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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0052

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 LONG LEWIS FOUNDATION

A Employer identification number
46-3747942

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 4154

Room/suite

B Telephone number (see instructions)
(256) 386-7800

City or town, state or province, country, and ZIP or foreign postal code
MUSCLE SHOALS, AL 35662

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 1,744,689

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	403,120			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	8,280	143,093		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		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)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	411,400	143,093		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	14,100	8,280		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	3,944	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	53,487	56,352		51,973
	24	**Total operating and administrative expenses.** Add lines 13 through 23	71,531	64,632		51,973
	25	Contributions, gifts, grants paid	294,171			294,171
	26	**Total expenses and disbursements.** Add lines 24 and 25	365,702	64,632		346,144
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	45,698			
	b	**Net investment income** (if negative, enter -0-)		78,461		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing	80,907	180,942	180,942
	2 Savings and temporary cash investments	200,000	200,000	200,000
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	1,425,957	1,400,671	1,363,747
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,706,864	1,781,613	1,744,689
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	1,706,864	1,781,613	
	29 **Total net assets or fund balances** (see instructions)	1,706,864	1,781,613	
	30 **Total liabilities and net assets/fund balances** (see instructions)	1,706,864	1,781,613	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,706,864
2	Enter amount from Part I, line 27a	2	45,698
3	Other increases not included in line 2 (itemize) ▶	3	29,051
4	Add lines 1, 2, and 3	4	1,781,613
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	1,781,613

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.)
1a				

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	1,091
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	1,091
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	1,091
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 0		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	22
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	1,113
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		No
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ LESLIE OUELLETTE Telephone no. ▶ (256) 386-7800

Located at ▶ PO BOX 4154 MUSCLE SHOALS AL ZIP+4 ▶ 35662

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

16	At any time during calendar year 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
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.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
TODD OUELLETTE PO BOX 4154 MUSCLE SHOALS, AL 35662	PRESIDENT 1.00	0	0	0
LESLIE OUELETTE PO BOX 4154 MUSCLE SHOALS, AL 35662	VICE PRESIDENT/SECRETARY 1.00	0	0	0
PAT HARDIN PO BOX 4154 MUSCLE SHOALS, AL 35662	TREASURER 1.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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.	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,498,098
b	Average of monthly cash balances	1b	106,708
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	1,604,806
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,604,806
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,072
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,580,734
6	**Minimum investment return.** Enter 5% of line 5	6	79,037

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

1	Minimum investment return from Part X, line 6			1	79,037
2a	Tax on investment income for 2020 from Part VI, line 5	2a	1,091		
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	883		
c	Add lines 2a and 2b			2c	1,974
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	77,063
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	77,063
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	77,063

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	346,144
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	346,144
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	346,144

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
1 Distributable amount for 2020 from Part XI, line 7				77,063
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 236,229				
b From 2016. 232,849				
c From 2017. 190,028				
d From 2018. 380,999				
e From 2019. 490,079				
f **Total** of lines 3a through e.	1,530,184			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ 346,144				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				77,063
e Remaining amount distributed out of corpus	269,081			
5 Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,799,265			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .	236,229			
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a	1,563,036			
10 Analysis of line 9:				
a Excess from 2016. . . . 232,849				
b Excess from 2017. . . . 190,028				
c Excess from 2018. . . . 380,999				
d Excess from 2019. . . . 490,079				
e Excess from 2020. . . . 269,081				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
e 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:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				294,171
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	8,280	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		8,280	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	8,280

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

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

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

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

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

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

******	2021-11-02	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
AMY BIBBY		2021-11-02		P00445891
Firm's name ▶ DIXON HUGHES GOODMAN LLP				Firm's EIN ▶56-0747981
Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				Phone no. (828) 254-2254

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A NEW BEGINNING122 HELTON COURT FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,500
AGAPE OF CENTRAL ALABAMA PO BOX 23472 MONTGOMERY, AL 36123	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
ALEX'S LEMONADE STAND FOUNDATION (ALSF) 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS ASSOCIATION 2151 HIGHLANDS AVE 210 BIRMINGHAM, AL 35205	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
AMERICAN HEART ASSOCIATION PO BOX 4002900 DES MOINES, IA 50340	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
ARC OF THE SHOALS SPECIAL OLYMPICS 125 N COURT ST FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTENTION HOMES OF NORTHWEST ALABAMA INC PO BOX 742 FLORENCE, AL 35631	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
BABYWEARERS OF THE SHOALS 7430 CO RD 200 FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	100
BIG BROTHERS BIG SISTERS OF THE SHOALS 505 N COLUMBIA AVE C SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEWAY BAPTIST CHURCH 1503 E AVALON AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
CAHABA SHRINERS 16146 EAST GLENN VALLEY DR ATHENS, AL 35611	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
CALVARY BAPTIST CHURCH 111 N MAIN ST TUSCUMBIA, AL 35674	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD PROTECT935 S PERRY STREET MONTGOMERY, AL 36104	NONE	501(C)(3)	OPERATIONAL SUPPORT	765
CHRIST OUTREACH MINISTRIES 5550 HWY 81 PHIL CAMPBELL, AL 35581	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
COC FOOD BANK AND SOUP KITCHEN PO BOX 611 DECATUR, AL 35601	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLBERT DOMESTIC VIOLENCE RESP COALITION 200 S CENTRAL AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
COLBERT LAUDERDALE BAPTIST ASSOCIATION 3901 HATCH BLVD SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
COMMON GROUND SHOALSPO BOX 485 FLORENCE, AL 35631	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80921	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,613
CROSS POINT CHURCH OF CHRIST 1350 COX CREEK PKWY FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,500
CROSSROADS COMMUNITY OUTREACH 318 S COURT ST FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,633
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYPRESS LANDING PLACE 101 CYPRESS LANDING FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	100
DESHLER MIDDLE SCHOOL 598 N HIGH ST TUSCUMBIA, AL 35674	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
EASTER SEALS NORTHWEST ALABAMA 1450 AVALON AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EKKLESIA PRESCHOOL AND CHILD DEV CENTER 3007 HATCH BLVD SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
ELIC1629 BLUE SPRUCE DRIVE FORT COLLINS, CO 80524	NONE	501(C)(3)	OPERATIONAL SUPPORT	600
EVERDALE MISSIONARY BAPTIST CHURCH 814 E 16TH ST SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAME GIRLS RANCH 4450 LIGON SPRINGS ROAD RUSSELLVILLE, AL 35654	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE, UT 84129	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	NONE	501(C)(3)	OPERATIONAL SUPPORT	25,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST PRIORITY OF NORTH ALABAMA 12060 COUNTY LINE RD SUITE J MADISON, AL 35756	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
FLORENCE UTILITIES 110 W COLLEGE ST FLORENCE, AL 35631	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,418
FORD CREDITPO BOX 790119 ST LOUIS, MO 63179	NONE	501(C)(3)	OPERATIONAL SUPPORT	535
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL MISSIONS OF MERCY PO BOX 2969 MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
GOD'S GARAGE MINISTRIES 525 PENNY LAP LANE TUSCUMBIA, AL 35674	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
GWAM693 BRANDON DR MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF AUTAUGA & CHILTON 431 W 4TH ST STE A PRATTVILLE, AL 36067	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
HANDS OF HOPE INTERNATIONAL PO BOX 252 KILLEN, AL 35645	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
HIGHLAND PARK BAPTIST CHURCH 503 S WILSON DAM RD MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,150
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK CHURCH OF CHRIST 600 GENEVA AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	100
HOMEVIEW HOLISTIC FAMILY HEALTHCARE CTR 152 MEADOW LN DEATSVILLE, AL 36022	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
HUNTSVILLE HOSPITAL 101 SIVLEY RD SW HUNTSVILLE, AL 35801	NONE	501(C)(3)	OPERATIONAL SUPPORT	217
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,650
JELANI GIRLS INC 101 STRODES CREEK CIRCLE PRATTVILLE, AL 36066	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
JOSH WILLINGHAM FOUNDATION PO BOX 2194 FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF THE SHOALS PO BOX 793 SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,100
KINGDOM CONNECTIONS INTERNATIONAL 553 MALONE CIRCLE FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
LEGACY CHRISTIAN ACADEMY PO BOX 1054 KILLEN, AL 35645	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG LEWIS FORD 2800 WOODWARD AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,024
LONG LEWIS OF THE RIVER REGION 2091 AL-14 PRATTVILLE, AL 36066	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,151
MAKE A WISH FOUNDATION 651 FAIRGROUNDS RD MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES 2751 LEGENDS PKWY STE 315 PRATTVILLE, AL 36066	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,250
MARLEE SUTTON FOUNDATION 1319 CO RD 46 MT HOPE, AL 35651	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
MEALS ON WHEELS 1550 CRYSTAL DRIVE SUITE 1004 ARLINGTON, VA 22202	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIKE MITCHELL MEMORIAL SCHOLARSHIP FUND 6150 WOODMONT DRIVE TUSCUMBIA, AL 35674	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
MORRISON FUNERAL HOME 825 N MAIN ST TUSCUMBIA, AL 35674	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
MUSCLE SHOALS ELECTRIC BOARD 1015 AVALON AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	509
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BEGINNING CHURCH 7027 STILLWELL ROAD MATTHEWS, NC 28105	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
NEW LIFE MEDICAL GROUP 15 STONEBRIDGE BLVD JACKSON, TN 38305	NONE	501(C)(3)	OPERATIONAL SUPPORT	600
NEW REMNANT WORSHIP CENTER 1107 FLORENCE BLVD FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST ALABAMA READING AIDES 505 NORTH SEMINARY STREET FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
ONE PLACE OF THE SHOALS 200 W TENNESSEE ST FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,500
OUTREACH OUTDOORS 2635 COUNTY ROAD 200 FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED BAY FREE WILL BAPTIST CHURCH 1303 HWY 24 RED BAY, AL 35585	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
RUSSELLVILLE DREAM CENTER 206 COFFEE AVE RUSSELLVILLE, AL 35653	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
RUSSELLVILLE UTILITIES PO BOX 1148 721 S JACKSON AVE RUSSELLVILLE, AL 35653	NONE	501(C)(3)	OPERATIONAL SUPPORT	50
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADDLE UP FOR ST JUDE 8215 6TH STREET LEIGHTON, AL 35646	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
SALVATION ARMY WOMENS AUXILIARY 501 ARCHDALE DRIVE CHARLOTTE, NC 28217	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,659
SHEFFIELD FIRST UNITED METHODIST CHURCH 701 N MONTGOMERY AVE SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,100
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEFFIELD UTILITIESP O BOX 580 SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	450
SHOALS CHAMBER FOUNDATION - TINSEL TRAIL 200 JIM SPAIN DR FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
SHOALS CIVIC LEAGUEPO BOX 2823 MUSCLE SHOALS, AL 35662	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOALS DREAM CENTER 2950 CLOVERDALE RD FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,500
SHOALS SAV-A-LIFE2201 CLOYD BLVD FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,000
SMILE-A-MILE127 BLACKBERRY TRAIL FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPIRITHORSE TRC AT THE MERCY SEAT 1962 SUNCREST DRIVE FLORENCE, AL 36067	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
ST JUDE'S CHILDREN HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
STONY POINT CHURCH OF CHRIST 1755 COUNTY RD 24 FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,800
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEE IT UP FOR A CURE 708 WILSON DAM CIRCLE SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	200
THE ARTSY PLACE710 E 6TH ST MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	43
THE RESCUE ME PROJECT 1300 SUITE E JOHN R STREET MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	63,150
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VFW POST 8640431 N LOCUST ST 13 FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
YMCA OF THE SHOALS 2121 HELTON DRIVE FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,500
ACTIVE HEROS INC1022 RIDGEVIEW DR SHEPHERDSVILLE, KY 40165	NONE	501(C)(3)	OPERATIONAL SUPPORT	100
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA KIDNEY FOUNDATION PO BOX 2883 FLORENCE, AL 35631	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
ARSENAL PLANCE INCPO BOX 593 SELMA, AL 36702	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
AUTAUGA CHRISTMAS TEAM 276 TERI LANE PRATTVILLE, AL 36066	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTAUGA COUNTY COUNT RESCUE 276 TERI LANE PRATTVILLE, AL 36066	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
BRANCHES CHURCH 996 VILLAGE WOOD DR SE RUSSELLVILLE, AL 35654	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
CAPITOL CITY FOP #11PO BOX 210801 MONTGOMERY, AL 36121	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL HEIGHTS BAPTIST CHURCH 10090 CO RD 15 FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
CHAPEL3051 CLOVERDALE RD FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,200
CHISHOLM HILLS CHURCH OF CHRIST 2810 CHISHOLM RD FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN SERVICES FOR CHILDREN IN AL 1792 AL HIGHWAY 14 E SELMA, AL 36702	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
COWBOY CHURCH OF COLBERT COUNTY 3440 HWY 157 LEIGHTON, AL 35646	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
ELMORE COUNTY BOARD OF EDUCATION 100 HH ROBINSON DR WETUMPKA, AL 36092	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE EYE CENTER 711 COX CREEK PKWY FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	100
GRACE BIBLE CHURCH OF THE SHOALS 4660 CHISHOLM HWY FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,600
GRACE LIFE CHURCH1915 AVALON AVE MUSCLE SHOALS, AL 35661	NONE	501(C)(3)	OPERATIONAL SUPPORT	900
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE MEMORIAL FUNERAL HOME 501 BROAD ST SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,300
GRAY ROCK FCM CHURCH5737 HWY 81 PHIL CAMPBELL, AL 35581	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
HEALTH CONNECT AMERICA 115 FAIRGROUND RD FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHER PLACE CHRISTIAN UNIVERSITY 12600 DEERFIELD PKWY SUITE D ALPHARETTA, GA 30004	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
HIGHLAND BAPTIST CHURCH 219 SIMPSON ST FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	600
LAUDERDALE CHRISTIAN NURSING HOME 2019 CO RD 394 KILLEN, AL 35645	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LORETTO MEMORIAL CHAPEL 110 N MILITARY ST LORETTO, TN 38469	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,561
M I CASA DE ADORACION 4442 WARES FERRY RD MONTGOMERY, AL 36109	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
MILLER FUNERAL HOME 608 ST PHILLIPS ST SELMA, AL 36703	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FABRY DISEASE FOUNDATION PO BOX 1325 CARRBORO, NC 27510	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
NEW LIFE FOR WOMEN 102 CENTURION WAY GADSDEN, AL 35904	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
NEW ORLEANS THEOLOGICAL SEMINARY 3939 GENTILLY BLVD NEW ORLEANS, LA 70126	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX WOMEN'S HEALTH - OBGYN 4650 WHITESBURG DR 203 HUNTSVILLE, AL 35802	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
PLEASANT GROVE MISSIONARY BAPTIS CHURCH 256 RUBY LANE MONTGOMERY, AL 36117	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
PLEASANT HILL UNITED METHODIST CHURCH 2705 CO RD 222 FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRATTVILLE FIRST UNITED METHODIST CHURCH 100 EAST 4TH ST PRATTVILLE, AL 36067	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
PRATTVILLE YMCA600 EAST MAIN ST PRATTVILLE, AL 360680009	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,500
ROOM IN THE INN SHOALS INC 2202 CHISHOLM RD FLORENCE, AL 356310411	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN COUNSELING CENTER 2911 ZELDA RD MONTGOMERY, AL 36106	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
SELMA AND DALLAS COUNTY COC 912 SELMA AVE SELMA, AL 36701	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
SELMA AREA FOOD BANK497 OAK ST SELMA, AL 36701	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOALS AREA SPECIAL OLYMPICS 702 S SEMINARY STREET FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
SHOALS CHRISTIAN SCHOOL 301 HEATHROW DR FLORENCE, AL 35633	NONE	501(C)(3)	OPERATIONAL SUPPORT	250
SHOALS CHURCHPO BOX 3461 MUSCLE SHOALS, AL 35662	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GROVE COMMUNITY CHURCH 643 CO RD 491 CLANTON, AL 35046	NONE	501(C)(3)	OPERATIONAL SUPPORT	300
THE HEALING PLACE CHARITY CLASSIC 2409 WILDWOOD ST MUSCLE SHOALS, AL 356622765	NONE	501(C)(3)	OPERATIONAL SUPPORT	500
THE MEAL BARREL PROJECT 310 WILHOLT ST SHEFFIELD, AL 35660	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NOAH FOUNDATION INC PO BOX 680025 PRATTVILLE, AL 360680025	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
TRAX4MAX TURKEY TROT 5K 2121 HELTON DR FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	233
UNA FOUNDATIONUNA BOX 5004 FLORENCE, AL 356320001	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
Total . . . . . ▶ **3a**				294,171

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHWEST ALABAMA 118 E MOBILE ST SUITE 300 FLORENCE, AL 35630	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,610
ZION #1 MP CHURCHPO BOX 82 SELMA, AL 36701	NONE	501(C)(3)	OPERATIONAL SUPPORT	750
Total . . . . . ▶ **3a**				294,171

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491306015401

TY 2020 Other Assets Schedule

Name: THE LONG LEWIS FOUNDATION

EIN: 46-3747942

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
VOYA	300,000	300,000	300,000
STONEHILL STRATEGIC	1,125,957	1,100,671	1,063,747

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491306015401

TY 2020 Other Expenses Schedule

Name: THE LONG LEWIS FOUNDATION

EIN: 46-3747942

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	57	0		57
POSTAGE	64	0		64
CHARITABLE DONATIONS FOR INDIVIDUALS	52,845	0		51,331
IT AND WEB EXPENSES	327	0		327
SUPPLIES	179	0		179
ADVERTISING	15	0		15
PASSTHROUGH EXPENSES	0	56,352		0

TY 2020 Other Increases Schedule

Name: THE LONG LEWIS FOUNDATION

EIN: 46-3747942

Other Increases Schedule

Description	Amount
ACCRUAL ADJUSTMENT	29,051

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TY 2020 Other Professional Fees Schedule

Name: THE LONG LEWIS FOUNDATION

EIN: 46-3747942

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	12,000	6,780		0
PROFESSIONAL FEES	2,100	1,500		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491306015401

TY 2020 Taxes Schedule

Name: THE LONG LEWIS FOUNDATION

EIN: 46-3747942

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX	3,944	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491306015401

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization
THE LONG LEWIS FOUNDATION

Employer identification number
46-3747942

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE LONG LEWIS FOUNDATION	46-3747942

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CMM FINANCE INC 2625 WOODWARD AVE B MUSCLE SHOALS, AL 35661	$ 91,187	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	LONG LEWIS FORD OF SHOALS 2800 WOODWARD AVE MUSCLE SHOALS, AL 35661	$ 248,515	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
THE LONG LEWIS FOUNDATION

Employer identification number
46-3747942

Part II **Noncash Property**

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

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

Name of organization
THE LONG LEWIS FOUNDATION

Employer identification number
46-3747942

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ ____________**
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	