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2020

OMB No. 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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.

Open to Public Inspection

For	caler	ndar year 2020, or tax year b	eginning 01-01-20)20 , aı	nd ending 12-31	-2020				
		Indation DUNDATION INC			A Employer i	A Employer identification number				
	OINA I C	SONDATION INC			52-1675796	52-1675796				
		l street (or P.O. box number if mail is not o IOX ROAD NE NO 1850	delivered to street address)	Room/suite	B Telephone r	B Telephone number (see instructions)				
			(404) 564-390	(404) 564-3900						
		, state or province, country, and ZIP or for A 30326	reign postal code		C If exemptio	n application is pendin	g, check here			
G Cł	neck al	l that apply: \Box Initial return	\square Initial return of a	former public charity	D 1. Foreign o	rganizations, check he	ere			
		☐ Final return	Amended return			organizations meeting				
		Address change			<u> </u>	oundation status was t	· -			
_	,		1(c)(3) exempt private			on 507(b)(1)(A), chec				
		4947(a)(1) nonexempt charitable to								
of	year (f	rom Part II, col. (c), ▶\$ 387.851	Accounting method: Other (specify) Part I, column (d) must		under secti	dation is in a 60-montl on 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Ex	(penses (The total	(a) Davanua and			(d) Disbursements			
		of amounts in columns (b), (c), and (d) equal the amounts in column (a) (see in		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., re	ceived (attach							
	2	schedule) Check ▶ ☑ if the foundation is no	t required to attach							
	-	Sch. B								
	3	Interest on savings and temporary		11,272	11,27	2				
	4	Dividends and interest from securit Gross rents	les							
	5a b	Net rental income or (loss)								
<u>e</u>	6a	Net gain or (loss) from sale of asse	ts not on line 10							
Revenue	b	. ,								
≷ev	7	Gross sales price for all assets on li Capital gain net income (from Part				0				
_	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowa	nces							
	b	Less: Cost of goods sold								
	С	Gross profit or (loss) (attach schede	ule)							
	11	Other income (attach schedule)								
	12	-		11,272	11,27	2 0				
	13	Compensation of officers, directors,	,	0		0 0	0			
	14	Other employee salaries and wages								
ses	15	Pension plans, employee benefits Legal fees (attach schedule)		9 618		0 0	618			
en	16a	Accounting fees (attach schedule)		1,000			500			
and Administrative Expenses	b	Other professional fees (attach schedule)		1,000	30		300			
Ve	17	Interest	caule,			1				
rati	17 18	Taxes (attach schedule) (see instru	ctions)							
nist	19	Depreciation (attach schedule) and	•							
Ē	20	Occupancy								
Ac	21	Travel, conferences, and meetings								
and	22	Printing and publications								
βį	23	Other expenses (attach schedule)		9 508	50	8 0	0			
Operating	24	Total operating and administrat	ive expenses.							
ber		Add lines 13 through 23		2,126	1,00	8 0	1,118			
0	25	Contributions, gifts, grants paid		28,500			28,500			
	26	Total expenses and disburseme 25	nts. Add lines 24 and	30,626	1,00	8 0	29,618			
	27	Subtract line 26 from line 12:								
	a	Excess of revenue over expense disbursements	es and	-19,354						
	ь	Net investment income (if negation	ive, enter -0-)	13,334	10,26	4				
	c	Adjusted net income (if negative	•		22,20	0				
For	L Paper	work Reduction Act Notice, see in	nstructions.	I	L Cat. No. 11289		m 990-PF (2020)			

Beginning of year

407,139

1,000,000

-592.861

407.139

407,139

387,851

66

66

1,000,000

-612,215

387,785

387,851

1

2

3 4

5

6

407,139

-19,354

387,785

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0

Page 2

387.851

End of year

	3	Accounts receivable F		1
		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 ▶		
S	8	Inventories for sale or use		
Assets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U.S. and state government obligations (attach schedule)		
	۱ ۲	Investments, corporate stock (attach schodule)		

Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) Investments—mortgage loans Investments—other (attach schedule)

Attached schedules and amounts in the description column

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C

11

12

13

14

15 16

17

18

19

20 21

22

23

24

25

26 27

28

29

30

Part III

Liabilities

Assets or Fund Balances

Net

2

3

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Net assets with donor restrictions .

Other assets (describe > _

Other liabilities (describe ▶_

Grants payable

Less: accumulated depreciation (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here

Total assets (to be completed by all filers—see the

			kind(s) of property sold (e.g se; or common stock, 200 s		How acqu P—Purch D—Donat	ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	1					2 20114			
	-								
•									
•									
	(a)		(f)		1 ((g)		(1	h)
	(e) Gross sales price		Depreciation allowe	d		other basis			r (loss)
			(or allowable)		plus expe	ense of sale		(e) plus (r) minus (g)
a									
<u>b</u>									
c d									
e e									
	Complete only for assets	showi	ing gain in column (h) and	owned h	v the foundation o	n 12/31/69		,	I)
			(i)			(k)		Gains (Col. (I	h) gain minus
	(i) F.M.V. as of 12/31/69		Adjusted basis			of col. (i)			less than -0-) or
			as of 12/31/69		over col.	. (j), if any		Losses (fro	om col.(h))
a									
b									
d									
е									
				í If gai	in, also enter in Pa	art I. line 7	1		
2	Capital gain net income	or (ne	et capital loss)		ss), enter -0- in P		}	_	
_					->		, ,	2	
3	=		(loss) as defined in section	-					
	in Part I, line 8	rt I, IIr	ne 8, column (c) (see instru	-			. }	3	
							<u> </u>		
Part	t V Qualification U	Jnder	Section 4940(e) for	Reduce	ed Tax on Net	Investme	nt Inc	come	
ECT	ION 4940(e) REPEA	LED (ON DECEMBER 20, 20	19 - DO	NOT COMPLE	ETE			
1	Reserved								
	(a) Reserved		(b) Reserved		(c) Reserved			(d) Reserved	
							<u> </u>	-	
2	Reserved						2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	Reserved						3		
4	Reserved						4		
5	Reserved						5		
6	Reserved						6		
7	Reserved						7		
8	Reserved ,						8		
-				_	- ,				

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Pa	rt VIII-B Statements Regar	ding	Activities for Which	i Form 4720 May Be	Required (contin	ued)				
5a	During the year did the foundation	рау о	r incur any amount to:						Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legis	lation (section 4945(e))?	П •	es 🗸	No			
	(2) Influence the outcome of any s	pecifi	c public election (see sec	tion 4955); or to carry	<u> </u>		110			
	on, directly or indirectly, any ve	oter r	egistration drive?		· ·	es 🗸	No			
	(3) Provide a grant to an individua	l for t	ravel, study, or other sim	nilar purposes?		es 🔽	No			
	(4) Provide a grant to an organizat	ion of	her than a charitable, etc	c., organization described		_				
	in section 4945(d)(4)(A)? See instructions						No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or									
	educational purposes, or for the	•	•		Y∙		No			
b	If any answer is "Yes" to 5a(1)-(5)		-			1				
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions							5b		
	Organizations relying on a current									
С	If the answer is "Yes" to question 5			•			_			
	tax because it maintained expendit				Y	es 🗀	No			
_	If "Yes," attach the statement requ		-	• •						
6a	Did the foundation, during the year						_			
	a personal benefit contract?				TO	es 🗸	No	6.		
b	Did the foundation, during the year If "Yes" to 6b, file Form 8870.	, pay	premiums, directly or inc	airectiy, on a personal be	nent contract?	• •		6b		No
7-	•	+b.	foundation a party to a	arabibited tay aboltor tran	assetion?	_	i			
7a b	At any time during the tax year, wa If "Yes", did the foundation receive				т∙	es 🗹	No	7b		
8	Is the foundation subject to the sec		•					76		
	excess parachute payment during t					-	ı			
					<u></u>		No			
Pai	rt VIII Information About and Contractors	Offic	ers, Directors, Trus	tees, Foundation Ma	inagers, Hignly i	'ala E	mpio	yees,	,	
				1.1.1						
1	List all officers, directors, truste		bundation managers a b) Title, and average	(c) Compensation (If	(d) Contributions		1			
	(a) Name and address	'	hours per week	not paid, enter	employee benefit pl				nse acc	
			devoted to position	-0-)	deferred compens	ation		uner a	llowan	ces
	IYA UCHIDA	PRES 0.00	IDENT	0		1	이			C
	LENOX ROAD NE SUITE 1850 NTA, GA 30326	0.00								
	RT M BROWN	SECF	RETARY	0			ol			(
	LENOX ROAD NE SUITE 1850	0.00								
	NTA, GA 30326									
	CHIRO KANAIZUMI	TRE# 0.00	SURER	0		1	이			C
	LENOX ROAD NE SUITE 1850 NTA, GA 30326									
2	Compensation of five highest-pa	id er	nployees (other than t	hose included on line 1	L—see instructions). If no	ne, e	nter "	NONE	."
			(b) Title, and average		(d) Contribution					
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation	employee ben- plans and defer				se acco lowanc	
	more than \$50,000		devoted to position		compensatio		01	ilei ali	lowalic	.63
NON	E									
Tota	I number of other employees paid ov	/er \$5	0,000			•				C
							For	m 99	0-PF	(2020

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	-	
F-1-1		
Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Inclu	ude relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers		Expenses
1		
2		
3		
4		
	(
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation do 1 N/A	aring the tax year on lines 1 and 2.	Amount 0
<u>·</u>		0
2		
All other program-related investments. See instructions.		
3 %		0
Table And Program Ashronomba 2		0
		Form 990-PF (2020)

2a |

2b

organizations check here

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5.

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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

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

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

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

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

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

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

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

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

Page 8

19.773

143

19,630

19.630

19.630

29,618

29.618

29.618

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2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

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1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

a From 2015.

e From 2019.

b From 2016. . . . c From 2017. . . d From 2018. Page 9

19,630

19,630

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Part XIII	Ur

)-PF (20	020)		
KIII	Undistributed Income (see instruc	tions)	
			(a)

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. **b** Total for prior years: 20______, 20______ Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

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

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

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

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

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9:

a Excess from 2016. **b** Excess from 2017. . c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

- Corpus

11.965

9.988

21,953

21,953

- (b) Years prior to 2019
- - (c) 2019

2020

5,875

6,090

5.875

6.090

9.988

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

c Any submission deadlines:

factors:

		_

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year See Additional Data Table				
Total			▶ 3a	28,500
b Approved for future payment				
,				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.		Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
c						
	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash ments			14	11,272	
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	-financed property.					
	lebt-financed property					
	investment income.					
	r (loss) from sales of assets other than					
invento	ory					
	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
11 Other	revenue: a					
	al. Add columns (b), (d), and (e).		0		11,272	0
12 Subtot L3 Total.	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	11,272	
12 Subtot L3 Total. (See w	orksheet in line 13 instructions to verify calcu	lations.)			<u> </u>	11,272
12 Subtot 13 Total. (See w Part XV	orksheet in line 13 instructions to verify calcu	lations.) ne Accomplish	ment of Exem	pt Purposes	F	
L2 Subtot L3 Total. (See w	rksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second to the seco	lations.) ne Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
12 Subtot 13 Total. (See w Part XV Line No.	orksheet in line 13 instructions to verify calcu	lations.) ne Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
12 Subtot 13 Total. (See w Part XV Line No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second to the seco	lations.) ne Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
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12 Subtot 13 Total. (See w Part XV Line No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second to the seco	lations.) ne Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
12 Subtot 13 Total. (See w Part XV Line No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second to the seco	lations.) ne Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
12 Subtot 13 Total. (See w Part XV Line No.	rksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the second to the seco	lations.) ne Accomplish income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	

or	m 990-PF	(2020)							Pa	ge 13
E	art XVI	Information Re Exempt Organiz		ansfers To a	ınd Transactio	ns and Rela	tionships With Nonchar	itable		
1		organization directly or in er than section 501(c)(3)					ration described in section 501 tions?		Yes	No
а	Transfer	s from the reporting foun	dation to a no	oncharitable exe	empt organization	of:				
	(1) Cas	sh						1a(1)		No
	(2) Oth	er assets						1a(2)		No
b	Other tra	ansactions:								
	(1) Sale	es of assets to a nonchari	table exempt	organization.				1b(1)		No
	(2) Pur	chases of assets from a n	oncharitable (exempt organiz	ation			1b(2)		No
		ntal of facilities, equipmen	•					1b(3)		No
	` '	mbursement arrangemen						1b(4)		No
	` '	ns or loan guarantees.						1b(5)		No
_	• •	ormance of services or m	•	-				1b(6)		No No
	_			· ·			d always show the fair market			NO
	of the go	oods, other assets, or ser	vices given by	the reporting t	foundation. If the	foundation rec	eived less than fair market val assets, or services received.			
(a)	Line No.	(b) Amount involved	(c) Name of r	noncharitable exer	mpt organization	(d) Descriptio	n of transfers, transactions, and sh	aring arra	ngemer	nts
2a	Is the fo	undation directly or indire	ectly affiliated	with, or related	d to, one or more	tax-exempt or	ganizations			
	describe	d in section 501(c) (other	than section	501(c)(3)) or i	n section 527? .		∐Yes	✓ No		
b	If "Yes,"	complete the following so								
		(a) Name of organization	n	(E) Type of organization	on	(c) Description of relat	ionship		
							anying schedules and stateme her than taxpayer) is based o			
	wh	nich preparer has any kno				pp (
	gn	*****			2021-11-01	****		the IRS di	iscuss t l	nis
He	ere					\		the prepa	rer show	wn
		Signature of officer or to	ustee		Date	Title	belo	v instr.) [ا ساد	ا ۱۰۰
		1				1	(see	instr.) L	_ Yes -	- NO
		Print/Type preparer's	name	Preparer's Sign	nature	Date	Check if self-			
							employed ▶ □			
D:	nid						employed F			
	nu epare	r e								
	se Onl	i ii iii o ii aii i e r					Firm's	EIN ▶		
		Firm's address ▶								
							Phone	no.		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ATLANTA RONALD MCDONALD HOUSE PC TO NURTURE THE HEALTH AND 1,000 CHARITIES WELL-BEING OF CHILDREN AND 795 GATEWOOD RD FAMILIES BY PROVIDING ATLANTA, GA 30329 TEMPORARY HOUSING, MEALS, TRANSPORTATION TO FAMILIES OF SICK AND INJURED იიი THEIR FULL POTENTIAL AS

		CHILDREN THROUGH TWO RONALD MCDONALD HOUSES, RONALD MCDONALD CARE MOBILE, RONALD MCDONALD FAMILY ROOM AND PROVIDING RENEWABLE SCHOLARSHIPS TO COLLEGE STUDENTS.	
BOYS AND GIRLS CLUBS OF CENTRAL FLORIDA 101 E COLONIAL DRIVE ORLANDO, FL 32801	PC	TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE FROM DISADVANTAGED CIRCUMSTANCES, TO REALIZE	1,00

PC

COLUMBUS HOSPICE INC

COLUMBUS, GA 31909

7020 MOON RD

Total .

PRODUCTIVE, RESPONSIBLE, AND CARING CITIZENS.

CARE OF THE TERMINALLY ILL

3a

AND FAMILY SUPPORT.

1,000

28,500

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Recipient	show any relationship to	status of	contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DREAM CENTER OF TAMPA INC 2806 N 15TH ST TAMPA, FL 33605	PC		THE ORGANIZATION HELPS YOUTH AND FAMILIES FACING SOCIAL AND ECONOMIC ADVERSITY DEVELOP RESILIENCY, CHARACTER, AND STRONG, SUPPORTIVE AND ENDURING COMMUNITY RELATIONSHIPS THROUGH THE AVAILABILITY OF ENHANCED FAMILY MENTORING, AFTERSCHOOL CARE, COMPUTER ACCESS, TUTORING, ATHLETIC PROGRAMS AND JOB SKILLS TRAINING.	1,000
GEORGIA ASSOCIATION FOR PRADER- WILLI SYNDROME INC 562 LAKELAND PLAZA SUITE 327 CUMMING, GA 30040	PC		TO HELP IMPROVE THE QUALITY OF INDIVIDUALS WITH PRADER-WILLI SYNDROME AND TO PROVIDE SUPPORT TO FAMILIES AND CAREGIVERS.	1,000
HEART FOR CHILDREN INC 1429 WINTHROP ST JACKSONVILLE, FL 32206	PC		TO PROVIDE UNDER PRIVILEDGED AND AT RISK CHILDREN AGES 5 TO 17, THE OPPORTUNITY TO BE IN A SAFE AND NURTURING ENVIRONMENT DURING THE SCHOOL YEAR AND SUMMER.	1,000

28,500

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOPE FOR KIDS GEAUGAPO BOX 21 PC HELP KIDS WHO ARE VICTIMS 1,000 NOVELTY, OH 44072 OF ABUSE AND NEGLECT BY PAYING FOR NECESSITIES AND ACTIVITIES NOT AFFORDED THEM, SUCH AS SUMMER CAMPS, LESSONS, TUTORING, EDUCATIONAL AND RECREATIONAL SUPPLIES. PC INSPIRING MINDS TO ENGAGE INSPIRE AND 1,000 EMPOWER YOUTH TO REACH 837 WOODLAND ST NW WARREN, OH 44483 THEIR FULL POTENTIAL THROUGH EDUCATION AND EXPOSURE TO LIFE CHANGING **EXPERIENCES** PC 1,000 IT'S THE JOURNEY BREAST CANCER TO STRENGTHEN GEORGIA'S WALK BREAST CANCER COMMUNITY BY 270 CARPETER DR STE 515 RAISING MONEY AND ATLANTA, GA 30328 AWARENESS FOR LOCAL ORGANIZATIONS THAT FOCUS ON BREAST CANCER EDUCATION, EARLY DETECTION, AWARENESS AND SUPPORT SERVICES, AS WELL AS THE UNMET NEEDS IN THE BREAST

Total .

CANCER COMMUNITY.

3a

28,500

Form 990PF Part XV Line 3 - Gran	to and contributions rate	· saring the	Tear of Approved for Future	- ayıncın
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
KUPONO EDUCATIONAL FOUNDATION 41-724 KALANIANAOLE HWY WAIMANALO, HI 96795	PC		FINANCIAL SUPPORT FOR COLLEGE STUDENTS; MINORITY STUDENT GRADUATION, TUITION, ETC.	1,000
LEUKEMIA & LYMPHOMA SOCIETY - SUNCOAST CHAPTER 3505 E FRONTAGE RD STE 145 TAMPA, FL 33607	PC		HELP SUPPORT THE LEUKEMIA AND LYMPHOMA SOCIETY'S MISSION TO HELP FUND FINDING A CURE FOR BLOOD CANCERS. HELP BLOOD CANCER PATIENTS HAVE ACCESS TO THE TREATMENTS THEY NEED TO LIVE THEIR BEST LIFE.	500
LONG BEACH LOCAL 2076 EUCALYPTUS AVE LONG BEACH, CA 90806	PC		INCUBATING URBAN FARMING AND FOOD EDUCATION FROM THE GROUND UP. TO TEACH FARMING BASED ON ORGANIC PRINCIPLES TO CREATE FOOD SECURITY THROUGH	1,000

		PATIENTS HAVE ACCESS TO THE TREATMENTS THEY NEED TO LIVE THEIR BEST LIFE.	
LONG BEACH LOCAL 2076 EUCALYPTUS AVE LONG BEACH, CA 90806	PC	INCUBATING URBAN FARMING AND FOOD EDUCATION FROM THE GROUND UP. TO TEACH FARMING BASED ON ORGANIC PRINCIPLES TO CREATE FOOD SECURITY THROUGH EDUCATION, FARMER TRAINING AND COOKING CLASSES IN	1,000

Total . . .

COLLABORATING WITH OUR

▶ 3a

28,500

LOCAL PARTNERS.

orm 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	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	, , , , , , , , , , , , , , , , , , ,		
a Paid during the year				
LOTUS ADULT DAY CARE CENTER 99-186 PUAKALA ST AIEA, HI 96701	PC		TO ASSIST INDIVIDUALS NEEDING DAYTIME SUPPORT; INCLUDING MEALS, SOCIALIZATION, AND PHYSICAL AND MENTAL STIMULATION.	500
MERCYMED OF COLUMBUS INC 3702 2ND AVE COLUMBUS, GA 31904	PC		TO PROVIDE PRIMARY MEDICAL, PREVENTIVE DENTAL, BEHAVIORAL HEALTH, AND ENABLING SERVICES TO LOW-INCOME AND UNDERINSURED RESIDENTS OF COLUMBUS, GEORGIA AND THE CHATTAHOOCHEE VALLEY. MERCYMED IS FOCUSED ON INCREASING ACCESS TO QUALITY HEALTHCARE FOR THE UNDERSERVED.	1,000
MUST MINISTRIES INC 1407 COBB PARKWAY NORTH MARIETTA, GA 30061	PC		SERVE OUR NEIGHBORS IN NEED AND TRANSFORM LIVES AND COMMUNITIES IN RESPONSE TO CHRIST'S CALL. WORKING TO HELP INDIVIDUALS AND FAMILIES IN NEED. MUST MINISTRIES PROVIDES - DAY SERVICE CENTERS TO PROVIDE FOOD, CLOTHING, FINANCIAL ASSISTANCE, EDUCATION AND EMPLOYMENT ASSISTANCE, INTERVIEW, ASSESSMENT AND REFERRAL SERVICES - INTEGRATED HOUSING PROGRAMS DEDICATED TO HELPING RESIDENTS BREAK THE CYCLE OF POVERTY.	1,000
Total	 		▶ 3a	28,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NATIONAL MPS SOCIETY INC PC THE NATIONAL MPS SOCIETY 1,000 PO BOX 14686 EXISTS TO CURE, SUPPORT, AND DURHAM, NC 27709 ADVOCATE FOR MUCOPOLYSACCHARIDDOSIS (MPS) AND MUCOLIPIDOSIS (ML).

OC UNITED TOGETHER	PC	TO SUPPORT THE	1,000
418 W COMMONWEALTH AVE		ORGANIZATION THAT HELP WHO	
FULLERTON, CA 92832		HAVE EXPERIENCED THE	
		BREAKDOWN OF THE FAMILY	
		UNIT (FOSTER CARE, DOMESTIC	
		ABUSE, HOMELESSNESS)	
		THROUGH RESTORATIVE	
		RELATIONSHIPS AND LIFE-	
		SKILLS DEVELOPMENT.	

FULLERTON, CA 92832		HAVE EXPERIENCED THE BREAKDOWN OF THE FAMILY UNIT (FOSTER CARE, DOMESTIC ABUSE, HOMELESSNESS) THROUGH RESTORATIVE RELATIONSHIPS AND LIFE- SKILLS DEVELOPMENT.	
PROMISE YOUTH DEVELOPMENT INC 15115 DURMAST CT MINT HILL, NC 28227	PC	TO FOSTER POSITIVE TRANSFORMATION IN EAST CHARLOTTE'S UNDERSERVED YOUTH THROUGH RESILIENCE FOCUSED MENTORING, HEALTH PROMOTION, AND EDUCATIONAL ENHANCEMENT.	1,000
Total		 ▶ 3a	28,500

Form 990PF Part XV Line 3 - Gran		<u> </u>	1	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
RETHREADED INC820 BARNETT ST JACKSONVILLE, FL 32209	PC		TO RENEW HOPE, REIGNITE DREAMS, AND RELEASE POTENTIAL OF SURVIVORS OF HUMAN TRAFFICKING LOCALLY AND GLOBALLY THROUGH BUSINESS.	1,000
ROCK HILL SCHOOL DISTRICT FOUNDATION PO BOX 12286 ROCK HILL, SC 29731	PC		TO PROMOTE A COLLABORATIVE ALLIANCE BETWEEN THE COMMUNITY AND ROCK HILL SCHOOL DISTRICT THREE TO PROVIDE FUNDING AND OTHER RESOURCES TO SUPPORT EDUCATION INITIATIVES.	1,000
SANDY SPRINGS MISSION 850 MOUNT VERMON HWY NW ATLANTA, GA 30327	PC		SANDY SPRING MISSION (THE MISSION) IS DEDICATED TO HELPING AND INSPIRING LATINO STUDENTS FROM THE SANDY SPRINGS COMMUNITY. AS A FAITH-BASED, 501(C)(3) ORGANIZATION, WE PROVIDE YEAR-ROUND ACADEMIC ENRICHMENT AND CHRISTIAN CHARACTER BUILDING PROGRAMS THAT ARE	1,000

DESIGNED.

28,500 Total . ▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PC SHEPHERD YOUTH RANCH INC MENTAL HEALTH THERAPY 1,000 3017 BRASSFIELD RD UTILIZING HORSES FOR AT RISK

CREEDMOOR, NC 27522		AND UNDERPRIVILEDGED YOUTH.	
SOUTHEASTERN GUIDE DOGS 4210 77TH ST E PALMETTO, FL 34221	PC	TO TRANSFORM LIVES BY CREATING AND NURTURING EXTRAORDINARY PARTNERSHIPS BETWEEN PEOPLE AND DOGS THROUGHOUT THE SOUTHEASTERN UNITED STATES.	1,000
STOREFRONT ACADEMY HARLEM 70 EAST 129TH ST NEW YORK, NY 10035	PC	OUR WORK IS GROUNDED IN THE CONVICTION THAT EVERY CHILD DESERVES THE OPPORTUNITY FOR AN EXCELLENT EDUCATION. WE WORK IN PARTNERSHIP WITH FAMILIES AND COMMUNITY	1,000

		STATES.	
STOREFRONT ACADEMY HARLEM 70 EAST 129TH ST NEW YORK, NY 10035	PC	OUR WORK IS GROUNDED IN THE CONVICTION THAT EVERY CHILD DESERVES THE OPPORTUNITY FOR AN EXCELLENT EDUCATION. WE WORK IN PARTNERSHIP WITH FAMILIES AND COMMUNITY MEMBERS TO PREPARE CHILDREN ACADEMICALLY, SOCIALLY AND EMOTIONALLY FOR FURTHER EDUCATION, EMPOWERING EACH CHILD TO REACH HIS OR HER POTENTIAL.	1,000
Total		▶ 3a	28,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TAKE THE CITY INC2910 2ND AVE PC TO SEE THE BODY OF CHRIST 1,000 COLUMBUS, GA 31904 UNIFIED & MOBILIZED, TO SEE A CITY REVITALIZED. 1,000

THE GOSHEN VALLEY FOUNDATION 505 BROWN INDUSTRIAL PKWY STE 200 CANTON, GA 30114	PC	THE GOSHEN VALLEY FOUNDATION PROVIDES AN ARRAY OF SERVICES TO VULNERABLE YOUTH AND FAMILIES WHILE DEEPENING ITS COMMITMENT TO COMMUNITIES.	1,0
THE HOPE CENTER INC295 MOLLY LANE WOODSTOCK, GA 30189	PC	TO EQUIP PREGNANT WOMEN TO CHOOSE LIFE. THE HOPE CENTER PROGRAMS INCLUDE A MEDICAL CLINIC THAT SPECIALIZES IN PREGNANCY DIAGNOSIS AND DECISION	1,0

		ITS COMMITMENT TO COMMUNITIES.	
THE HOPE CENTER INC295 MOLLY LANE WOODSTOCK, GA 30189	PC	TO EQUIP PREGNANT WOMEN TO CHOOSE LIFE. THE HOPE CENTER PROGRAMS INCLUDE A MEDICAL CLINIC THAT SPECIALIZES IN PREGNANCY DIAGNOSIS AND DECISION SUPPORT, AN EDUCATION PROGRAM, ICU MOBILE PROGRAM, AND THE SEEDS THRIFT STORE.	1,000
Total		 ▶ 3a	28,500

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

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

THE ROTARY CLUB OF WESLEY CHAPEL SUNRISE INC PO BOX 7812 WESLEY CHAPEL, FL 33545	PC	TO LEAD IN THE DEVELOPMENT OF AND EXCITING WAY TO INTRODUCE STUDENT AT QUAIL HOLLOW ELEMENTARY SCHOOL NOT ONLY TO HANDS ON STEM PROJECTS BUT WITH A NEW AGRICULTURE ASPECT.	1,000
URBAN THINK FOUNDATION PO BOX 533709 ORLANDO, FL 32801	PC	TO ENRICH CENTRAL FLORIDA'S CULTURAL LANDSCAPE BY DEVELOPING AND GROWING EDUCATIONAL AND CREATIVE	500

		PROJECTS BUT WITH A NEW AGRICULTURE ASPECT.	
URBAN THINK FOUNDATION PO BOX 533709 ORLANDO, FL 32801	PC	TO ENRICH CENTRAL FLORIDA'S CULTURAL LANDSCAPE BY DEVELOPING AND GROWING EDUCATIONAL AND CREATIVE LITERARY ARTS PROGRAMS.	500
VILLAGE TABLE1608 14TH COURT PHENIX CITY, AL 36867	PC	THE VILLAGE TABLE EXISTS TO SHOW COMPASSION TO THE HUNGRY IN THE FIVE POINTS COMMUNITY OF PHENIX CITY, ALABAMA AND BEYOND.	1,000

▶ 3a

28,500

ORLANDO, FL 32801		DEVELOPING AND GROWING EDUCATIONAL AND CREATIVE LITERARY ARTS PROGRAMS.	
VILLAGE TABLE1608 14TH COURT PHENIX CITY, AL 36867	PC	THE VILLAGE TABLE EXISTS TO SHOW COMPASSION TO THE HUNGRY IN THE FIVE POINTS COMMUNITY OF PHENIX CITY,	1,0

Total . .

efile GRAPHIC print - DO NOT PR	OCESS As Filed I	CESS As Filed Data - DLN: 93491305008731				
TY 2020 Accounting Fees Schedule						
Name: KAJIMA FOUNDATION INC						
EIN: 52-1675796						
1						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	1,000	500	0	500		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DL	N: 93491305008731
TY 2020 All Other Program Re	lated Invest	ments Schedule	
Name:	KAJIMA FOUN	DATION INC	
EIN:	52-1675796		
All Other Program Related Investments Sc	hedule		
	Category		Amount
N/A			0

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	- DLN: 93491305008731			
TY 2020 Legal Fees Sched	ule			_	
Naı	me: KAJIMA FOU	NDATION INC			
EIN: 52-1675796					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL FEES	618	0	0	618	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491305008731	
TY 2020 Other Expenses Schedule					
Name:	KAJIMA FOUND	ATION INC			
EIN:	52-1675796				
Other Expenses Schedule					

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGE	372	372	0	0

MISCELLANEOUS EXPENSE