c)(3)	MEDICAL	10,000
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009		501(c)(3)	GENERAL CHARTITABLE	20,000
SIGMA CHI FOUNDATION 1714 HINMAN AVENUE EVANSTON, IL 60201		501(c)(3)	GENERAL CHARITABLE	1,000
<b>Total . . . . . ▶ 3a</b>				675,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TEAM RUBICON1509 16TH STREET NW WASHINGTON, DC 20036		501(c)(3)	GENERAL CHARITABLE	85,000
LOURDES SENIOR COMMUNITY 2300 WATKINS LAKE ROAD WATERFORD, MI 48328		501(c)(3)	GENERAL CHARITABLE	5,000
				0
<b>Total . . . . .</b> ▶ <b>3a</b>				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THOMAS MORE LAW CENTER 25 FRANK LLOYD WRIGHT DR ANN ARBOR, MI 48106		501(c)(3)	EDUCATION	5,000
				0
USOP O BOX 96860 WASHINGTON, DC 20077		501(c)(3)	GENERAL CHARITABLE	2,500
Total . . . . . ▶ 3a				675,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
				0
YMCA OF GREENVILLE 601 E MCBEE AVE SUITE 212 GREENVILLE, SC 29601		501(c)(3)	GENERAL CHARITABLE	2,500
<b>Total . . . . . ▶ 3a</b>				675,000

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 of Other Assets Schedule

Name: THE JOHN R AND M MARGRITE DAVIS FOUNDATION

EIN: 38-6058593

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
WELLS FARGO SHORT TERM GAINS					6,509,091	6,508,971		21	99	
WELLS FARGO LONG TERM GAINS					259,133	258,885			248	

**TY 2020 Other Expenses Schedule****Name:** THE JOHN R AND M MARGRITE DAVIS FOUNDATION**EIN:** 38-6058593**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE/SUPPLIES	1,860			
INSURANCE	698			
STATE OF MICHIGAN	20			

# **TY 2020 Other Income Schedule**

**Name:** THE JOHN R AND M MARGRITE DAVIS FOUNDATION

**EIN:** 38-6058593

## **Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Capital Gain Distributions	9,056	9,056	

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TY 2020 Other Increases Schedule			
Name: THE JOHN R AND M MARGRITE DAVIS FOUNDATION			
EIN: 38-6058593			
Other Increases Schedule			
Description			Amount
Basis adjustment			324

**TY 2020 Taxes Schedule****Name:** THE JOHN R AND M MARGRITE DAVIS FOUNDATION**EIN:** 38-6058593**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAX	310	310		
EXCISE TAX - 2019	186	186		
ESTIMATED TAX PAYMENTS	4,764	4,764		