

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

Name of foundation DW MCMILLAN FOUNDATION		A Employer identification number 63-6044830	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 867		Room/suite	B Telephone number (see instructions) (251) 867-4881
City or town, state or province, country, and ZIP or foreign postal code BREWTON, AL 36427		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 31,448,501	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	150,637			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	1,007,859	1,007,859		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	736,852			
	b Gross sales price for all assets on line 6a 9,422,603				
	7 Capital gain net income (from Part IV, line 2) . . .		736,852		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	1,895,348	1,744,711		
	13 Compensation of officers, directors, trustees, etc.	149,462	97,149		52,313
	14 Other employee salaries and wages . . . . .	44,412	28,868		15,544
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	13,206	8,584		4,622
	b Accounting fees (attach schedule) . . . . .	31,600	20,540		11,060
	c Other professional fees (attach schedule) . . . . .	131,086	85,206		45,880
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	16,091	10,459		5,632
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	24,708	22,612		2,096
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	410,565	273,418		137,147
	25 Contributions, gifts, grants paid . . . . .	1,336,850			1,336,850
	26 Total expenses and disbursements. Add lines 24 and 25	1,747,415	273,418		1,473,997
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	147,933			
	b Net investment income (if negative, enter -0-)		1,471,293		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	180,890	167,670	167,670
	<b>2</b> Savings and temporary cash investments . . . . .	392,704	1,133,219	1,133,219
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	12,891,972	12,761,053	18,467,554
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	10,562,728	10,101,439	11,435,893
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	288,195	280,329	244,165	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	24,316,489	24,443,710	31,448,501	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	25,032,963	25,032,963	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	-716,474	-589,253	
<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	24,316,489	24,443,710		
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	24,316,489	24,443,710		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	24,316,489
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	147,933
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	24,464,422
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	20,712
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	24,443,710

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a SALE OF PUBLICLY TRADED SECURITIES</b>	P	2008-01-01	2020-12-31
<b>b CAPITAL GAINS DIVIDENDS</b>	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 9,417,503		8,685,751	731,752
<b>b</b> 5,100			5,100
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			731,752
<b>b</b>			5,100
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	<b>2</b>	736,852
	<b>3</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	20,451
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	20,451
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	20,451
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	17,600
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	17,600
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	72
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	2,923
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

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

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ▶ <u>DANIEL W MCMILLAN</u> Telephone no. ▶ <u>(205) 867-4881</u>			
	Located at ▶ <u>PO BOX 867 BREWTON AL</u> ZIP+4 ▶ <u>36427</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>			
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	<b>16</b>	<b>Yes</b>	<b>No</b>

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

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

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

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
ROBERT R SMITH JR PO BOX 867 BREWTON, AL 36427	TRUSTEE 18.00	23,850	0	0
MICHAEL N HOKE III 1201 WELLINGTON CIRCLE BIRMINGHAM, AL 35243	TRUSTEE 20.00	26,056	0	0
ALLISON R SINROD 4380 DEVEROUX DRIVE PENSACOLA, FL 35204	TRUSTEE 22.00	34,883	0	0
DANIEL W MCMILLAN PO BOX 867 BREWTON, AL 36427	TRUSTEE 25.00	64,673	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	28,506,200
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	949,587
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	526,228
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	29,982,015
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	29,982,015
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	449,730
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	29,532,285
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	1,476,614

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	1,476,614
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	20,451
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	20,451
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	1,456,163
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	1,456,163
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	1,456,163

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,473,997
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,473,997
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,473,997

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



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

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				1,456,163
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			1,334,840	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>1,473,997</u>				
<b>a</b> Applied to 2019, but not more than line 2a			1,334,840	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				139,157
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				1,317,006
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

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

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

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

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

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

DANIEL W MCMILLAN  
PO BOX 867  
BREWTON, AL 36427  
(251) 867-4881

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

PROOF OF NEED AND QUALIFICATION AS POOR & NEEDY RESIDENT OF ESCAMBIA COUNTY, AL OR FL

**c** Any submission deadlines:

NONE

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

GEOGRAPHICAL AREA OF ESCAMBIA COUNTY, AL OR ESCAMBIA COUNTY, FL

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			▶ <b>3a</b>	1,336,850
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	0

Enter gross amounts unless otherwise indicated.

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

Form **990-PF** (2020)

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

		Yes	No
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<b>1a(1)</b>	<b>No</b>
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<b>1a(2)</b>		<b>No</b>
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<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>		<b>No</b>
--------------	--	-----------

<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue[illegible]

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

**b** If "Yes," complete the following schedule.

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

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

**Sign  
Here**

\*\*\*\*\*

2021-09-29

\*\*\*\*\*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  JOHN C BOOHAKER	Preparer's Signature	Date  2021-09-29	Check if self-employed <input type="checkbox"/>	PTIN  P00527795
Firm's name ▶ CARR RIGGS & INGRAM LLC				Firm's EIN ▶ 72-1396621
Firm's address ▶ 3700 COLONNADE PARKWAY SUITE 300  BIRMINGHAM, AL 35243				Phone no. (205) 933-7822

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ABUNDANT LIFE OUTREACH P O BOX 798 CENTURY, FL 32535			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
ALPHA CENTER INCP O BOX 10880 PENSACOLA, FL 325240880			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
AMERICAN RED CROSS35 N SAGE AVE MOBILE, AL 36607			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
<b>Total . . . . . ► 3a</b>				1,336,850

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
APPLETON VOLUNTEER FIRE DEPARTMENT 404 NORTH BAGGETT CIRCLE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
ARC GATEWAY 3932 NORTH 10TH AVENUE PENSACOLA, FL 32503			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
AUTISM PENSACOLA INCP O BOX 30213 PENSACOLA, FL 32503			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
<b>Total . . . . . ► 3a</b>				1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BAPTIST HEALTHCARE FOUNDATION-LAKEVIEW 1717 NORTH E STREET PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
BAPTIST HOSPITALP O BOX 17500 PENSACOLA, FL 325227500			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	22,500
BETHANY CHRISTIAN SERVICES 14 LIVE OAK STREET SUITE 1A GULF BREEZE, FL 32561			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
<b>Total . . . . . ► 3a</b>				1,336,850



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIG BROTHERSBIG SISTERS OF NORTHWEST FLORIDA 1149 CREIGHTON ROAD SUITE 1 PENSACOLA, FL 32504			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
BREWTON HABITAT FOR HUMANITY 1606 DOUGLAS AVE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
BREWTON HEAD START PROGRAM 1207 BELLEVILLE AVENUE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	1,000
<b>Total . . . . . ► 3a</b>				1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BREWTON PUBLIC LIBRARY 206 WEST JACKSON ST BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
BRIGHT BRIDGE MINISTRIES 2600 WEST STRONG STREET PENSACOLA, FL 32505			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	12,000
CARLISA INC 1198 OLD CASTLEBERRY ROAD BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	7,500
<b>Total . . . . . ► 3a</b>				1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATHOLIC CHARITIES OF NORTHWEST FLORIDA 1815 NORTH SIXTH AVENUE PENSACOLA, FL 32503			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	220,000
CENTER FOR INDEPENDENT LIVING 3600 NORTH PACE BLVD PENSACOLA, FL 32505			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
CHRISTIAN COMMUNITY BENEVOLENT FUND P O BOX 1841 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	25,000
<b>Total . . . . . ► 3a</b>				1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COASTAL ALABAMA COMMUNITY COLLEGE 1900 HIGHWAY 31 SOUTH BAY MINETTE, AL 36507			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
COMMISSION-DRUG COURT P O BOX 1211 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	7,500
COMMISSION-SERVICE WORK PROGRAM POST OFFICE BOX 848 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
<b>Total . . . . . ► 3a</b>				1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMISSION-VICTIM ADVOCATES-CASE AIDS POST OFFICE BOX 848 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	42,000
COMMUNITY ENABLED INC 1014 3 DOUGLAS AVENUE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
COMPASSION FOR BREWTON OUTREACH CENTER P O BOX 1341 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
<b>Total . . . . . ► 3a</b>				1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COVENANT ALZHEIMERS SERVICES 5041 N 12TH AVENUE PENSACOLA, FL 32504			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
DW MCMILLAN MEMORIAL HOSPITAL P O BOX 908 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	50,000
DEPARTMENT OF HEALTH 1295 W FAIRFIELD DRIVE PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	40,000
<b>Total . . . . .</b>			<b>3a</b>	1,336,850

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DEPARTMENT OF HUMAN RESOURCES 326 EVERGREEN AVE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	140,000
DEPARTMENT OF HUMAN RESOURCES-CHRISTMAS PROJECT 1010 B DOUGLAS AVE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	3,000
DIXON SCHOOL OF THE ARTS 1201 N H STREET PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EVERY CHILD A READER (ECARE) P O BOX 71 PENSACOLA, FL 32591			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
FAVOR HOUSE OF NORTHWEST FLORIDA 2001 WEST BLOUNT STREET PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
FLOMATON PUBLIC LIBRARY 436 DR VAN AVE FLOMATON, AL 36441			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
<b>Total . . . . . ► 3a</b>				1,336,850



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRANKLIN DENTAL CLINIC P O BOX 2048 MOBILE, AL 36652			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
FREDERICK OZANAM CHARITABLE PHARMACY 109 SOUTH CEDAR STREET MOBILE, AL 36602			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
GIRL SCOUTS OF GATEWAY COUNCIL 1000 SHEARER AVE JACKSONVILLE, FL 32205			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GOODWILL GULF COAST 2440 GORDON SMITH DRIVE MOBILE, AL 36617			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	4,000
GREATER BREWTON AREA LIONS CLUB P O BOX 551 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
GREATER BREWTON COMMUNITY FOUNDATION P O BOX 87 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	32,500
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER ESCAMBIA COUNTY FLORIDA COMMUNITY FOUNDATION 17 W CEDAR ST SUITE 3 PENSACOLA, FL 32502			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	30,000
GULF COAST COUNCIL BOY SCOUTS OF AMERICA 9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	35,000
GULF COAST KIDS' HOUSE 3401 N 12TH AVE PENSACOLA, FL 32503			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
<b>Total . . . . . ► 3a</b>				1,336,850

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HADJI SHRINERS 800 WEST NINE MILE ROAD PENSACOLA, FL 32534			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
HEALTH DEPARTMENT 1115 AZALEA PLACE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	40,000
HEALTHCARE AUTHORITY P O BOX 908 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	50,500
<b>Total . . . . . ▶ 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JOHN L FISHER COMMUNITY CENTER P O BOX 681 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
KIWANIS CLUB - OPERATION SANTA CLAUS P O BOX 662 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	3,500
LUPUS SUPPORT NETWORK P O BOX 17841 PENSACOLA, FL 325227841			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MANNA FOOD BANK INC 3030 NORTH E STREET PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
MARVELOUS ASSEMBLY 101 9131 MOBILE HIGHWAY LOT 9 PENSACOLA, FL 32526			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	1,000
MENTAL HEALTH ASSOCIATION P O BOX 37 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	23,500
<b>Total . . . . . ► 3a</b>				1,336,850

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NAVAL AVIATION MUSEUM FOUNDATION ONE FETTERMAN WAY NAS PENSACOLA, FL 32508			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
PENSACOLA UNITED METHODIST MINISTRIES P O BOX 9255 PENSACOLA, FL 32513			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
<b>Total . . . . .</b>			<b>3a</b>	1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REGIONAL CHILD ADVOCACY CENTER P O BOX 1002 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	7,500
RONALD MCDONALD HOUSE 5200 BAYOU BLVD PENSACOLA, FL 32503			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	45,000
SACRED HEART HOSPITAL P O BOX 2700 PENSACOLA, FL 325132700			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	26,000
<b>Total . . . . . ► 3a</b>				1,336,850



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY P O BOX 18569 PENSACOLA, FL 32523			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	22,000
SAV-A-LIFE P O BOX 791 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
SOUTHWEST ALABAMA BEHAVIORAL HEALTH P O BOX 964 MONROEVILLE, AL 36461			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	7,500
<b>Total . . . . . ► 3a</b>				1,336,850

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STUDER COMMUNITY INSTITUTE 200 WEST GARDEN STREET SUITE 100 PENSACOLA, FL 32502			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
THE FIRST TEE OF NORTHWEST FLORIDA 3924 W NAVY BLVD PENSACOLA, FL 32507			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,000
THE SECRET PLACE HOME 8900 HWY 98 WEST PENSACOLA, FL 32506			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	15,000
<b>Total . . . . . ► 3a</b>				1,336,850

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE UNITED FUND OF ATMORE 206 NORTH MAIN STREET ATMORE, AL 36502			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,000
TR MILLER HIGH SCHOOL 1835 DOUGLAS AVE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
UNITED FUND OF BREWTON AND EAST BREWTON P O BOX 34 BREWTON, AL 36427			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	7,500
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED MINISTRIES OF PENSACOLA FLORIDA P O BOX 9255 PENSACOLA, FL 32513			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,000
UNITED WAY OF ESCAMBIA COUNTY FLORIDA 1301 WEST GOVERNMENT STREET PENSACOLA, FL 32502			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	15,000
VOLUNTEER FIRE ASSOCIATION 404 NORTH BAGGETT CIRCLE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	5,500
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VOLUNTEERS OF AMERICA 600 AZALEA ROAD MOBILE, AL 36609			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	6,850
W3TECH INC1229 FOUNTAIN AVE BREWTON, AL 36426			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	10,000
WATERFRONT RESCUE MISSION INC P O BOX 870 PENSACOLA, FL 32591			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	22,000
<b>Total . . . . . ► 3a</b>				1,336,850

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WEST FLORIDA CHILDREN'S HOME SOCIETY 1300 N PALAFOX STREET SUITE 103 PENSACOLA, FL 32501			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	35,000
WRSE TV FOUNDATION-HEALTH AWARENESS PROGRAM 1000 COLLEGE BOULEVARD PENSACOLA, FL 32504			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	2,500
YMCA OF NORTHWEST FLORIDA POST OFFICE BOX 13170 PENSACOLA, FL 32591			TO PROMOTE THE GENERAL WELFARE OF THE POOR OR NEEDY INHABITANTS OF ESCAMBIA COUNTY, ALABAMA AND ESCAMBIA COUNTY, FLORIDA WITHOUT REGARD TO RACE, CREED OR COLOR.	20,000
<b>Total . . . . . ► 3a</b>				1,336,850

**TY 2020 Accounting Fees Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	31,600	20,540		11,060

**TY 2020 Investments Corporate Bonds Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
BONDS	10,101,439	11,435,893



**TY 2020 Investments Corporate Stock Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
STOCKS	12,761,053	18,467,554

**TY 2020 Legal Fees Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL EXPENSE	13,206	8,584		4,622

**TY 2020 Other Assets Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
TIMBERLAND	288,195	280,329	244,165

**TY 2020 Other Decreases Schedule**

**Name:** DW MCMILLAN FOUNDATION  
**EIN:** 63-6044830

Description	Amount
FEDERAL EXCISE TAX	20,712

**TY 2020 Other Expenses Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREST MANAGEMENT	18,722	18,722		0
INSURANCE	1,776	1,154		622
OFFICE EXPENSE	114	74		40
SUBCONTRACT LABOR	4,096	2,662		1,434

**TY 2020 Other Professional Fees Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BROKERAGE FEES	84,444	54,889		29,555
BOND PREMIUM AMORTIZATION	46,642	30,317		16,325

**TY 2020 Taxes Schedule****Name:** DW MCMILLAN FOUNDATION**EIN:** 63-6044830**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROPERTY TAXES	495	322		173
PAYROLL TAXES	15,596	10,137		5,459