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2020

OMB No. 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

| For | caler | ndar year 2020, or tax year beginning 01-01-2 | 020 , a | nd ending 12-31- | -2020 | |
|-----------------------------|---------|--|------------------------------------|---------------------------------|--|--|
| TH | | undation LE A & HAROLD J WESTBROOK TON | | A Employer id 57-1075664 | entification numbe | er |
| | | d street (or P.O. box number if mail is not delivered to street address SANT RUN | Room/suite | B Telephone nu | ımber (see instructio | ns) |
| | | | | (973) 850-6547 | 7 | |
| | | n, state or province, country, and ZIP or foreign postal code NJ 07405 | | C If exemption | application is pendir | ng, check here |
| G Cł | neck al | Il that apply: $igsqcup$ Initial return $igsqcup$ Initial return of a | a former public charity | D 1. Foreign or | ganizations, check h | ere |
| | | Final return Amended return | 1 | | rganizations meeting ik here and attach co | |
| | | Address change Name change | | · · | undation status was | · - |
| _ | | /pe of organization: ✓ Section 501(c)(3) exempt private | | | on 507(b)(1)(A), chec | |
| | | n 4947(a)(1) nonexempt charitable trust Uother taxab | • | | | |
| of ' | year (f | ket value of all assets at end from Part II, col. (c), ▶\$ 5,436,169 J Accounting method: ☐ Other (specify) (Part I, column (d) mus | ✓ Cash ☐ Accri | | ation is in a 60-mont in 507(b)(1)(B), chec | |
| | | | T | <u> </u> | ı | len en |
| Pa | rt 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) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 1,126,75 | 1 | | |
| | 2 | Check ▶ ☐ if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 25 | 2 252 | | |
| | 4 | Dividends and interest from securities | 113,79 | 113,790 | | |
| | 5a | Gross rents | | | | |
| KIE | b | Net rental income or (loss) | _ | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 1,450 | 5 | | |
| Revenue | ь 7 | Gross sales price for all assets on line 6a 1,124,71 Capital gain net income (from Part IV, line 2) | 4 | 993,065 | | |
| ш | 8 | Net short-term capital gain | | <u>'</u> | | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | ь | Less: Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | Total. Add lines 1 through 11 | 1,242,249 | 1,107,107 | | |
| | 13 | Compensation of officers, directors, trustees, etc. | 43,950 | 13,185 | | 30,765 |
| | 14 | Other employee salaries and wages | | | | |
| es | 15 | Pension plans, employee benefits | | | | |
| sue | 16a | Legal fees (attach schedule) | | | | |
| × | b | Accounting fees (attach schedule) | 1,200 | 360 | | 840 |
| e E | С | Other professional fees (attach schedule) | | | | |
| ativ | 17 | Interest | | | | |
| and Administrative Expenses | 18 | Taxes (attach schedule) (see instructions) | 24,09 | 1,529 | | 3,568 |
| Ĭ | 19 | Depreciation (attach schedule) and depletion | 79 | 79 | | |
| \d | 20 | Occupancy | | | | |
| / pi | 21 | Travel, conferences, and meetings | | | | |
| | 22 | Printing and publications | 06.1 | | | |
| juj | 23 | Other expenses (attach schedule) | 3,60: | 1,231 | | 2,373 |
| Operating | 24 | Total operating and administrative expenses. | | | | |
| ď | 3- | Add lines 13 through 23 | 72,929 | | | 37,546 |
| _ | 25 | Contributions, gifts, grants paid | 167,500 | 1 | | 167,500 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 240,429 | 9 16,384 | | 205,046 |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a b | Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) | 1,001,820 | | | |
| | C | Adjusted net income (if negative, enter -0-) | | 1,090,723 | | |
| For | | work Reduction Act Notice, see instructions. | 1 | Cat. No. 11289) | I X Fo | <u> </u> rm 990-PF (2020) |
| | | | | Jac. 110. 11209/ | . 10 | (2020) |

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Part III

2

| - 1 | - | See the second see that the second se | / | , | , |
|---------------|----------|--|-----------|-------------|-----------|
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| ا ي | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 3,240 | 3,251 | 3,251 |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | 861,747 | 1,457,095 | 3,668,679 |
| | С | Investments—corporate bonds (attach schedule) | 1,186,727 | 1,584,512 | 1,531,873 |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis ► | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ 2,421 | 119 | 9 40 | 40 |
| | 15 | Other assets (describe ►) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | instructions. Also, see page 1, item I) | 2,258,154 | 3,277,224 | 5,436,169 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| ≝ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iat | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | 23 | Total liabilities(add lines 17 through 22) | | 0 | |
| s | | Foundations that follow FASB ASC 958, check here ▶ | | | |
| Ce | | and complete lines 24, 25, 29 and 30. | | | |
| Balances | 24 | Net assets without donor restrictions | | | |
| _ | 25 | Net assets with donor restrictions | | | |
| 밀 | | | | | |
| Fund | | Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30. | | | |
| Net Assets or | 26 | Capital stock, trust principal, or current funds | | | |
| ets | 20 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| ŠSI | 28 | Retained earnings, accumulated income, endowment, or other funds | 2,258,154 | 3,277,224 | |
| ۲ | | Total net assets or fund balances (see instructions) | 2,258,154 | 3,277,224 | |
| 2 | 29 | Total fiet assets of fully parallees (see Histractions) | 2,230,134 | 3,277,224 | |

1

2 3

4

5

6

2,258,154 1,001,820

3,277,224

3,277,224 Form **990-PF** (2020)

17,250

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Page **3**

| | (a) List and describ 2-story brick wa | (b) How acqu P—Purch D—Donat | ase | | (c) e acquired ., day, yr.) | (d) Date sold (mo., day, yr.) | | | | |
|------------|--|--|--|--------|--|-------------------------------|--------|---|-------------------------------|---|
| 1 a | MERILL LYNCH 4261 LON | NG TER | M COVERE | | | D | | | | |
| b ' | VIATRIS INC | | | | | D | | 20 | 09-11-19 | 2020-11-20 |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | |
| | (e) Gross sales price | | (f) Depreciation allowed (or allowable) | | (g) Cost or other basis plus expense of sale | | | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| а | 1,12 | 20,826 | | | | 13 | 31,642 | | | 989,184 |
| b | | 17 | | | | | 7 | | | 10 |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | |
| | | | | | | | | | | |
| | Complete only for assets | s showi | ng gain in column (h) and o | wned b | y the foundation | on 12/31/69 | | | (| I) |
| | (i) (j) F.M.V. as of 12/31/69 Adjusted basis | | | | | (k) of col. (i) | | | Gains (Col. ((k), but not | h) gain minus less than -0-) or |
| | as of 12/31/69 | | | | over col | . (j), if any | | | Losses (fr | om col.(h)) |
| a | | | | | | | | | | 989,184 |
| b | | | | | | | | | | 10 |
| C | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | |
| | If gain, also enter in Pa in Part I, line 8 | gain or art I, lin | (loss) as defined in sections e 8, column (c) (see instruc | If (lo | If (loss), enter -0 | Part İ, line 7 | . } | 3 | | 993,065 |
| Part | | | Section 4940(e) for F | | | | nt Inc | come | | |
| | | LED (| ON DECEMBER 20, 201 | 9 - DC | NOT COMPLI | ETE | | | | |
| 1 | Reserved | | | | | | | | | |
| | (a) Reserved | | (b) Reserved | | (c) Reserved | | | | (d) Reserved | |
| | Reserved | | reserved | | Reserved | | | | Reserved | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2 1 | Reserved | | | | | | 2 | | | |
| | | | | • • | | | | <u> </u> | | |
| | Reserved | | | | | | 3 | <u> </u> | | |
| 4 | Reserved | | | | | | 4_ | | | |
| 5 F | Reserved | | | | | | 5 | | | |
| 6 F | Reserved | | | | | | 6 | | | |
| 7 F | Reserved | | | | | | 7 | | | |
| | | | | | | | 8 | ì | | _ |
| | | • | | • • | | | _ • | | | |
| | | | | | | | | | | |

Page **6**

| Pai | t VII-B | Statements Regard | ling | Activities for Which | Form 4720 May Be | Required (co | ontinue | ed) | | | | <u> </u> |
|-------|--|--|--------|---------------------------------------|----------------------------|-------------------------------|-------------|----------|--------|---------------|---------|----------|
| 5a | During the | year did the foundation p | ay o | r incur any amount to: | · | | | | | | Yes | No |
| | (1) Carry | on propaganda, or otherw | ise a | ttempt to influence legisl | ation (section 4945(e))? | Г | Yes | | | | | |
| | | nce the outcome of any sp | | - | | L | ⊔ Yes | ¥ | No | | | |
| | on, dir | rectly or indirectly, any vo | ter re | gistration drive? | | г | ٦., | ✓ | | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described | | | | | | | | | | | |
| | in sect | tion 4945(d)(4)(A)? See ir | stru | ctions | | г | Yes | | N. | | | |
| | (5) Provid | le for any purpose other th | nan r | eligious, charitable, scien | tific, literary, or | L | _ Yes | • | NO | | | |
| | educa | tional purposes, or for the | prev | ention of cruelty to childr | en or animals? | г | Yes | | N | | | |
| b | If any ans | wer is "Yes" to 5a(1)-(5), | did a | ny of the transactions fa | il to qualify under the ex | ceptions describ | | • | NO | | | |
| | Regulation | ns section 53.4945 or in a | curre | nt notice regarding disas | ter assistance? See instr | uctions | | | | 5b | | |
| | Organizati | ons relying on a current n | otice | regarding disaster assist | ance check here | | . ▶ | | | | | |
| С | If the ansv | wer is "Yes" to question 5a | (4), | does the foundation clain | n exemption from the | | | | | | | |
| | tax becaus | se it maintained expenditu | re re | sponsibility for the grant? | ? | | Yes | П | No | | | |
| | If "Yes," a | ttach the statement requi | ed b | y Regulations section 53. | 4945-5(d). | _ | _ 1es | Ш | NO | | | |
| 6a | Did the fo | undation, during the year, | rece | ive any funds, directly or | indirectly, to pay premi | ums on | | | | | | |
| | | benefit contract? | | , , , , , , | | | ٦ ٧ | ✓ | N | | | |
| b | Did the fo | undation, during the year, | pay | premiums, directly or ind | lirectly, on a personal be | nefit contract? . | 」Yes | | No | 6b | | No |
| | If "Yes" to | 6b, file Form 8870. | | | | | | | | | | |
| 7a | At any tim | e during the tax year, was | s the | foundation a party to a p | orohibited tax shelter tra | nsaction? | Yes | 7 | No | | | |
| b | If "Yes", d | id the foundation receive a | any p | roceeds or have any net | income attributable to the | ne transaction? | | | 110 | 7b | | |
| 8 | Is the four | ndation subject to the sect | ion 4 | .960 tax on payment(s) o | of more than \$1,000,000 | in remuneration | or | | | | | |
| | excess par | rachute payment during th | ie ye | ar? | | · • г | Yes | ✓ | No | | | |
| | | Information About C | ffic | ers, Directors, Trust | ees, Foundation Ma | anagers, Higl | | | | vees, | | |
| Pai | t VIII | and Contractors | | | • | | - | | | | | |
| 1 | List all of | ficers, directors, trustee | es, fo | oundation managers ar | d their compensation | . See instruction | ns | | | | | |
| | () N | 1 11 | (| b) Title, and average | (c) Compensation (If | (d) Contrib | | | (e) | Expen | se acc | ount, |
| | (a) Na | me and address | | hours per week devoted to position | not paid, enter -0-) | employee bene deferred con | | | | | lowand | |
| See A | Additional D | ata Table | | | - , | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 | Compens | ation of five highest-pai | d en | ployees (other than t | hose included on line | L—see instruct | ions). I | if no | ne, er | nter "l | NONE. | 71 |
| | | | | (b) Title, and average | | (d) Contrib | utions t | ю | | | | |
| (a) | | address of each employee ore than \$50,000 | paid | hours per week | (c) Compensation | employee plans and | | | | | se acco | |
| | me | ore than \$50,000 | | devoted to position | | compen | | ۱ ا | οι | ner an | owance | 25 |
| NON | | | | | | · · | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tota | I number of | other employees paid over | er \$5 | 0,000 | | | • | \dashv | | | | |
| | | - , . | | | | | | | For | m 99 (| D-PF (| 2020) |

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|---|--|------------------|
| Part VIII Information About Officers, Directors, Training and Contractors (continued) | ustees, Foundation Managers, Highly Paid | l Employees, |
| 3 Five highest-paid independent contractors for profession | | IONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional service | ces | |
| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. 1 | Include relevant statistical information such as the number of | : |
| organizations and other beneficiaries served, conferences convened, research pa | apers produced, etc. | Expenses |
| 1 | | |
| | | 4 |
| 2 | | |
| - | | - |
| - | | - |
| 3 | | |
| | | |
| | | |
| 4 | | _ |
| | | 4 |
| Part IX-B Summary of Program-Related Investmen | ite (egg instructions) | |
| Describe the two largest program-related investments made by the foundation | | Amount |
| 1 N/A | , | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | | P |
| | | 5 000 PF (3030) |

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

1a

1b

2

За 3h

4

5

205,046

205.046

205.046

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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

Amounts set aside for specific charitable projects that satisfy the:

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

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.

1

2

3

4

5

b

192,410

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| Form 990-PF (20 | 020) |
|-----------------|------|
| Part XIII | Unc |

Page 9 distributed Income (see instructions) (a) (b) (c) (d) Years prior to 2019 2019 2020 Corpus 1 Distributable amount for 2020 from Part XI, line 7 192,410 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. **b** Total for prior years: 20______, 20______ 3 Excess distributions carryover, if any, to 2020: a From 2015. 13.407 132,575 **b** From 2016. c From 2017. . . .

355.771

368,407

13.407

355,000

209.789

d From 2018.

e From 2019. f Total of lines 3a through e. 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$

a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

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. . .

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

indicated below:

(Election required—see instructions).

c Treated as distributions out of corpus (Election

required—see instructions).

d Applied to 2020 distributable amount. . . .

e Remaining amount distributed out of corpus

132.575

209.789

12.636

12.636

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| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) a 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 | 4942(j)(5) (e) Total | _ |
|---|----------------------|---|
| 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 2012. Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. b 85% of line 2a. c Qualifying distributions from Part XII, line 4 for each year listed. d Amounts included in line 2c not used directly for active conduct of exempt activities. c Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test—enter: | | |
| Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | - |
| income from Part I or the minimum investment return from Part X for each year listed | (e) Total | |
| investment return from Part X for each year listed | | |
| b 85% of line 2a | (e) Total | - |
| c Qualifying distributions from Part XII, line 4 for each year listed | | - |
| directly for active conduct of exempt activities | | |
| for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test—enter: | | |
| alternative test relied upon: a "Assets" alternative test—enter: | | |
| | | |
| (1) Value of all assets | | |
| _/ | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | |
| b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | |
| c "Support" alternative test—enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | - |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support | | |

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

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

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

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

DONEES MUST BE A PUBLIC CHARITY, EXEMPT UNDER SECTION 501 (C)3 OF THE INTERNAL REVENUE CODE

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

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

Information Regarding Foundation Managers:

before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

assets at any time during the year-see instructions.)

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in

(4) Gross investment income

from an exempt organization

other conditions, complete items 2a, b, c, and d. See instructions

CONTACT ORGANIZATION FOR SUBMITTAL REQUIREMENTS

EDWARD J WESTBROOK

CHARLES WESTBROOK 54 PHEASANT RUN KINNELON, NJ 07405 (973) 850-6547

c Any submission deadlines:

JULY 1ST

factors:

2

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|---|---|-------------------------|---------------------|----------------|
| Part XV Supplementary Informa | ation (continued) | | | |
| 3 Grants and Contributions Paid | During the Year or Appro | oved for Futur | re 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 <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | <u> </u> | ▶ 3a | 167,500 |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | · | ▶ 3h | |

Form **990-PF** (2020)

| Enter gross amounts unless otherwise indicated. | | Unrelated b | usiness income | Excluded by section | Excluded by section 512, 513, or 514 | | |
|---|---|--|----------------------|------------------------------------|--------------------------------------|--------------------------------------|--|
| . Program | service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | and contracts from government agencies | | | | | | |
| _ | rship dues and assessments | | | | | | |
| Interes investm | on savings and temporary cash | | | 1.4 | 353 | | |
| | ds and interest from securities | | | 14 | 252 113,790 | | |
| | tal income or (loss) from real estate: | | | | | | |
| | financed property ebt-financed property | | | | | | |
| | tal income or (loss) from personal property | | | | | | |
| | nvestment income. | | | | | | |
| invento | (loss) from sales of assets other than | | | 18 | 1,456 | | |
| | ome or (loss) from special events: | | | | · | | |
| Gross p Other r | rofit or (loss) from sales of inventory evenue: a | | | | | | |
| | evenue. u | | | | | | |
| b | | | | | | | |
| c | | | | + + | | | |
| d | | | | | | | |
| b c d e g Subtota | al. Add columns (b), (d), and (e). | | | | 115,498 | | |
| c d Subtota Total. (See wo | | lations.) | | | 115,498 3 | | |
| b c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| b c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |
| c d e Subtota Total. (See wo | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) ne Accomplish income is report | nment of Exem | pt Purposes of Part XVI-A contribu | 3 | 115,49 | |

| orm ! | 990-PF (| (2020) | | | | | | | | | | | Pa | ge 13 |
|--------------|---------------------|---|--------------------------------|---------|--------------------------|------------------|-----------------|------------|--------------------------|---|------------------------|----------------|-------------------|--------------|
| | t XVII | - Exempt Organi. | zations | | | | | | | | | able | | |
| | | ganization directly or in- than section 501(c)(3) | | | | | | | | | ion 501 | | Yes | No |
| a Tr | ansfers | from the reporting foun | dation to a no | oncha | ritable exe | empt organizat | tion of | f: | _ | | | | | |
| (1 | .) Cash | | | | | | | | | | . [| 1a(1) | | No |
| (2 | 2) Other | rassets | | | | | | | | | · • | 1a(2) | | No |
| | | sactions: | | | | | | | | | | | | |
| - | - | of assets to a nonchari | • | _ | | | | | | | | 1b(1) | | No |
| - | - | nases of assets from a n | | | | | | | | | - | 1b(2) | | No |
| - | - | al of facilities, equipmer bursement arrangemen | • | | | | | | | | | 1b(3) 1b(4) | | No No |
| - | - | s or loan guarantees. | | | | | • • | | · · · · | | | 1b(5) | | No |
| • | - | mance of services or m | | | | | | | | | | 1b(6) | | No |
| - | - | facilities, equipment, n | | | _ | | | | | | | 1c | | No |
| of in | the goo any trai | wer to any of the above ds, other assets, or service nsaction or sharing arra | vices given by ngement, sho | the win | reporting f column (d | foundation. If t | the fo the g | oundation | on receive other asse | d less than fair mar ts, or services recei | rket value ived. | 1 | | |
| (a) Lir | ne No. | (b) Amount involved | (c) Name of | noncha | aritable exer | mpt organization | + | (d) De | scription of | transfers, transactions | s, and shari | ng arra | ngemen | its |
| | | | | | | | + | | | | | | | |
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| | | | | | | | + | | | | | | | |
| 2a Is | the four | ndation directly or indire | ectly affiliated | with | , or related | d to, one or me | ore ta | x-exer | npt organi | zations | | | | |
| | | in section 501(c) (other | • | | · | • | | | | _ | es 🗸 | No | | |
| | | omplete the following so | | ` | , , , , , | | | | | | | | | |
| | | (a) Name of organization | n | | (t |) Type of organi | ization | | | (c) Description | n of relatior | ship | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| - | of m | er penalties of perjury, ny knowledge and belief ch preparer has any kno | , it is true, co | | | | | | | | | | | |
| Sign | | ***** | | | | 2021-07-22 | | L. | ***** | | May the return | IRS di | scuss th | nis |
| Her | │ | Signature of officer or to | rustee | | | Date | | -) | Title | | with the below | _ | rer shov Yes C | |
| | | 1 | T | _ | | | | | | Т | , | , | | |
| | | Print/Type preparer's | name | Prepa | arer's Sigr | ature | | Date | | Check if self- | PTIN - | | | |
| Paid | - | STEPHEN T MOOSE CPAPFS | | | | | | 2021 | L-08-09 | employed ▶ □ | F | 200632 | 2632 | |
| | parer Only | | DWIN & ASSC | CIAT | ES LLC | | | | | | Firm's EIN ▶20-0578690 | | | 590 |
| | | | 0 WINGO WA | Y STE | ≣ 202 | | | | | | | | | |
| | | Mc | | | | | | | | Phone no. (843) 722-0785 | | | | |

MOUNT PLEASANT, SC 294641819

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation EDWARD J WESTBROOK PRESIDENT/TR 2.00 2659 PARISH LANDING MT PLEASANT, SC 29466 HAROLD 1 WESTBROOK VICE PRESIDE 1.00 2855 DOTY DRIVE ARROYO GRANDE, CA 93420 CHARLES J WESTBROOK CORPORATE SE 43,950 35.00

VICE PRESIDE 1.00

BOARD MEMBER 000.00

BOARD MEMBER 000.00

54 PHEASANT RUN KINNELON, NJ 07405 RICHARD J WESTBROOK

6454 DEERFIELD DR NEW HOPE, PA 18938

DANIEL YATES

216 10TH ST SE WASHINGTON, DC 20003

4762 TATTON PARK CIRCLE WINSTON SALEM, NC 27103

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 | | | | |
| AMERICAN RED CROSS 2424-A CITY HALL LANE | | PUBLIC | UNRESTRICTED | 15,000 |

| NORTH CHARLESTON, SC 29406 | | | |
|--|--------|--------------|----|
| AMERICARES FOUNDATION 88 HAMILTON AVE STAMFORD, CT 06902 | PUBLIC | UNRESTRICTED | 7. |
| | | | |

| AMERICARES FOUNDATION 88 HAMILTON AVE STAMFORD, CT 06902 | PUBLIC | UNRESTRICTED | 7,000 |
|--|--------|--------------|-------|
| BENEDICTINE SISTERS OF VIRGINIA | PUBLIC | UNRESTRICTED | 1,500 |

| STAMFORD, CT 06902 | | | |
|--|--------|--------------|-------|
| BENEDICTINE SISTERS OF VIRGINIA 9535 LINDEN HALL RD | PUBLIC | UNRESTRICTED | 1,500 |
| BRISTOW, VA 20136 | | | |

| BENEDICTINE SISTERS OF VIRGINIA 9535 LINDEN HALL RD BRISTOW, VA 20136 | PUBLIC | UNRESTRICTED | 1,500 |
|---|--------|--------------|---------|
| Total | | ▶ 3a | 167,500 |

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 | recipient | | |
|---------------------------------------|----------------------------|-----------|--------------|--------|
| a Paid during the year | | | | |
| CHARLESTON PRO BONO LEGAL SERVICES | | PUBLIC | UNRESTRICTED | 25,000 |

| 111 CHURCH STREET CHARLESTON, SC 29402 | | | |
|--|--------|--------------|--------|
| EAST COOPER COMMUNITY OUTREACH 1445 6 MILE ROAD MOUNT PLEASANT, SC 29466 | PUBLIC | UNRESTRICTED | 10,000 |

| EAST COOPER COMMUNITY OUTREACH 1445 6 MILE ROAD MOUNT PLEASANT, SC 29466 | PUBLIC | UNRESTRICTED | 10,000 |
|--|--------|--------------|--------|
| EASTERSEALS201 EAST MAIN STREET SALEM, VA 24153 | PUBLIC | UNRESTRICTED | 1,500 |

167,500

| 1445 6 MILE ROAD MOUNT PLEASANT, SC 29466 | | | |
|--|--------|--------------|--|
| EASTERSEALS201 EAST MAIN STREET SALEM, VA 24153 | PUBLIC | UNRESTRICTED | |

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

| | or substantial continuation | | | |
|------------------------|-----------------------------|--------|--------------|-------|
| a Paid during the year | | | | |
| EMMANUWHEEL | | PUBLIC | UNRESTRICTED | 1,500 |

| 120 BELULAH CHURCH ROAD LEXINGTON, SC 29072 | 1 00220 | | |
|--|---------|--------------|--|
| FEED AMERICAPO BOX 96749 | PUBLIC | UNRESTRICTED | |
| | | | |

| LEXINGTON, SC 29072 | | | |
|--|--------|--------------|-------|
| FEED AMERICAPO BOX 96749 WASHINGTON, DC 20090 | PUBLIC | UNRESTRICTED | 5,000 |

| FEED AMERICAPO BOX 96749 WASHINGTON, DC 20090 | PUBLIC | UNRESTRICTED | |
|--|--------|--------------|--|
| FOOD FOR THE POOR6401 LYONS ROAD | PUBLIC | UNRESTRICTED | |

| WASHINGTON, DC 20090 | | | |
|--|--------|--------------|-------|
| FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073 | PUBLIC | UNRESTRICTED | 3,500 |

| | l | | | |
|--|---|--------|--------------|-----|
| FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073 | | PUBLIC | UNRESTRICTED | 3,! |
| | | | | |

167,500

| DD FOR THE POOR6401 LYONS ROAD CONUT CREEK, FL 33073 | | PUBLIC | UNRESTRICTED |
|---|--|--------|--------------|
|---|--|--------|--------------|

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 | | | |
|--|--------|--------------|-------|
| HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1685 | PUBLIC | UNRESTRICTED | 2,000 |

| SUMMERVILLE, SC 29483 | | | |
|---|--------|--------------|-------|
| HOPE FOR VETERANS 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054 | PUBLIC | UNRESTRICTED | 2,000 |

| HOPE FOR VETERANS 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054 | PUBLIC | UNRESTRICTED | 2,00 |
|---|--------|--------------|------|
| LIFELINE FAMILY CENTER INC | PUBLIC | UNRESTRICTED | 3,00 |

| 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054 | POBLIC | ONKESTRICTED | 2,00 |
|--|--------|--------------|------|
| LIFELINE FAMILY CENTER INC | PUBLIC | UNRESTRICTED | 3,00 |

| 959 ROUTE 46 EAST SUITE 402 PARSIPPANY, NJ 07054 | POBLIC | UNKESTRICTED | 2,000 |
|--|--------|--------------|-------|
| LIFELINE FAMILY CENTER INC | PUBLIC | UNRESTRICTED | 3,000 |

| PARSIPPANY, NJ 07054 | | | |
|---|--------|--------------|-------|
| LIFELINE FAMILY CENTER INC 907 SE 5TH AVENUE | PUBLIC | UNRESTRICTED | 3,000 |
| CAPE CORAL, FL 33990 | | | |

За

167,500

| LIFELINE FAMILY CENTER INC | PUBLIC | UNRESTRICTED |
|----------------------------|--------|--------------|
| 907 SE 5TH AVENUE | | |
| CAPE CORAL, FL 33990 | | |
| | | |

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

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|--|-----------|--|
| a Paid during the year | | | |
| | | | |

| - / | | | |
|---|--------|--------------|--------|
| LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE CHARLESTON, SC 29405 | PUBLIC | UNRESTRICTED | 20,000 |
| | | | |

| CHARLESTON, SC 29405 | | | |
|---|--------|--------------|-------|
| MEALS WITH A MISSION 63 HARRISON AVE GARFIELD, NJ 07026 | PUBLIC | UNRESTRICTED | 3,000 |

| MEALS WITH A MISSION 63 HARRISON AVE GARFIELD, NJ 07026 | PUBLIC | UNRESTRICTED | 3,000 |
|---|--------|--------------|-------|
| MERCY MEDICAL ANGELS | PUBLIC | UNRESTRICTED | 2,000 |

| GARFIELD, NJ 07026 | | | |
|--|--------|--------------|-------|
| MERCY MEDICAL ANGELS 4620 HAYGOOD ROAD VIRGINA BEACH, VA 23455 | PUBLIC | UNRESTRICTED | 2,000 |

| MERCY MEDICAL ANGELS 4620 HAYGOOD ROAD VIRGINA BEACH, VA 23455 | PUBLIC | UNRESTRICTED | 2, |
|--|--------|--------------|---------|
| Total | | ▶ 3a | 167,500 |

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

3,000

2,000

| MIDLANDS HOLY FAMILY FUND INC 121 STONEGATE DRIVE COLUMBIA, SC 29223 | PUBLIC | UNRESTRICTED | |
|--|--------|--------------|--|
| MISSION AVIATION FELLOWSHIP | PUBLIC | UNRESTRICTED | |

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

| 112 N PILATUS LANE PO BOX 47 NAMPA, ID 83653 | | | |
|--|--------|--------------|-----|
| NATIONAL DISASTER SEARCH DOG FOUNDA | PUBLIC | UNRESTRICTED | 2,5 |

| PO BOX 47 NAMPA, ID 83653 | | | |
|--|--------|--------------|-------|
| NATIONAL DISASTER SEARCH DOG FOUNDA 6800 WHEELER CANYON RD | PUBLIC | UNRESTRICTED | 2,500 |

| NAMPA, ID 83653 | | | |
|---|--------|--------------|-------|
| NATIONAL DISASTER SEARCH DOG FOUNDA 5800 WHEELER CANYON RD SANTA PAULA, CA 93060 | PUBLIC | UNRESTRICTED | 2,500 |

| NATIONAL DISASTER SEARCH DOG | PUBLIC | UNRESTRICTED | 2,500 |
|------------------------------|--------|--------------|-------|
| FOUNDA | | | |
| 6800 WHEELER CANYON RD | | | |
| SANTA PAULA, CA 93060 | | | |

| SANTA PAULA, CA 93060 | | | 167.500 |
|-----------------------|------|----------------|---------|
| Total | | № 35 | 167 500 |
| Total | | > 3a | 167,500 |

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 | | | |
|--|--------|--------------|--------|
| ONE 80 PLACEPO BOX 20038 CHARLESTON, SC 29413 | PUBLIC | UNRESTRICTED | 30,000 |
| | PUBLIC | UNRESTRICTED | |

| OUR LADY OF LORDES CATHOLIC | PUBLIC | UNRESTRICTED | 1,500 |
|-----------------------------|--------|--------------|-------|
| SCHOOL 8250 WOODMAN RD | | | |
| RICHMOND, VA 23228 | | | |

| SCHOOL 8250 WOODMAN RD RICHMOND, VA 23228 | | | |
|---|--------|--------------|-------|
| PAGNY55 WEST 125TH STREET NEW YORK NY 10027 | PUBLIC | UNRESTRICTED | 5,000 |

| RICHMOND, VA 23228 | | | |
|---|--------|--------------|---------|
| PAGNY55 WEST 125TH STREET NEW YORK, NY 10027 | PUBLIC | UNRESTRICTED | 5,000 |
| Total | | ▶ 3a | 167,500 |

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)

| a Paid during the year | | | |
|---|--------|--------------|-------|
| PAWS 4 LIBERTY8939 PALOMINO DRIVE LAKE WORTH, FL 33467 | PUBLIC | UNRESTRICTED | 2,500 |

2,000

167,500

| * | | | |
|---|--------|---------------|--|
| AFE HARBORPO BOX 17996 ICHMOND, VA 23226 | PUBLIC | UNRESTRICTED | |
| HELTER BOX LISA | PUBLIC | LINRESTRICTED | |

or substantial contributor

| RICHMOND, VA 23226 | | | |
|--|--------|--------------|-------|
| SHELTER BOX USA 101 INNOVATION PLACE SANTA BARBARA. CA 93108 | PUBLIC | UNRESTRICTED | 3,000 |

| 140/11/0/10/10/10/10/10/10/10/10/10/10/10/ | | | |
|--|--------|--------------|-----|
| SHELTER BOX USA 101 INNOVATION PLACE SANTA BARBARA, CA 93108 | PUBLIC | UNRESTRICTED | 3,0 |

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

recipient

2,000

167,500

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

| a Paid during the year | | | |
|--|--------|--------------|--------|
| THE GOOD CHEER FUND 134 COLUMBUS ST CHARLESTON, SC 29403 | PUBLIC | UNRESTRICTED | 10,000 |

| DEUNITEER LAWYERS FOR JUSTICE INC D BOX 32040 EWARK, NJ 07102 | LORLIC | UNRESTRICTED |
|---|--------|--------------|
| OUTH EMPOWERMENT SERVICES | PUBLIC | UNRESTRICTED |

any foundation manager

or substantial contributor

Name and address (home or business)

| PO BOX 32040 NEWARK, NJ 07102 | | | |
|--|--------|--------------|--|
| YOUTH EMPOWERMENT SERVICES PO BOX 41784 | PUBLIC | UNRESTRICTED | |

| NEWARK, NJ 07102 | | | |
|--|--------|--------------|-------|
| YOUTH EMPOWERMENT SERVICES PO BOX 41784 NORTH CHARLESTON, SC 29423 | PUBLIC | UNRESTRICTED | 2,000 |

| efile GRAPHIC print - DO NOT P | ROCESS As | Filed Data - | | DI | LN: 93491236000331 |
|----------------------------------|----------------|--------------|----------------------|------------------------|---|
| TY 2020 Accounting Fees Schedule | | | | | |
| | | | | | |
| | Name: Th | IE ADELE A & | HAROLD J W | /ESTBROOK | |
| | FOUNDATION | | | | |
| | EIN: 57 | '-1075664 | | | |
| Category | Amoun | | investment income | Adjusted Net Income | Disbursements for Charitable Purposes |

360

840

1,200

INDIRECT ACCOUNTING FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 934912360 |
|---|---|----------------|
| Note: To capture the full content of this | locument, please select landscape mode (11" x 8.5") | when printing. |
| TY 2020 Depreciation Schedul | | |
| Name: | THE ADELE A & HAROLD J WESTBROOK | |
| | OUNDATION | |

EIN: 57-1075664

| | Depreci | ation Schedule | | | | | | | |
|----------------------------|------------------|------------------------|------------------------------|--------------------|-----------------------------|---|--------------------------|------------------------|---------------------------------------|
| Description of Property | Date Acquired | Cost or Other Basis | Prior Years' Depreciation | Computation Method | Rate / Life (# of years) | Current Year's Depreciation Expense | Net Investment Income | Adjusted Net Income | Cost of Goods Sold Not Included |
| DESK, HUTCH, TABLE | 1999-12-01 | 1,192 | 1,192 | S/L | 7.0000 | | | | |
| 22" MONITOR | 2007-04-26 | 196 | 196 | S/L | 5.0000 | | | | |
| CANNON LASER PRINTER | 2007-09-02 | 273 | 273 | S/L | 5.0000 | | | | |
| DELL COMPUTER | 2010-10-07 | 252 | 252 | S/L | 5.0000 | | | | |
| DESK CHAIR | 2014-07-15 | 548 | 429 | S/L | 7.0000 | 79 | 79 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491236000331 |
|--------------------------------------|---------------------------|---------------------|
| TY 2020 Investments Corpora | te Bonds Schedule | |
| Name: | THE ADELE A & HAROLD J WE | STBROOK |
| | FOUNDATION | |

| EIN: 57-1075004 | | | | | | |
|--------------------------------------|------------------|------------------|--|--|--|--|
| Investments Corporate Bonds Schedule | | | | | | |
| Name of Bond | End of Year Book | End of Year Fair | | | | |
| | Value | Market Value | | | | |

1,584,512

1,531,873

ETAL ET 107ECC4

MERRILL LYNCH MUTUAL FUNDS

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491236000331 |
|--------------------------------------|----------------------------|---------------------|
| TY 2020 Investments Corpora | te Stock Schedule | |
| | | |
| Name: | THE ADELE A & HAROLD J WES | STBROOK |
| | FOUNDATION | |

| Г | N | • | - 1 634 B 1 | - 1 674 : |
|---|--|-------------|-------------|-----------|
| | Investments Corporation Stock Schedule | | | |
| | EIN: | 57-1075664 | | |
| | | I CONDATION | | |

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|-------------------------------------|---------------------------|----------------------------------|
| MERRILL LYNCH ACCT PREFERRED STOCKS | 129,873 | 143,203 |
| MERRILL LYNCH ACCT EQUITIES | 1,327,222 | 3,525,476 |

| efile GRAPHIC print - DO NOT PROC | CESS | As Filed Data - | | DLN: 93491236000331 |
|-----------------------------------|------|--------------------------------|-------------------|---------------------|
| TY 2020 Land, Etc. Schedule | | | | |
| Nar | | THE ADELE A & H. FOUNDATION | AROLD J WESTBROOK | |

| | EIN: 57-1075664 | | | |
|-----------------|------------------------|--------------------------|------------|----------------------------------|
| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
| | 2,461 | 2.421 | 40 | 40 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491236000331 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2020 Other Expenses Sche | dule | | | | | |
| - | | | | | | |
| Name: | THE ADELE A & | HAROLD J WEST | BROOK | | | |
| FOUNDATION | | | | | | |
| EIN: 57-1075664 | | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| EXPENSES | | | | | | |
| SUPPLIES | 135 | 41 | | 95 | | |
| POSTAGE | 271 | 81 | | 190 | | |

214

2,983

214

895

2,088

INVESTMENT MANAGEMENT FEE

TELEPHONE EXPENSE

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491236000331 |
|--------------------------------------|-----------------|----------------------|---------------------|
| TY 2020 Other Increases Sche | edule | | |
| | | | |
| Name: | THE ADELE A | & HAROLD J WESTBROOK | |
| | FOUNDATION | | |
| EIN: | 57-1075664 | | |
| Other Increases Schedule | | | |
| De | escription | | Amount |
| NONDIVIDEND DISTRIBUTIONS | | | 17,250 |

| efile GRAPHIC print - DO NOT PRO | OCESS As Filed I | Data - | | C | LN: 93491236000331 | |
|---|---------------------|--------|--------------------------|------------------------|---|--|
| TY 2020 Taxes Schedule | • | | | | _ | |
| | | | | | | |
| 1 | Name: THE ADI | ELE A | & HAROLD J WES | STBROOK | | |
| FOUNDATION | | | | | | |
| , | | | | | | |
| | EIN: 57-1075 | 6664 | | | | |
| Taxes Schedule | | | , | | | |
| Category | Amount | | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| PAYROLL TAXES | 5 | 5,097 | 1,529 | | 3,568 | |
| TAXES | 19 | 9,000 | | | | |

| efile GRAPHIC print - D | O NOT PROCESS | As Filed Data - | | | | DLN: 93491236000331 | | |
|--|---|---|---|---|---|---|--|--|
| Schedule B | | Schedu | ule of Contribute | ors | | OMB No. 1545-0047 | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | • | | Form 990, 990-EZ, or 990 ov/Form990 for the latest | | | 2020 | | |
| Name of the organization THE ADELE A & HAROLD | WESTBROOK | | | | | entification number | | |
| FOUNDATION Organization type (che | ck one): | | | | 57-1075664 | | | |
| J , , | , | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)()(| enter number) o | organization | | | | | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | | |
| | ☐ 527 politica | l organization | | | | | | |
| Form 990-PF | ✓ 501(c)(3) ex | xempt private fo | undation | | | | | |
| | ☐ 4947(a)(1) | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | ☐ 501(c)(3) ta | ☐ 501(c)(3) taxable private foundation | | | | | | |
| | | | PF that received, during complete Parts I and II. S | | | | | |
| Special Rules | | | | | | | | |
| under sections 5 received from ar | 09(a)(1) and 170(b)(1) |)(A)(vi), that che ing the year, tota | g Form 990 or 990-EZ tl cked Schedule A (Form al contributions of the gr plete Parts I and II. | 990 or 990-EZ), P | art II, line 13, 1 | 16a, or 16b, and that | | |
| during the year, | total contributions of m | nore than \$1,000 | or (10) filing Form 990 Dexclusively for religious animals. Complete Par | s, charitable, scient | | | | |
| during the year, If this box is che purpose. Don't c | contributions <i>exclusive</i> cked, enter here the to omplete any of the par | ely for religious, stal contributions rts unless the G e | or (10) filing Form 990 charitable, etc., purpose that were received dur eneral Rule applies to t or more during the year | es, but no such con ing the year for an his organization be | tributions total exclusively relicause it receiv | led more than \$1,000. igious, charitable, etc., yed nonexclusively | | |
| Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, P 990-EZ, or 990-PF). | it must answer "No" o | on Part IV, line 2 | , of its Form 990; or che | eck the box on line | H of its Form 9 | n 990, }90-EZ | | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | | ctions | Cat. No. 30613X | Schedu | ıle B (Form 990, | 990-EZ, or 990-PF) (2020) | | |

(b)

(b)

Name, address, and ZIP + 4

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a) No. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (c) Total contributions | (d) Type of contribution |
|---|---|
| | Person |
| | ☐ Payroll |
| \$ 1,123,251 | ✓ Noncash |
| | (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| | Person |
| | ☐ Payroll |
| \$ | Noncash |
| | (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| | Person |
| | Payroll |
| \$ | Noncash |
| | (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| | |
| | ☐ Person |
| | ☐ Person ☐ Payroll |
| \$ | |
| \$ | Payroll |
| (c) Total contributions | Payroll Noncash (Complete Part II for noncash |
| (c) | Payroll Noncash (Complete Part II for noncash contributions.) |
| (c) Total contributions | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
| (c) | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person |
| (c) Total contributions | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll |
| (c) Total contributions | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash |
| (c) Total contributions \$ (c) | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (c) Total contributions \$ (c) | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
| (c) Total contributions \$ (c) | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution |
| (c) Total contributions (c) Total contributions | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Payroll Payroll |

Employer identification number

57-1075664

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 3 Name of organization **Employer identification** THE ADELE A & HAROLD J WESTBROOK number FOUNDATION 57-1075664 Part II Noncash Property (see Instructions). Use duplicate copies of Part II if additional space is needed. (c) (a) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) See Additional Data Table \$ (a) (c) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received (See instructions) Part I

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

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2020) | | Page 4 |
|---------------------------|---|--|--|
| | rganization E A & HAROLD J WESTBROOK ON | | Employer identification number 57-1075664 |
| Part III | than \$1,000 for the year from any one contributo | r. Complete columns (a) thr of exclusively religious, cha actions.) ► \$ | need in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For writable, etc., contributions of \$1,000 or less for |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and ZIP 4 | (e) Transfer of gift | elationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | Transferee's name, address, and ZIP 4 | | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and ZIP 4 | (e) Transfer of gift Re | elationship of transferor to transferee |
| | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2020) |

Additional Data

Software ID:

Software Version:

EIN: 57-1075664

Name: THE ADELE A & HAROLD J WESTBROOK

FOUNDATION

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------|--|--|----------------------|
| 1 | 179 SHARES OF EVBG | \$ 18,418 | 2020-02-21 |
| <u>1</u> | 300 SHARES OF FASTLY, INC CLASS | \$ 30,426 | 2020-07-10 |
| <u>1</u> | 213 SHARES OF KODIAK SCIENCES | \$ 12,655 | 2020-02-21 |
| <u>1</u> | 270 SHARES OF GOOSEHEAD INSURANC | \$ 21,563 | 2020-07-10 |
| <u>1</u> | 230 SHARES OF GOOSEHEAD INSURANC | \$ 16,138 | 2020-06-16 |
| <u>1</u> | 100 SHARES OF ZOOM VIDEO COMMUNI | \$ 27,144 | 2020-07-10 |
| <u>1</u> | 650 SHARES OF TESLA INC | \$ 900,262 | 2020-07-10 |
| <u>1</u> | 405 SHARES OF PRICNCIPIA PHARM | \$ 40,490 | 2020-09-23 |
| <u>1</u> | 100 SHARES OF AVALARA INC | \$ 13,864 | 2020-07-10 |
| <u>1</u> | 75 SHARES OF KODIAK SCIENCES | \$ 10,268 | 2020-12-01 |

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) 100 SHARES OF DOCUSIGN, INC. \$ 21,221 2020-07-10 83 SHARES OF KODIAK SCIENCES \$ 10,802 2020-12-14