efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491251003071

OMB No. 1545-0052

2020

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

		ndar year 2020, or tax year beginning 01-01-20 Indation)20 , an	id en	ding 12-31-		
		Indation B FAMILY FOUNDATION			58-1368915	entification numbe	r
Num	ber and	d street (or P.O. box number if mail is not delivered to street address)	Room/suite		R Telephone nu	mber (see instruction	ne)
P	O BOX 1	102943			(803) 765-4567	·	13)
		n, state or province, country, and ZIP or foreign postal code 0 802502943				application is pendin	g, check here
c c	ام بام	that apply:	former public charity		D.1 Foreign or	ganizations shook be	
G CI	теск ат	Final return Amended return	former public charity			ganizations, check he ganizations meeting	▶ ∟
		Address change Name change				k here and attach co	
H Cł	neck tv	rpe of organization: ✓ Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
		· · · · · · · · · · · · · · · · · · ·	e private foundation		under section	ii 507(b)(1)(A), chec	k nere —
I Fai	r mark	ket value of all assets at end J Accounting method:	☑ Cash ☐ Accrua	al		ation is in a 60-montl	
		rom Part II, col. (c), ▶\$ 16,842,343	be on cash basis.)		under section	n 507(b)(1)(B), chec	k here 🕨 🗀
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		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	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ▶ ☑ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	98,346		98,346		
	4	Dividends and interest from securities	319,126		319,126		
	5a	Gross rents					
	b	Net rental income or (loss)	265 025				
)KIE	6a	Net gain or (loss) from sale of assets not on line 10	265,825				
Revenue	b	Gross sales price for all assets on line 6a 2,429,309					
ă	7	Capital gain net income (from Part IV, line 2)			265,825		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b c	Less: Cost of goods sold					
	11	Other income (attach schedule)	136		136	0	
	12	Total. Add lines 1 through 11	683,433		683,433	0	
	13	Compensation of officers, directors, trustees, etc.	142,833		21,425	0	121,408
	14	Other employee salaries and wages					
Sè	15	Pension plans, employee benefits	9,526		1,429	0	8,097
II S	16a	Legal fees (attach schedule)					
Expenses	ь	Accounting fees (attach schedule)	% J 8,925		4,463	0	4,462
	С	Other professional fees (attach schedule)					
Ĕ	17	Interest					
and Administrative	18	Taxes (attach schedule) (see instructions)	14,350		1,329	0	7,532
Ē	19	Depreciation (attach schedule) and depletion					
ā	20	Occupancy					
<u> </u>	21	Travel, conferences, and meetings	2,413		362	0	2,051
ਰ	22	Printing and publications	95-1 101 412		00.003		2.220
Operating	23	Other expenses (attach schedule)	101,413		98,093	0	3,320
era	24	Total operating and administrative expenses. Add lines 13 through 23	279,460		127, 1 01		146,870
ď	25	Contributions, gifts, grants paid	664,958		127,101	0	664,958
	26	Total expenses and disbursements. Add lines 24 and	33.,7500				33.,330
		25	944,418		127,101	0	811,828
	27	Subtract line 26 from line 12: Excess of revenue over expenses and					
	a	disbursements	-260,985				
	ь	Net investment income (if negative, enter -0-)			556,332		
	С	Adjusted net income (if negative, enter -0-)				0	

Form	990-1	PF (2020)						Page 2
Par	t II	Balance Sheets	Attached schedules and amounts in the description colur should be for end-of-year amounts only. (See instruction		ng of year ok Value	(h)	End o Book Value	f year (c) Fair Market Value
	1	Cash—non-interest		- ` ' -	538,579	(5)	346,702	346,702
	2	Savings and tempo	orary cash investments					
	3	Accounts receivable	e ▶					
		Less: allowance for	doubtful accounts					
	4	Pledges receivable	>					
		Less: allowance for	doubtful accounts					
	5	Grants receivable .						
	6	Receivables due fro	om officers, directors, trustees, and other					
		disqualified persons	s (attach schedule) (see instructions)					
	7	Other notes and loa	ans receivable (attach schedule) 🕨	_				
		Less: allowance for	doubtful accounts					
<u>,</u>	8	Inventories for sale	e or use					
Assets	9	Prepaid expenses a	and deferred charges					
Y S	L0a	Investments—U.S.	and state government obligations (attach schedu	le)				
	b	Investments—corpo	orate stock (attach schedule)		12,638,026	چ ا	12,481,762	16,495,641
	C	Investments—corpo	orate bonds (attach schedule)					
	11	Investments—land,	, buildings, and equipment: basis 🕨					
		Less: accumulated	depreciation (attach schedule) ▶					
	12	Investments-mort	tgage loans					
	13	Investments—other	r (attach schedule)					
	14	Land, buildings, an	d equipment: basis 🕨					
			depreciation (attach schedule) ▶	_				
	15	Other assets (descr	ribe >)					
	16	Total assets (to be	e completed by all filers—see the					
		instructions. Also, s	see page 1, item I)		13,176,605		12,828,464	16,842,343
	17	Accounts payable a	and accrued expenses					
	18	Grants payable						
jes	19	Deferred revenue .						
<u>:</u>	20	Loans from officers	s, directors, trustees, and other disqualified persor	ns				
Liabilities	21		er notes payable (attach schedule)					
- :	22	Other liabilities (de	escribe P)	·				
	23	Total liabilities(ad	dd lines 17 through 22)		0		0	
Š		Foundations that	follow FASB ASC 958, check here 🕨 🗌					
ž		and complete line	es 24, 25, 29 and 30.					
ala	24	Net assets without	donor restrictions	.				
8	25	Net assets with dor	nor restrictions					
or Fund Balances		Foundations that	do not follow FASB ASC 958, check here	\checkmark				
<u>u</u>			es 26 through 30.					
	26	Capital stock, trust	principal, or current funds		0		0	
Assets	27	Paid-in or capital su	urplus, or land, bldg., and equipment fund		0		0	
As	28	Retained earnings,	accumulated income, endowment, or other funds	:	13,176,605		12,828,464	
Net	29	Total net assets o	or fund balances (see instructions)		13,176,605		12,828,464	
:	30	Total liabilities ar	nd net assets/fund balances (see instructions)		13,176,605		12,828,464	_
Par	t III	Analysis of Ch	nanges in Net Assets or Fund Balances					
1			balances at beginning of year—Part II, column (a)), line 29 (mus	t agree with	end-		12.176.605
~	-		on prior year's return)				1	13,176,605
2 3		er amount from Part er increases not inclu	I, line 27a			. F	3	-260,985 0
4						. Ի	4	12,915,620
5			n line 2 (itemize) 🕨				5	87,156
6			balances at end of year (line 4 minus line 5)—Par), line 29	┌	6	12,828,464
							F	form 990-PF (2020)

Page **3**

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) a MERRILL LYNCH PUBLICLY TRADED SECURITIE b CAPITAL GAINS DIVIDENDS					red ase ion	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a l								2020-12-31
b (CAPITAL GAINS DIVIDENDS							
С								
d								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		Cost or d	(g) other basis ense of sale		Gain c	(h) or (loss) f) minus (g)
а	2,322,7	770			2,16	3,484		159,286
b	106,5	539						106,539
С								
d								
е								
					12/21/60			
'	Complete only for assets sh	nowing gain in column (h) and ov	wned by t					(I) (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess	(k) of col. (i) . (j), if any		col. (k), but not	cless than -0-) or com col.(h))
a								159,286
b								106,539
С								
d								
		[If gain,	also enter in Pa	art I, line 7	1		
	Capital gain net income or	(. ,	, enter -0- in P	art I, line 7	}	2	265,825
3	• •	n or (loss) as defined in sections i, line 8, column (c) (see instruct	tions). If ((loss), enter -0	-	}	3	0
Part	_	der Section 4940(e) for R D ON DECEMBER 20, 201				nt Inc	come	
	Reserved	D ON DECEMBER 20, 201	9 - DO 1	OI COMPL	-16			
	(a)	(b)		(c)			(d)	
	Reserved	Reserved		Reserved			Reserved	
2 F	Reserved					2		
	Reserved					3		
						4		
						5		
						6		
7 F	Reserved					7_		
8 F	Reserved ,					8		

							<u>'</u>	age v
Par		ling Activities for Which	Form 4720 May Be	Required (continued	1)			
ia	During the year did the foundation						Yes	No
	(1) Carry on propaganda, or otherv	vise attempt to influence legisl	ation (section 4945(e))?	Yes	✓ No	,		
	(2) Influence the outcome of any s	pecific public election (see sec	tion 4955); or to carry					
	on, directly or indirectly, any vo	ter registration drive?		· · · Yes	✓ No	,		
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?		✓ No			
	(4) Provide a grant to an organizati	ion other than a charitable, etc	c., organization described					
	in section 4945(d)(4)(A)? See i	nstructions		· · 🗌 Yes	✓ No	,		
	(5) Provide for any purpose other t	han religious, charitable, scien	tific, literary, or					
	educational purposes, or for the	prevention of cruelty to child	ren or animals?	· ·	✓ N			
b	If any answer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	ail to qualify under the ex	ceptions described in		´		
	Regulations section 53.4945 or in a	current notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current r	otice regarding disaster assist	ance check here					
C	If the answer is "Yes" to question 5	a(4), does the foundation clair	n exemption from the					
	tax because it maintained expenditu	ure responsibility for the grant	?	· · 🔲 Yes	□ No			
	If "Yes," attach the statement requi	red by Regulations section 53.	4945-5(d).	□ 1es		'		
a	Did the foundation, during the year,	, receive any funds, directly or	indirectly, to pay premi	ums on				
b	Did the foundation, during the year,	, pay premiums, directly or inc	lirectly, on a personal be		. ✓ No	6b		No
	If "Yes" to 6b, file Form 8870.	, , ,	,, 1					
'a	At any time during the tax year, wa	s the foundation a party to a r	prohibited tax shelter tra	nsaction?				
	If "Yes", did the foundation receive			∟ res	✓ No	7b		
	Is the foundation subject to the sec				•	1.5		
	excess parachute payment during the	, , , ,						
		<u> </u>			✓ No		<u> </u>	<u> </u>
Par	and Contractors	Officers, Directors, Trust	tees, Foundation Ma	anagers, Hignly Paid	I Emp	ioyees,		
1	List all officers, directors, truste							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		e) Expen		
	. ,	devoted to position	· -0-)	deferred compensatio		other al	llowand	ces
ee A	Additional Data Table							
]						
		1						
		1						
		1						
2	Compensation of five highest-pa	id employees (other than t	hose included on line :	1—see instructions). If	none,	enter "	NONE	."
				(d) Contributions to				
a) [Name and address of each employee	paid (b) Title, and average hours per week	(c) Compensation	employee benefit) Expens		
	more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation		other all	owanc	es
ONE	=			Compensation				
ONE	=							
ota	I number of other employees paid ov	er \$50,000 						- (
					F	orm 99 0	N-DE	(2020

Form 990-PF (2020)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	\dashv
Total. Add lines 1 through 3	0
	5 000 DE (2020)

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

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

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

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

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

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

731.008

811,828

811.828

811.828

Form 990-PF (2020)

Page 9

731,008

731,008

Form **990-PF** (2020)

0-PF	(2020)	

Form 990-PF (202
Part XIII	

P	art XIII	Undistributed
	Distributabl	e amount for 2020 f

From 2015.

b From 2016.

e From 2019.

c From 2017. . . d From 2018.

b Total for prior years: 20______, 20______ Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

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

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

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

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

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

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016.

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a

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:

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

from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020:

Income (see instructions)

a Enter amount for 2019 only.

84,522 77,124

88 103

76.236 95,039

77.124 88,103

76.236

95.039

80.820

Corpus

421.024

80.820

501,844

84.522

417,322

(a)

(b)

Years prior to 2019

(c)

2019

FEBRUARY 1 AND SEPTEMBER 1

For	m 990-PF (2020)					Page 10
	Part XIV Private Operating Found	ations (see instr	uctions and Part $ackslash$	/II-A, question 9)		
1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	scribed in section \Box] 4942(j)(3) or □	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"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					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
P	Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more i	n
1	assets at any time during th Information Regarding Foundation Mana List any managers of the foundation who hav before the close of any tax year (but only if	agers: e contributed more	than 2% of the tota			า
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, at	tion makes gifts, gr	ants, etc. to individu			
a	The name, address, and telephone number of MARGARET FOSTER PO BOX 102943 DENVER, CO 802502943 (803) 765-4567	or e-mail address of	the person to whom	n applications should	l be addressed:	
	The form in which applications should be sub APPLICATION FORM SHOULD BE FILLED OU' NUMBER, INFORMATION ABOUT PROJECT AI ORGANIZATIONAL STRUCTURE AND COPY C	Γ: INCLUDES NAME ND ORGANIZATION.	OF ORGANIZATION, ABSTRACT IS REQU	PROJECT NAME, AL		
_	Any submission doadlings:					

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

GEOGRAPHIC FOCUS: MIDLANDS OF SOUTH CAROLINA MISSION: THE POSITIVE DEVELOPMENT OF YOUTH

Form 990-PF (2020)				Page 11
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year See Additional Data Table				
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	664,958
b Approved for future payment				
	1			
	!			
ı				
Total			▶ 3b	0

nter gross	amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	nd contracts from government agencies					
	ship dues and assessments on savings and temporary cash ents				20.046	
	ds and interest from securities			14	98,346 319,126	
	al income or (loss) from real estate:			21	013,120	
	inanced property					
	bt-financed property					
	al income or (loss) from personal property					
	vestment income (loss) from sales of assets other than					
inventor				14	265,825	
	me or (loss) from special events:			14	203,023	
	rofit or (loss) from sales of inventory					
. Other re	evenue:					
	LANEOUS REVENUE			14	136	
	<u> </u>					
a						
е			0		683,433	
e 2 Subtota 3 Total. A	l. Add columns (b), (d), and (e)		0	13	683,433 3	
e 2 Subtota 3 Total. A (See wo	I. Add columns (b), (d), and (e). I. Add line 12, columns (b), (d), and (e). I. I	lations.)		13	<u>'</u>	
e 2 Subtota 3 Total. A (See work Part XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wo	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	683,433
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. A (See wor art XVI	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. A (See wor art XVI-	I. Add columns (b), (d), and (e)	lations.) ne Accomplish income is report	nment of Exempled in column (e) of	pt Purposes f Part XVI-A contribu	ted importantly to	

orm 990-								Pa	ge 13
Part X	Information Rega Exempt Organizat		ers To a	nd Transactio	ns and Relatio	nships With Noncha	ritable		
	organization directly or indirent or indirectly or indirectl)1	Yes	No
. , .	ers from the reporting foundati	•			-				
(1) C	ash						1a(1)		No
	ther assets						1a(2)		No
b Other	ransactions:								
(1) S	ales of assets to a noncharitab	le exempt orgar	nization.				1b(1)		No
(2) P	urchases of assets from a nonc	charitable exemp	pt organiza	ition			1b(2)		No
(3) R	ental of facilities, equipment, o	or other assets.					1b(3)		No
(4) R	eimbursement arrangements.						1b(4)		No
(5) L	oans or loan guarantees						1b(5)		No
(6) Pe	rformance of services or memb	bership or fundr	aising solic	citations			1b(6)		No
c Sharin	g of facilities, equipment, maili	ing lists, other a	assets, or p	aid employees.			1c		No
of the in any	goods, other assets, or service transaction or sharing arrange	es given by the r ment, show in o	reporting fo column (d)	oundation. If the the value of the	foundation receive goods, other asse	ed less than fair market vets, or services received.	alue		.+-
(a) Line No	(b) Amount involved (c	c) Name of noncha	iritable exem	pt organization	(a) Description o	transfers, transactions, and	snaring arra	ingemen	its
	foundation directly or indirectly	•		•		_			
	ed in section 501(c) (other that		c)(3)) or in	section 527? .		ШYes	✓ No		
b If "Yes	" complete the following sched	dule.							
	(a) Name of organization	+	(b)	Type of organization	on	(c) Description of re	lationship		
(Inder penalties of perjury, I de If my knowledge and belief, it i which preparer has any knowle	is true, correct,				than taxpayer) is based	on all info	rmatio	n of
Sign	*****			2021-09-07	*****		y the IRS d urn	iscuss th	nis
Here	Signature of officer or trust	cee		Date	Title	wi be	th the prepared the contract th	_	
					1	(si	ee instr.) 🗅	⊔ Yes └	- NO
	Print/Type preparer's na	me Prepa	arer's Signa	ature	Date	PTIN			
						Check if self-	P0044	5891	
	AMY BIBBY				2021-09-03	employed ▶ ☐		-	
Paid									
Prepar Use Or		HUGHES GOODI	MAN LLP		•	Firm'	s EIN ▶56	-07479	981
	•	IDGEFIELD COL	JRT						
	ACHE	VILLE, NC 2880	16			Phon	e no. (828	3) 254-	2254
	ASHL	VILLE, NC 2000							

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 Expense account, (d) Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation MARSHALL FOSTER PRESIDENT 3,000 0 2.00 4815 PORTOBELLO RD COLUMBIA, SC 29206 LOUISE L HOWELL 3,000 VICE PRESIDENT 2.00 90 N SHELMORE BLVD MT PLEASANT, SC 29464 CHRISTOPHER CHEEK 3,000 0 **SECRETARY** 1412 ORDWAY PLACE NASHVILLE, TN 37206 **TRUSTEE** GEORGIA L CHEEK 3,000 0 2.00 209 GLASGOW TRAIL BLACK MOUNTAIN, NC 28711 MARGARET FOSTER EXECUTIVE DIRECTOR 115,833 9,526 40.00 501 S EMERSON STREET DENVER, CO 80209 CHARLIE MATHER TRUSTEE 3,000 O O 2.00 4831 CITADEL AVE COLUMBIA, SC 29206 KRISTEN TUFTS 3,000 TRUSTEE 2.00 1952 HALLE ROAD ST JOHNS ISLAND, SC 29455

3,000

0

3202 SE 56TH AVE PORTLAND, OR 97206	2.00			
ELIZABETH L TRACY	TRUSTEE	3,000	0	(
564 NORTH FORK ROAD BLACK MOUNTAIN, SC 28711	2.00			
GUY TRACY	TRUSTEE	3,000	0	(
1412 ORDWAY BLACE	2.00			1

TRUSTEE

2.00

SAVANNAH TRACY

1491 W 52ND ST CLEVELAND, OH 44102

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				
BEGINNINGS FOR PARENTS OF CHILDREN 156 WIND CHIME COURT SUITE A	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500

RALEIGH, NC 27615				
BOY SCOUTS INDIAN WATERS COUNCIL 715 BETSY DR COLUMBIA, SC 29210	NONE	501(C)(3)	OPERATIONAL SUPPORT	20,00

BOY SCOUTS INDIAN WATERS COUNCIL 715 BETSY DR COLUMBIA, SC 29210	NONE	501(C)(3)	OPERATIONAL SUPPORT	20,000
BOYS AND GIRLS CLUB OF THE MIDLANDS	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

715 BETSY DR COLUMBIA, SC 29210	NONE	301(0)(3)	OPERATIONAL SUPPORT	20,000
BOYS AND GIRLS CLUB OF THE MIDLANDS 500 GRACERN RD	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

715 BETSY DR COLUMBIA, SC 29210		, , , ,		·
BOYS AND GIRLS CLUB OF THE MIDLANDS 500 GRACERN RD COLUMBIA, SC 29210	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

За

664,958

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

▶ 3a

664,958

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
BOYS FARMPO BOX 713 NEWBERRY, SC 29108	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
CENTRAL CAROLINA COMMUNITY FOUNDATION 2711 MIDDLEBURG DR SUITE 213	NONE	501(C)(3)	OPERATIONAL SUPPORT	23,100

CHARLECTON COLLECTATE COLLOCI	NONE	E04/C)/3)	ODEDATIONAL CURRORT	10
CENTRAL CAROLINA COMMUNITY FOUNDATION 2711 MIDDLEBURG DR SUITE 213 COLUMBIA, SC 29204	NONE	501(C)(3)	OPERATIONAL SUPPORT	23,:

COLUMBIA, SC 29204				
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY RD	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

COLUMBIA, SC 29204				
CHARLESTON COLLEGIATE SCHOOL 2024 ACADEMY RD JOHNS ISLAND, SC 29455	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,0

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				
CHILD ADVOCATES - DENVER CASA 960 N CLARKSON ST DENVER, CO 80218	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
CHILD EVANCELISM FELLOWCHID	NONE	E01(C)(3)	ODERATIONAL SUPPORT	6 500

DENVER, CO 80218				
CHILD EVANGELISM FELLOWSHIP PO BOX 348 WARRENTON, MO 633830348	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,500
CHILDREN'S TRUST OF SOUTH	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000

CHILD EVANGELISM FELLOWSHIP PO BOX 348 WARRENTON, MO 633830348	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,500
CHILDREN'S TRUST OF SOUTH CAROLINA 1330 LADY ST 310 COLUMBIA SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000

CAROLINA	WARRENTON, MO 633830348				
COLUMBIA, SC 29201	1330 LADY ST 310	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000

Total .

664,958

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				
COLUMBIA MUSEUM OF ART 1515 MAIN ST COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500

COLOMBIA, SC 29201				
COMMUNITY FOUNDATION OF WESTERN NC 4 VANDERBILT PARK DR 300 ASHEVILLE, NC 28803	NONE	501(C)(3)	OPERATIONAL SUPPORT	90,000
DVCLEVIA DECOLIDCE CENTER	NONE	E01/C)/2)	ODEDATIONAL CURRORT	10.000

WESTERN NC 4 VANDERBILT PARK DR 300 ASHEVILLE, NC 28803		,,,,		,
DYSLEXIA RESOURCE CENTER 3172 GOVERNMENT ST	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
BATON ROUGE LA 70806				

П	4 VANDERBILI PARK DR 300 ASHEVILLE, NC 28803				
	DYSLEXIA RESOURCE CENTER 3172 GOVERNMENT ST BATON ROUGE, LA 70806	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

За

664,958

DYSLEXIA RESOURCE CENTER 3172 GOVERNMENT ST BATON ROUGE, LA 70806	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
EDUCATIONAL ADVISORY FOUNDATION 332 ALLISON DR NE ATLANTA, GA 30342	NONE	501(C)(3)	OPERATIONAL SUPPORT	25,000
EDVENTUREPO BOX 1638	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000

EDVENTUREPO BOX 1638 COLUMBIA, SC 29202	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000
EMMAUS ROAD PARTNERS 123-C LIBRARY HILL LANE LEXINGTON, SC 29072	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000

664,958

■ 3a

COLUMBIA, SC 29202				
EMMAUS ROAD PARTNERS 123-C LIBRARY HILL LANE LEXINGTON, SC 29072	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000

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				
ETV ENDOWMENT OF SC 401 E KENNEDY ST SPARTANBURG, SC 29302	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
	l .			i I

SPARTANBURG, SC 29302				
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
GENERATION GROUP HOMES OF	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000

8701 LEEDS ROAD KANSAS CITY, MO 64129		301(0)(0)		5,000
GENERATION GROUP HOMES OF GREENVILLE 821 DUNKLIN BRIDGE	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000

8701 LEEDS ROAD KANSAS CITY, MO 64129				
GENERATION GROUP HOMES OF GREENVILLE 821 DUNKLIN BRIDGE FOUNTAIN INN, SC 29644	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000

TO THE STEE STEEL				
GENERATION GROUP HOMES OF GREENVILLE 821 DUNKLIN BRIDGE FOUNTAIN INN, SC 29644	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,000
Total			▶ 3a	664,958

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution

▶ 3a

664,958

any foundation manager

or substantial contributor

Name and address (home or business)

2818 WHITE HORSE RD GREENVILLE, SC 29611

	or substantial contributor			
a Paid during the year				
GIRLS ON THE RUN OF COLUMBIA 105 LEXINGTON STREET WEST COLUMBIA, SC 29169	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
GROWING HOME SOUTHEAST 440 KNOX ABBOTT DR 250 CAYCE SC 29033	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

WEST COLUMBIA, SC 29169				
GROWING HOME SOUTHEAST 440 KNOX ABBOTT DR 250 CAYCE, SC 29033	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
HARVEST HOPE FOOD BANK	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000

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				
HEALING SPECIES496 FARNUM ROAD ORANGEBURG, SC 29118	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500
HOMELESS NO MORE	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000

HOMELESS NO MORE 2711 MIDDLEBURG DR SUITE 308 COLUMBIA, SC 29204	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
HOMELESS PERIOD PROJECT	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000

COLUMBIA, SC 29204				
HOMELESS PERIOD PROJECT 413 WILTON STREET GREENVILLE, SC 29609	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000

664,958

3a

,				1
HOMELESS PERIOD PROJECT 413 WILTON STREET GREENVILLE, SC 29609	NONE	501(C)(3)	OPERATIONAL SUPPORT	5

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

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

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
JUNIOR ACHIEVEMENT ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
LRADAC2711 COLONIAL DRIVE	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,658

COLORADO SPRINGS, CO 80906				
LRADAC2711 COLONIAL DRIVE COLUMBIA, SC 29203	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,658
MY AMIGOS BILINQUAL LEARNING CENTER 132 ST DAVIDS CHURCH RD	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

LRADAC2711 COLONIAL DRIVE COLUMBIA, SC 29203	NONE	501(C)(3)	OPERATIONAL SUPPORT	2,658
MY AMIGOS BILINQUAL LEARNING CENTER 132 ST DAVIDS CHURCH RD WEST COLUMBIA, SC 29170	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

MY AMEGOG BELENOUAL LEADNING	NONE	E04 (C) (2)	ODED ATTOMAL CURPORT	10.000
MY AMIGOS BILINQUAL LEARNING CENTER	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
132 ST DAVIDS CHURCH RD				
WEST COLUMBIA, SC 29170				
Total	.		▶ 3a	664,958

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

▶ 3a

664,958

any foundation manager

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
NUTURING CENTER 1332 PICKENS STREET COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000
POWER IN CHANGING 6615 TWO NOTCH ROAD	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000

COLUMBIA, SC 29201				
POWER IN CHANGING 6615 TWO NOTCH ROAD COLUMBIA, SC 29223	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
REFORMED UNIVERSITY MINISTRIES	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,200

6615 TWO NOTCH ROAD COLUMBIA, SC 29223	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
REFORMED UNIVERSITY MINISTRIES 1700 N BROWN RD 104 LAWRENCEVILLE, GA 30043	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,200

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				
RICHLAND COUNTY CASA 1701 MAIN ST 407	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,600

1701 MAIN ST 407 COLUMBIA, SC 29201				
SC GOVERNOR'S SCHOOL FOR THE ARTS 15 UNIVERSITY ST GREENVILLE. SC 29601	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000

SC GOVERNOR'S SCHOOL FOR THE ARTS 15 UNIVERSITY ST GREENVILLE, SC 29601	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
SC SCHOOL FOR THE DEAF & BLIND FOUNDATION 355 CEDAR SPRINGS RD	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000

15 UNIVERSITY ST GREENVILLE, SC 29601				
SC SCHOOL FOR THE DEAF & BLIND FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000

Total			▶ 3a	664,958
SC SCHOOL FOR THE DEAF & BLIND FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000
GREENVILLE, SC 29601				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

664,958

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
SE CHAPTER - NATIONAL SATEFY COUNCIL 121 MINISTRY DR IRMO, SC 29063	NONE	501(C)(3)	OPERATIONAL SUPPORT	12,500
SISTERCARE1820 MORLAINE RD CAYCE, SC 29033	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,000

121 MINISTRY DR IRMO, SC 29063				
SISTERCARE1820 MORLAINE RD CAYCE, SC 29033	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,
THE LEARNING COMMUNITY SCHOOL	NONE	501(C)(3)	OPERATIONAL SUPPORT	30.1

IRMU, SC 29063				
SISTERCARE1820 MORLAINE RD CAYCE, SC 29033	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,000
THE LEARNING COMMUNITY SCHOOL	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000

SISTERCARE1820 MORLAINE RD CAYCE, SC 29033	NONE	501(C)(3)	OPERATIONAL SUPPORT	17,000
THE LEARNING COMMUNITY SCHOOL 375 LAKE EDEN ROAD	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000

CAYCE, SC 29033				
THE LEARNING COMMUNITY SCHOOL 375 LAKE EDEN ROAD	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
		1		

THE LEARNING COMMUNITY SCHOOL	NONE	501(C)(3)	OPERATIONAL SUPPORT	30,000
375 LAKE EDEN ROAD				
BLACK MOUNTAIN, NC 28711				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
THE THERAPY PLACE 3620 COVENANT RD	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000

3620 COVENANT RD COLUMBIA, SC 29204				
THORNWELL302 S BROAD ST CLINTON, SC 29325	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000
LINITED WAY OF THE MIDLANDS	NONE	E01(C)(2)	ODEDATIONAL CURRORT	10,000

CLINTON, SC 29325	NONE	501(C)(3)	OPERATIONAL SUPPORT	6,000
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

▶ 3a

664,958

CLINTON, SC 29325				,
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

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				
USC EDUCATIONAL FOUNDATION 1027 BARNWELL STREET COLUMBIA. SC. 29208	NONE	501(C)(3)	OPERATIONAL SUPPORT	34,500

COLUMBIA, SC 29208				
WOMEN IN PHILANTHROPY 1818 BLANDING STREET	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000

WOMEN IN PHILANTHROPY 1818 BLANDING STREET COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	1,000
1				

1818 BLANDING STREET COLUMBIA, SC 29201		. , , ,		·
YOUNG LIFE199 ELKWOOD AVE A	NONE	501(C)(3)	OPERATIONAL SUPPORT	19,000

COLUMBIA, SC 29201				
YOUNG LIFE199 ELKWOOD AVE A ASHEVILLE, NC 288042209	NONE	501(C)(3)	OPERATIONAL SUPPORT	19,000

YOUNG LIFE199 ELKWOOD AVE A ASHEVILLE, NC 288042209	NONE	501(C)(3)	OPERATIONAL SUPPORT	19,000

ASHEVILLE, NC 288042209		
Total	 ▶ 3a	664,958

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

CAMPAZON FOR VOLUTIL BUSTISE	NAME.	E04 (0) (0)		4 000
CAMP COLE FOUNDATION 1519 RICHLAND ST COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	8,000
a Paid during the year				

COLUMBIA, SC 29201				
CAMPAIGN FOR YOUTH JUSTICE 1220 L NW SUITE 605 WASHINGTON, DC 20005	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
COLUMBIA PARKS AND RECREATION FOUNDATION	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000

CAMPAIGN FOR YOUTH JUSTICE 1220 L NW SUITE 605 WASHINGTON, DC 20005	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
COLUMBIA PARKS AND RECREATION FOUNDATION 1111 RECREATION DRIVE COLUMBIA SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000

1220 L NW SUITE 605 WASHINGTON, DC 20005	NONE	301(0)(3)	OFEIGHTONAL SUFFORT	4,000
COLUMBIA PARKS AND RECREATION FOUNDATION 1111 RECREATION DRIVE COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000
Total			▶ 3a	664,958

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial continuation			
a Paid during the year				
COURAGE CENTER THE860 PARK RD LEXINGTON, SC 29072	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

LEXINGTON, SC 29072		(-)(-)		
DISTRICT FIVE FOUNDATION PO BOX 129 BALLENTINE, SC 29002	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000

DISTRICT FIVE FOUNDATION PO BOX 129 BALLENTINE, SC 29002	NONE	501(C)(3)	OPERATIONAL SUPPORT	3,000
EPWORTH CHILDREN'S HOME	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000

BALLENTINE, SC 29002				
EPWORTH CHILDREN'S HOME 2900 MILLWOOD AVE COLUMBIA, SC 29205	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000

EPWORTH CHILDREN'S HOME 2900 MILLWOOD AVE COLUMBIA, SC 29205	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,000
Total			▶ 3a	664,958

LI WORTH CHILDREN 3 HONE	INONE	O LIKATIONAL SOLI OKT	
2900 MILLWOOD AVE			
COLUMBIA, SC 29205			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

664,958

any foundation manager

Name and address (nome or business)	or substantial contributor	,		
a Paid during the year				
EZEKIEL CENTER202 N ALLEN DR ALLEN, TX 75013	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000

·				
HIVE COMMUNITY CIRCLE THE 2700 MIDDLEBURG DR SUITE 211 COLUMBIA, SC 29204	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000
HOPE ACADEMY RECOVERY HIGH	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500

COLUMBIA, SC 29204				
HOPE ACADEMY RECOVERY HIGH SCHOOL 3919 MADISON AVE SUITE 100	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500

	COLUMBIA, SC 29204				
	HOPE ACADEMY RECOVERY HIGH SCHOOL 3919 MADISON AVE SUITE 100 INDIANAPOLIS, IN 46227	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500
1					

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

IT-OLOGY808 LADY ST SUITE D-1 COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
a Paid during the year				

COLUMBIA, SC 29201				
KOINONIA OF COLUMBIA 4427 NORTH MAIN STREET COLUMBIA, SC 29203	NONE	501(C)(3)	OPERATIONAL SUPPORT	7,500
LOWCOUNTRY ORPHAN RELIEF	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000

4427 NORTH MAIN STREET COLUMBIA, SC 29203				
LOWCOUNTRY ORPHAN RELIEF 1850 TRUXTUN AVE NORTH CHARLESTON, SC 29405	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000

Total			▶ 3a	664,958
LOWCOUNTRY ORPHAN RELIEF 1850 TRUXTUN AVE NORTH CHARLESTON, SC 29405	NONE	501(C)(3)	OPERATIONAL SUPPORT	5,000
COLUMBIA, SC 29203				

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				
MIRCI-MENTAL ILLNESS RECOVERY CENTER INC 3809 ROSEWOOD DR COLUMBIA, SC 29205	NONE	501(C)(3)	OPERATIONAL SUPPORT	10,000

COLUMBIA, SC 29205				
PALMETTO PLACE CHILDREN'S SHELTER 200 ARBOR DR COLUMBIA, SC 29206	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
RE-SOURCE SOLUTIONS FOUNDATION	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,400

PALMETTO PLACE CHILDREN'S SHELTER 200 ARBOR DR COLUMBIA, SC 29206	NONE	501(C)(3)	OPERATIONAL SUPPORT	4,000
RE-SOURCE SOLUTIONS FOUNDATION 1419 RICHLAND ST COLUMBIA, SC 29201	NONE	501(C)(3)	OPERATIONAL SUPPORT	9,400

Total .

664,958

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)

& MATH

Total .

401 RAILROAD AVE HARTSVILLE, SC 29550

	or substantial contributor			
a Paid during the year				
SC GOVERNOR'S SCHOOL FOR SCIENCE	NONE	501(C)(3)	OPERATIONAL SUPPORT	15,000

664.958

efile GRAPHIC print - DO NOT P	ROCESS As Filed D	ata -	DL	N: 93491251003071		
TY 2020 Accounting Fees Schedule						
J						
	Name: LIPSCOM EIN: 58-1368	1B FAMILY FOUNDA 915	TION			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	8,925	4,463	0	4,462		

effie GRAPHIC	orint - DO NOT PROCESS	AS Filed Data -	DLN: 934912510030/1

TY 2020 Investments Corporate Stock Schedule

Name: LIPSCOMB FAMILY FOUNDATION

EIN: 58-1368915

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
MERRILL LYNCH - D94	445,201	467,883			
MERRILL LYNCH - E02	300,000	306,578			
MERRILL LYNCH - F96	1,296,617	1,764,901			
MERRILL LYNCH - F97	4,038,840	6,517,471			
MERRILL LYNCH - 04063	1,305,804	1,725,374			
MERRILL LYNCH - 04092	99,432	112,399			
MERRILL LYNCH - 02544	993,064	1,013,554			
MERRILL LYNCH - 04210	740,342	1,157,421			
MERRILL LYNCH - 02589	2,581,615	2,722,385			
MERRILL LYNCH - 2757	680,847	707,675			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491251003071		
TY 2020 Other Decreases Schedule					
Name:	LIPSCOMB FAI	MILY FOUNDATION			
EIN:	58-1368915				
Description			Amount		

ADJUSTMENT TO COST BASIS OF INVESTMENTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491251003071	
TY 2020 Other Expenses Schedule					
Name: LIPSCOMB FAMILY FOUNDATION					
EIN: 58-1368915					
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

F114	. 30-1300913			
Other Expenses Schedule	_			
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disburseme Charita

DUES AND SUBSCRIPTIONS

INFORMATION TECHNOLOGY

TELEPHONE EXPENSE

BANK FEE

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
MANAGEMENT AND BANK FEES	97,813	97,813	0	0	
OFFICE EXPENSE	280	280	0	0	

2,265

381

524

150

2,265

381

524

150

Name: LIPSCOMB FAMILY FOUNDATION

EIN: 58-1368915

efile GRAPHIC print - DO NOT PROCESS

MISCELLANEOUS REVENUE

Other Income Schedule

Description Revenue And Net Investment Adjusted Net Income **Expenses Per Books** Income

As Filed Data -

136

DLN: 93491251003071

136

efile GRAPHIC print - DO NOT PR	ROCESS As Filed Dat	:a -	DLI	N: 93491251003071		
TY 2020 Taxes Schedule						
Name: LIPSCOMB FAMILY FOUNDATION						
	EIN: 58-136891	. 5				
Taxes Schedule						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PAYROLL TAXES	8,86	1,329	0	7,532		
FOREIGN TAXES	52	23 0	0	0		
EXCISE TAXES	4,96	66 0	0	0		