

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

Name of foundation BROYHILL FAMILY FOUNDATION INC		A Employer identification number 56-6054119	
Number and street (or P.O. box number if mail is not delivered to street address) 800 HICKORY BLVD SW		Room/suite	B Telephone number (see instructions) (828) 758-6100
City or town, state or province, country, and ZIP or foreign postal code LENOIR, NC 28645		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 40,520,475		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

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)	100,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	35,640	35,640		
	4 Dividends and interest from securities . . . . .	678,925	678,925		
	5a Gross rents . . . . .	2,423	2,423		
	b Net rental income or (loss) 2,423				
	6a Net gain or (loss) from sale of assets not on line 10	467,089			
	b Gross sales price for all assets on line 6a 8,424,792				
	7 Capital gain net income (from Part IV, line 2) . . . . .		467,089		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	333,807	333,807		
	12 Total. Add lines 1 through 11 . . . . .	1,617,884	1,517,884		
	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) . . . . .	16,635	4,159		12,476
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	20,601	20,601		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .	57,518	14,380		43,138
	21 Travel, conferences, and meetings . . . . .	3,228	807		2,421
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	402,412	100,603		301,809
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	500,394	140,550		359,844
	25 Contributions, gifts, grants paid . . . . .	1,608,100			1,608,100
	26 Total expenses and disbursements. Add lines 24 and 25	2,108,494	140,550		1,967,944
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-490,610			
	b Net investment income (if negative, enter -0-)		1,377,334		
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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	106,171	220,366	220,366
	<b>2</b> Savings and temporary cash investments . . . . .	588,152	1,838,031	1,838,031
	<b>3</b> Accounts receivable ▶ <u>23,275</u>			
	Less: allowance for doubtful accounts ▶ _____		23,275	23,275
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	8,520,567	8,999,825	12,555,121
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	17,238,643	14,881,426	23,411,394	
<b>14</b> Land, buildings, and equipment: basis ▶ <u>2,455,857</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>16,941</u>	2,438,916	2,438,916	2,438,916	
<b>15</b> Other assets (describe ▶ _____)	52,517	33,372	33,372	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	28,944,966	28,435,211	40,520,475	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	53,964	52,451	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	53,964	52,451	
	Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>		
<b>24</b> Net assets without donor restrictions . . . . .		28,891,002	28,382,760	
<b>25</b> Net assets with donor restrictions . . . . .				
<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>				
<b>26</b> Capital stock, trust principal, or current funds . . . . .				
<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund				
<b>28</b> Retained earnings, accumulated income, endowment, or other funds				
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .		28,891,002	28,382,760	
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	28,944,966	28,435,211		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	28,891,002
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-490,610
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	28,400,392
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	17,632
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	28,382,760

<b>2</b>	Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	467,089
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	19,145
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	19,145
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	19,145
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	52,517
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	52,517
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	33,372
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 33,372 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

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

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>D EUGENE HENDRICKS</u> Telephone no. ► <u>(828) 758-6100</u>			
	Located at ► <u>800 HICKORY BLVD SW LENOIR NC</u> ZIP+4 ► <u>28645</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► <u>OC</u>		<b>Yes</b>	

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

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

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

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

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

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

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

[illegible]

<b>Total</b> number of others receiving over \$50,000 for professional services.	0
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<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>
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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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	33,342,998
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,772,235
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,493,223
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	37,608,456
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	37,608,456
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	564,127
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	37,044,329
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,852,216

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,852,216
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	19,145
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	19,145
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,833,071
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,833,071
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,833,071

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,967,944
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,967,944
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,967,944

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



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

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				1,833,071
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			1,615,121	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,967,944				
<b>a</b> Applied to 2019, but not more than line 2a			1,615,121	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				352,823
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				1,480,248
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

**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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 e-mail address of the person to whom applications should be addressed:

BROYHILL FAMILY FOUNDATION INC  
800 HICKORY BLVD SW  
LENOIR, NC 28645  
(828) 758-6100

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

GRANT REQUESTS ACCEPTED IN LETTER FORMAT

**c** Any submission deadlines:

NONE

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

MUST MEET 501(c)(3) QUALIFICATIONS - PREFERENCE TO CALDWELL COUNTY, NC AND SURROUNDING AREAS.

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				1,608,100
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3b</b>				536,000

Enter gross amounts unless otherwise indicated.

## 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.)

Form **990-PF** (2020)

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

[illegible]

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-10-29	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

Form **990-PF** (2020)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PAUL H BROYHILL	CHAIRMAN 5.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
M HUNT BROYHILL	PRESIDENT 5.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
DANNY A GILBERT	VICE PRESIDENT 5.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
SHEILA TRIPLETT-BRADY	EXECUTIVE DIRECTOR 35.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
CHRISTOPHER R PAVESE	INVESTMENT OFFICER 5.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
WENDY S SIMS	SECRETARY- TREASURER 5.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
B CLAIRE BROYHILL	DIRECTOR 0.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
CARON J BROYHILL	DIRECTOR 0.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				
D EUGENE HENDRICKS	DIRECTOR EMERITUS 0.00	0	0	0
800 HICKORY BLVD SW LENOIR, NC 28645				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AMERICAN HOME FURNISHINGS ALLIANCE 1912 EASTCHESTER DR SUITE 100 HIGH POINT, NC 27265	N/A	PC	ARTS & MUSEUM SUPPORT	11,000
ASU FOUNDATIONASU BOX 32156 BOONE, NC 28608	N/A	PC	ARTS SUPPORT	20,000
CALDWELL ARTS COUNCIL 601 COLLEGE AVENUE LENOIR, NC 28645	N/A	PC	ARTS SUPPORT	20,000
Total . . . . . ▶ 3a				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALDWELL HERITAGE MUSEUM 112 VAIDEN ST SW LENOIR, NC 28645	N/A	PC	MUSEUM SUPPORT	7,500
CALDWELL MEN'S CHORUS 108 WHITE HALL LANE HUDSON, NC 28638	N/A	PC	ARTS SUPPORT	1,500
CATAWBA SCIENCE CENTER 243 3RD AVE NE HICKORY, NC 28601	N/A	PC	MUSEUM SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				1,608,100



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY MUSIC CLUB 210 BEALL ST NW LENOIR, NC 28645	N/A	PC	ARTS SUPPORT	5,000
HART SQUARE FOUNDATION 679 6TH ST NW HICKORY, NC 28601	N/A	PC	ARTS SUPPORT	50,000
JAMES C HARPER SCHOOL OF PERFORMING ARTS 1113 COLLEGE AVE SW LENOIR, NC 28645	N/A	PC	ARTS SUPPORT	15,850
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL WWII MUSEUM 945 MAGAZINE ST NEW ORLEANS, LA 70130	N/A	PC	MUSEUM SUPPORT	500
WESTERN PIEDMONT SYMPHONY 243 3RD AVE NE HICKORY, NC 28601	N/A	PC	ARTS SUPPORT	4,000
CALDWELL HALFWAY HOUSE 951 KENHAM PL SW LENOIR, NC 28645	N/A	PC	CIVIC SUPPORT	10,250
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CALDWELL SENIOR CENTER 650 PENNTON AVE SW LENOIR, NC 28645	N/A	PC	CIVIC SUPPORT	5,000
CALDWELL HUMANE SOCIETY PO BOX 1991 LENOIR, NC 28645	N/A	PC	CIVIC SUPPORT	750
LENOIR POLICE DEPARTMENT 1035 WEST AVE NW LENOIR, NC 28645	N/A	GOV	CIVIC SUPPORT	3,000
Total . . . . . ▶ 3a				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH, VA 23459	N/A	PC	CIVIC SUPPORT	10,000
RED OAK AREA HISTORICAL SOCIETY PO BOX 61 RED OAK, NC 27868	N/A	PC	CIVIC SUPPORT	1,000
TOWN OF HUDSON550 CENTRAL ST HUDSON, NC 28638	N/A	GOV	CIVIC SUPPORT	25,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BILLY GRAHAM EVANGELICAL ASSOCIATION 1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201	N/A	PC	RELIGIOUS SUPPORT	5,000
CHRISTIAN COMMUNITY OUTREACH MINISTRIES PO BOX 3324 HICKORY, NC 28603	N/A	PC	RELIGIOUS SUPPORT	250
FIRST BAPTIST CHURCH OF LENOIR 304 MAIN ST LENOIR, NC 28645	N/A	NC	RELIGIOUS SUPPORT	6,650
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FIRST METHODIST CHURCH OF LENOIR 309 CHURCH ST NW LENOIR, NC 28645	N/A	NC	RELIGIOUS SUPPORT	5,250
HAYES BARTON BAPTIST CHURCH 1800 GLENWOOD AVE RALEIGH, NC 27608	N/A	NC	RELIGIOUS SUPPORT	1,000
LOWER CREEK BAPTIST CHURCH 611 LOWER CREEK DRIVE LENOIR, NC 28645	N/A	NC	RELIGIOUS SUPPORT	200
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MYERS PARK METHODIST CHURCH 1501 QUEENS ROAD CHARLOTTE, NC 28207	N/A	NC	RELIGIOUS SUPPORT	2,500
ST MARY OF THE HILLS 140 CHESTNUT DR BLOWING ROCK, NC 28605	N/A	NC	RELIGIOUS SUPPORT	5,000
ASU FOUNDATIONASU BOX 32156 BOONE, NC 28608	N/A	PC	EDUCATIONAL SUPPORT	110,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CALDWELL COMMUNITY COLLEGE & TECHNICAL INSTITUTE FOUNDATION 2855 HICKORY BLVD HUDSON, NC 28638	N/A	PC	EDUCATIONAL SUPPORT	342,500
CALDWELL COUNTY SCHOOLS 1914 HICKORY BLVD LENOIR, NC 28645	N/A	NC	EDUCATIONAL SUPPORT	1,000
CROSSNORE SCHOOL100 DAR DR CROSSNORE, NC 28657	N/A	PC	EDUCATIONAL SUPPORT	25,000
<b>Total . . . . . ▶ 3a</b>				1,608,100



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GARDNER-WEBB UNIVERSITY 110 S MAIN ST BOILING SPRINGS, NC 28017	N/A	PC	EDUCATIONAL SUPPORT	100,000
INDEPENDENT COLLEGE FUND OF NC 530 N BLOUNT ST RALEIGH, NC 27604	N/A	PC	EDUCATIONAL SUPPORT	20,000
JAMES G MARTIN CENTER FOR ACADEMIC RENEWAL 353 E SIX FORKS RD RALEIGH, NC 27609	N/A	PC	EDUCATIONAL SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
LENOIR RHYNE UNIVERSITY 625 7TH AVE NE HICKORY, NC 28601	N/A	PC	EDUCATIONAL SUPPORT	2,500
MARS HILL UNIVERSITY 100 ATHLETIC ST MARS HILL, NC 28754	N/A	PC	EDUCATIONAL SUPPORT	1,000
PHI BETA KAPPA SORORITY 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	N/A	PC	EDUCATIONAL SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PINEWOOD MONTESSORI SCHOOL 109 MILLSTONE DR STE 1 HILLSBOROUGH, NC 27278	N/A	PC	EDUCATIONAL SUPPORT	40,000
PRESBYTERIAN COLLEGE 503 S BROAD ST CLINTON, SC 29325	NA	PC	EDUCATIONAL SUPPORT	12,500
ANTI-DEFAMATIONINTERNATIONAL HOME FURNISHINGS DIVISION 605 THIRD AVE NEW YORK, NY 10158	N/A	PC	FREE ENTERPRISE SUPPORT	10,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAPITAL RESEARCH CENTER 1513 16TH ST NW WASHINGTON, DC 20036	N/A	PC	FREE ENTERPRISE SUPPORT	1,750
FEDERATION FOR ADVANCE MANUFACTURING 733 10TH ST NW 700 WASHINGTON, DC 20001	N/A	PC	FREE ENTERPRISE SUPPORT	2,500
JESSE HELMS CENTER3910 US HWY 74E WINGATE, NC 28174	N/A	PC	FREE ENTERPRISE SUPPORT	10,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NC FREE ENTERPRISE FOUNDATION PO BOX 12406 RALEIGH, NC 27605	N/A	PC	FREE ENTERPRISE SUPPORT	3,500
AMERICAN CANCER SOCIETY PO BOX 11796 CHARLOTTE, NC 28220	N/A	PC	HEALTH SUPPORT	8,500
AMERICAN HEART ASSOCIATION 222 S CHURCH ST CHARLOTTE, NC 28202	N/A	PC	HEALTH SUPPORT	1,500
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	N/A	PC	HEALTH SUPPORT	5,000
APPALACHIAN REGIONAL HEALTH CARE FOUNDATION PO BOX 2600 BOONE, NC 28607	N/A	PC	HEALTH SUPPORT	500
BETHEL COLONY OF MERCY 1675 BETHEL COLONY RD LENOIR, NC 28645	N/A	PC	HEALTH SUPPORT	6,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALDWELL MEMORIAL HOSPITAL FOUNDATION PO BOX 1890 LENOIR, NC 28645	N/A	PC	HEALTH SUPPORT	233,750
CALDWELL MEMORIAL HOSPITAL FOUNDATION 212 MULBERRY ST LENOIR, NC 28645	N/A	PC	HEALTH SUPPORT	5,000
CALDWELL COUNTY DSSPO BOX 200 LENOIR, NC 28645	N/A	GOV	HEALTH SUPPORT	650
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAROLINA CARING3975 ROBINSON RD NEWTON, NC 28658	N/A	PC	HEALTH SUPPORT	250
CITY OF HOPE1500 E DUARTE ROAD DUARTE, CA 91010	N/A	PC	HEALTH SUPPORT	3,900
DUKE COMPREHENSIVE CANCER CENTER 20 DUKE MEDICINE CIRCLE DURHAM, NC 27710	N/A	PC	HEALTH SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				1,608,100



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645	N/A	PC	HEALTH SUPPORT	50,000
MARCH OF DIMES 1220 COMMERCE ST SW NEWTON, NC 28613	N/A	PC	HEALTH SUPPORT	2,500
MAKE-A-WISH FOUNDATION 1702 EAST HIGHLAND AVE SUITE 400 PHOENIX, AZ 85016	N/A	PC	HEALTH SUPPORT	3,500
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNC HEALTH FOUNDATIONPO BOX 309 CHAPEL HILL, NC 27514	N/A	PC	HEALTH SUPPORT	5,000
OCEAN REEF MEDICAL 50 BARRACUDA LANE KEY LARGO, FL 33037	N/A	PC	HEALTH SUPPORT	3,000
PARKINSON'S FOUNDATION 200 SE 1ST ST STE 800 MIAMI, FL 33131	N/A	PC	HEALTH SUPPORT	250
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PREVENT BLINDNESS 225 WEST WACKER DR STE 400 CHICAGO, IL 60606	N/A	PC	HEALTH SUPPORT	2,500
SECU FAMILY HOUSE 123 OLD MASON FARM RD CHAPEL HILL, NC 27517	N/A	PC	HEALTH SUPPORT	8,400
SHRINERS HOSPITAL 2900 ROCKY POINT DR TAMPA, FL 33607	N/A	PC	HEALTH SUPPORT	200
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALDWELL COUNTY YOKEFELLOW 202 HARPER AVENUE LENOIR, NC 28645	N/A	PC	INDIGENT SUPPORT	2,500
CALDWELL PEOPLE 216 EASTWOOD PARK LENOIR, NC 28645	N/A	PC	INDIGENT SUPPORT	3,500
FAMILY CARE CENTER 2875 HIGHLAND AVE HICKORY, NC 28601	N/A	PC	INGIGENT SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
LENOIR SOUP KITCHEN 1113 COLLEGE AVE SW LENOIR, NC 28645	N/A	PC	INDIGENT SUPPORT	5,500
TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	N/A	PC	INDIGENT SUPPORT	1,500
SOUTH CALDWELL CHRISTIAN MINISTRIES 5 QUARRY RD GRANITE FALLS, NC 28630	N/A	PC	INDIGENT SUPPORT	7,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AOPA421 AVIATION WAY FREDERICK, MD 21701	N/A	PC	MISCELLANEOUS SUPPORT	1,000
MITCHELL COUNTY ANIMAL RESCUE PO BOX 308 SPRUCE PINE, NC 28777	N/A	GOV	MISCELLANEOUS SUPPORT	1,000
NATHAN SMITH MINISTRIES 4001 HANKS CREEK LANE BELMONT, NC 28012	N/A	PC	MISCELLANEOUS SUPPORT	500
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTH AMERICAN LAND TRUST PO BOX 467 CHADDS FORT, PA 19317	N/A	PC	MISCELLANEOUS SUPPORT	5,000
ASU FOUNDATIONASU BOX 32156 BOONE, NC 28608	N/A	PC	SCHOLARSHIPS	1,000
PATRIOT FOUNDATIONPO BOX 5069 PINEHURST, NC 28374	N/A	PC	SCHOLARSHIPS	5,000
<b>Total . . . . . ▶ 3a</b>				1,608,100


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BAPTIST CHILDREN'S HOME OF NC PO BOX 338 THOMASVILLE, NC 27361	N/A	PC	YOUTH DEVELOPMENT	102,500
BOY SCOUTSPIEDMONT COUNCIL 1222 E FRANKLIN BLVD GASTONIA, NC 28054	N/A	PC	YOUTH DEVELOPMENT	12,000
CALDWELL COUNCIL OF ADOLESCENT HEALTH 918 WEST AVE NW LENOIR, NC 28645	N/A	PC	YOUTH DEVELOPMENT	10,000
<b>Total . . . . . ▶ 3a</b>				1,608,100



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CALDWELL FRIENDS918 WEST AVE NW LENOIR, NC 28645	N/A	PC	YOUTH DEVELOPMENT	3,500
CATAWBA VALLEY YMCA701 1ST ST NW HICKORY, NC 28601	N/A	PC	YOUTH DEVELOPMENT	7,000
COMMUNITIES IN SCHOOLS 616 ASHE AVE NW LENOIR, NC 28645	N/A	PC	YOUTH DEVELOPMENT	7,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CORINTH REFORMED UNITED CHURCH OF CHRIST 150 16TH AVE NW HICKORY, NC 28601	N/A	NC	YOUTH DEVELOPMENT	4,000
ROBIN'S NEST1051 HARPER AVE SW LENOIR, NC 28645	N/A	PC	YOUTH DEVELOPMENT	10,000
SPECIAL OLYMPICS 2200 GATEWAY CENRE BLVD STE 201 MORRISVILLE, NC 27560	N/A	PC	YOUTH DEVELOPMENT	3,500
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOMORROW'S AMERICA FOUNDATION 1450 BEERSHEBA RD S CLOVER, SC 29710	N/A	PC	YOUTH DEVELOPMENT	50,000
LENOIR PARKS & RECREATION PO BOX 968 LENOIR, NC 28645	N/A	GOV	PARKS & RECREATION	100,000
NORTHWEST NC MOUNTAIN BIKE ALLIANCE PO BOX 18 LENOIR, NC 28645	N/A	PC	PARKS & RECREATION	5,000
<b>Total . . . . . ▶ 3a</b>				1,608,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HICKORY MUSEUM OF ART 243 3RD AVE NE HICKORY, NC 28601	N/A	PC	ARTS & MUSEUM SUPPORT	5,000
<b>Total</b> . . . . .  <b>3a</b>				1,608,100

**TY 2020 Accounting Fees Schedule****Name:** BROYHILL FAMILY FOUNDATION INC**EIN:** 56-6054119

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
SMITH, STEVENS & FORD, PA	16,635	4,159		12,476

**TY 2020 Investments Corporate Stock Schedule****Name:** BROYHILL FAMILY FOUNDATION INC**EIN:** 56-6054119**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE STOCK	8,999,825	12,555,121

**TY 2020 Investments - Other Schedule****Name:** BROYHILL FAMILY FOUNDATION INC**EIN:** 56-6054119**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
OTHER INVESTMENTS	AT COST	10,507,755	16,527,448
PARTNERSHIP INTERESTS	AT COST	4,373,671	6,883,946

# TY 2020 Other Assets Schedule

**Name:** BROYHILL FAMILY FOUNDATION INC

**EIN:** 56-6054119

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
EXCISE TAX RECEIVABLE	52,517	33,372	33,372



**TY 2020 Other Decreases Schedule**

**Name:** BROYHILL FAMILY FOUNDATION INC  
**EIN:** 56-6054119

Description	Amount
BOOK TO CASH ACCRUAL DIFFERENCE	17,632

**TY 2020 Other Expenses Schedule****Name:** BROYHILL FAMILY FOUNDATION INC**EIN:** 56-6054119**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	315,948	78,987		236,961
INVESTMENT EXPENSES	9,199	2,300		6,899
MISCELLANEOUS	74,244	18,561		55,683
OFFICE SUPPLIES & POSTAGE	3,021	755		2,266

**TY 2020 Other Income Schedule****Name:** BROYHILL FAMILY FOUNDATION INC**EIN:** 56-6054119**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PARTNERSHIP INCOME	333,717	333,717	333,717
MISCELLANEOUS	90	90	90

**TY 2020 Taxes Schedule****Name:** BROYHILL FAMILY FOUNDATION INC**EIN:** 56-6054119**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROPERTY TAXES	14,696	14,696		0
FOREIGN TAXES	5,905	5,905		0
EXCISE TAXES	0	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491308002111	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No. 1545-0047
					<b>2020</b>
Name of the organization BROYHILL FAMILY FOUNDATION INC				Employer identification number 56-6054119	

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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<sup>1</sup>/<sub>3</sub>% 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  
BROYHILL FAMILY FOUNDATION INC

Employer identification number  
56-6054119

**Part I**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL BROYHILL 800 HICKORY BLVD SW LENOIR, NC 28645	\$ 100,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)

Name of organization BROYHILL FAMILY FOUNDATION INC	Employer identification number 56-6054119
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	

Name of organization BROYHILL FAMILY FOUNDATION INC	Employer identification number 56-6054119
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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
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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