efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491089001011

2020

## OMB No. 1545-0052

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

**Return of 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

or	caler	ndar year 2020, or tax year	beginning 01-01-20	020	, ar	nd er	nding 12-31-	2020	
Nam	e of fou	Indation			<u> </u>			entification numbe	<del></del>
CA	ROTHE	RS CONSTRUCTION CHARITABLE					64-0892836		
	ber and O BOX	l street (or P.O. box number if mail is no 189	ot delivered to street address)	Room/si	uite		<b>B</b> Telephone nu	mber (see instructior	is)
		, state or province, country, and ZIP or 38673	foreign postal code	1			<b>C</b> If exemption	application is pending	g, check here
i Cł	neck al	I that apply:   I that apply:   Initial return	☐ Initial return of a	former p	ublic charity		<b>D 1.</b> Foreian or	ganizations, check he	re
		Final return	Amended return	•	,		_	ganizations meeting	▶ ∟
		Address chan						k here and attach cor	
	neck tv	pe of organization:		foundatio	n .			indation status was t	
_		4947(a)(1) nonexempt charitable					under sectio	n 507(b)(1)(A), chec	k nere
		ket value of all assets at end		✓ Cash		al	F If the found	ation is in a 60-month	termination -
of	year (f	rom Part II, col. (c), \$ 3,831,193	Other (specify) (Part I, column (d) must			σ,		n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total				1		(d) Disbursements
		of amounts in columns (b), (c), and (equal the amounts in column (a) (see	(d) may not necessarily		evenue and penses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., schedule)	received (attach		454,211				
	2	Check ▶ ☐ if the foundation is in Sch. B	not required to attach						
	3	Interest on savings and tempora	ry cash investments		43,619		43,619	43,619	
Revenue	4	Dividends and interest from secu	ırities		70,294		70,294	70,294	
	5a	Gross rents							
	b	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of as	ssets not on line 10	<b>%</b> 3	-3,636				
	р 7	Gross sales price for all assets or Capital gain net income (from Pa							
_	8	Net short-term capital gain .							
	9	Income modifications							
	10a	Gross sales less returns and allow	wances						
	b	Less: Cost of goods sold							
	С	Gross profit or (loss) (attach sch	edule)						
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11			564,488		113,913	113,913	
	13	Compensation of officers, director	ors, trustees, etc.						
	14	Other employee salaries and wag	ges						
S C	15	Pension plans, employee benefits	s						
2	16a	Legal fees (attach schedule) .		92	125				12
and Administrative Expenses	ь	Accounting fees (attach schedule	2)	<b>%</b> ∫	600		·		60
Li D	c	Other professional fees (attach s	chedule)						
Ž	17	Interest							
ב ב	18	Taxes (attach schedule) (see inst	tructions)	<b>%</b> J	996				99
Ξ	19	Depreciation (attach schedule) a	nd depletion						
	20	Occupancy							
₹	21	Travel, conferences, and meeting	gs						
	22	Printing and publications							
	23	Other expenses (attach schedule	2)	<b>%</b> J	4,393				4,39
Operating	24	Total operating and administr	rative expenses.						
<u> </u>		Add lines 13 through 23			6,114		0		6,11
)	25	Contributions, gifts, grants paid			336,000				336,00
	26	<b>Total expenses and disbursen</b> 25	ments. Add lines 24 and		342,114		0		342,11
	27	Subtract line 26 from line 12:			· ·				
	a	Excess of revenue over exper	nses and		222.071				
	ь	disbursements  Net investment income (if neg	native, enter -0-1		222,374		112.012		
	°	Adjusted net income (if negati	•				113,913	4400:-	
								113,913	

Beginning of year

Page 2

End of year

Form 990-PF (2020)

Assets or Fund Balances

Net 29

2

3

24 25

26

27

28

30

Part III

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . .

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

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

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

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

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

Net assets with donor restrictions . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

		Less: allowance for doubtful accounts				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)   180,000				
Ş		Less: allowance for doubtful accounts ▶	180,000	<b>%</b> J	180,000	247,547
	8	Inventories for sale or use				
sets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)	580,652	<b>چ</b> ا	510,101	536,317
	b	Investments—corporate stock (attach schedule)	856,429	<b>%</b> J	923,855	1,159,657
	С	Investments—corporate bonds (attach schedule)	1,267,511	<b>%</b> J	1,325,735	1,308,788
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
		Towards and a show (attack all all all all all all all all all al				

## Investments—other (attach schedule) 13 14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶ \_\_\_ 15 Other assets (describe 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) 3,296,201 3,518,575 3,831,193 Accounts payable and accrued expenses . . . 18 Grants payable 19 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . . 21 Other liabilities (describe -\_ Total liabilities(add lines 17 through 22) . . . . . . . . . . . . . Foundations that follow FASB ASC 958, check here

17 Liabilities 22 23

3,296,201

3,296,201

3,296,201

3,518,575

3,518,575

3,518,575

3,296,201

3,518,575

3,518,575 Form **990-PF** (2020)

222,374

1

2

3 4

5

6

	(a) List and describ 2-story brick wa		kind(s) of property s se; or common stoc						<b>(c)</b> Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	1						5 50114			
	-									
•										
	(a)		(f)				(g)		(	h)
	<b>(e)</b> Gross sales price		Depreciation				other basis			r (loss)
	(or allowable)					plus expe	ense of sale		(e) plus (f	) minus (g)
a										
<u>b</u>										
c d										
е										
	Complete only for assets	show	ing gain in column (	(h) and ow	ned hy	the foundation (	nn 12/31/69			I)
		311000	(i)		nied by		(k)		Gains (Col. (	<b>l)</b> h) gain minus
	(i) F.M.V. as of 12/31/69		Adjusted	basis		Excess	of col. (i)		col. (k), but not	less than -0-) or
	1.M.V. as of 12/31/03		as of 12/	31/69		over col.	. (j), if any		Losses (fr	om col.(h))
a										
b										
<u> </u>										
d										
е										
				(	If ani	n, also enter in Pa	ort I line 7	- , 1		
2	Capital gain net income	or (ne	et capital loss)	{		s), enter -0- in P		- }		
	, ,	•	, ,	ţ	,	,,	•	_ /	2	
3	Net short-term capital o				-					
	If gain, also enter in Pa in Part I, line 8	rt I, lir			-		-	l l	3	
	iii rait I, iiile o							. [ [		
Part	V Qualification U	Jndei	Section 4940(	e) for Re	educe	d Tax on Net	Investme	nt Inc	ome	
ECT	ION 4940(e) REPEA	LED	ON DECEMBER 2	20, 2019	- DO	NOT COMPLE	TE			
	Reserved			•						
	(a)		(b)			(c)			(d)	
	Reserved		Reserved			Reserved			Reserved	
2	Reserved							2		
3	Reserved							3		
4	Reserved							4		
5	i Reserved				<u> </u>			5		
	<b>5</b> Reserved							6		
-										
	Reserved ,									
o	neserved , i i i i							8		

Form	990-PF (20	)20)								F	age <b>6</b>
Pai	t VII-B	Statements Rega	rding	<b>Activities for Which</b>	Form 4720 May Be	Required (conti	nued)				
5a	During the	year did the foundation	рау о	r incur any amount to:						Yes	No
	(1) Carry	on propaganda, or othe	rwise a	ttempt to influence legisl	ation (section 4945(e))?		'es ✓	No.			
	(2) Influe	nce the outcome of any	specifi	ecific public election (see section 4955); or to carry							
	on, di	rectly or indirectly, any v	oter re	gistration drive?	es ✓	No					
	(3) Provid	le a grant to an individu	al for t	avel, study, or other sim	No						
	(4) Provid	le a grant to an organiza	ition ot	her than a charitable, etc	'es ⊻						
	in sec	tion 4945(d)(4)(A)? See	instru	ctions			′es ✓	No			
				eligious, charitable, scien ention of cruelty to childr	• • • • • • • • • • • • • • • • • • • •						
h				iny of the transactions fa		Y	es 🔽	No			
b				ent notice regarding disas					5b		
	=			regarding disaster assist			· .	1	-		
С	-	, <del>-</del>		does the foundation clain			· _	J			
ŭ		•		sponsibility for the grant	•		_	ı			
		·		y Regulations section 53.		· . □ /	′es ∟	No			
6a		·		ive any funds, directly or		ime on					
Va			-				_	i			
b				premiums, directly or ind		1	'es ✓	No	6b		No
		6b, file Form 8870.	ii, puy	premiums, uncerry or me	meetry, on a personal be	nent contract.			-		
7a		•	as the	foundation a party to a p	prohibited tax shelter trai	nsaction?		ı			
	-	= :		roceeds or have any net		1	′es ⊻	No	7b		
8	•			960 tax on payment(s) o					<u> </u>		
		•		ar?		_		۱			
				ers, Directors, Trust				No mplo	V005		
Pai	t VIII	and Contractors	Onic	ers, Directors, Trust	ees, roundation ma	magers, niginiy	raiu E	шрю	yccs,	,	
1	List all of	ficers, directors, trust	ees, fo	oundation managers ar	d their compensation	. See instructions					
			(	<b>b)</b> Title, and average	(c) Compensation (If			. (e)	Exper	nse acc	ount.
	(a) Na	ime and address		hours per week devoted to position	not paid, enter -0-)	employee benefit p deferred comper				llowand	
SEAN	B CAROTHER		PRES	IDENT	0	· · · · · · · · · · · · · · · · · · ·	isacion				
	X 189		10								
TAYLO	R, MS 3867	3									
	B CAROTHER	S	SECF 10	ETARY	0						
	X 189 R, MS 3867	3	10								
	B CAROTHER		TREA	SURER	0						
РО ВО	X 189		10		_						
	OR, MS 3867										
	Compens	ation of five highest-p	aid en	nployees (other than t	hose included on line :			ne, e	nter "	NONE	<u>'</u>
(a)		address of each employe ore than \$50,000	e paid	<b>(b)</b> Title, and average hours per week devoted to position	(c) Compensation	(d) Contribution employee berefans and defe	nefit erred			se acco lowanc	
NON							-				
	_										
Tota	I number of	f other employees paid o	ver \$5	0.000			<b></b>				
. J.a		. I I I I I I I I I I I I I I I I I I I	43	-,			-	Eor	-m 00	∩-DF	(2020)

Form 990-PF (2020)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, en	ter "NONE".
(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	<b>•</b>
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 nur organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mber of Expenses
1 FELLOWSHIP OF CHRISTIAN ATHLETES	108,600
2 HERES LIFE AFRICA	60,000
3 FIRST BAPTIST CHURCH	28,600
4 COMPASSION MINISTRIES	22,800
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	
Total. Add lines 1 through 3	. ▶
	Form <b>990-PF</b> (2020)

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

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

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

Amounts set aside for specific charitable projects that satisfy the:

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

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

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

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

1

2

3

4

5

b

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

1a

1b

2

За 3h

4

5

342,114

342.114

342,114

Form 990-PF (2020)

161,236

Form **990-PF** (2020)

Page 9

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
Distributable amount for 2020 from Part XI, line 7				161,236
<b>2</b> Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only				
<b>b</b> Total for prior years: 20, 20, 20				
<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 2,409,743				
f Total of lines 3a through e	3,295,033			
4 Qualifying distributions for 2020 from Part				

180,878

3,475,911

295.456

3,180,455

235.454 114,174

240.206

180.878

2,409,743

d	From 2018										240,	206	
е	From 2019									2,	409,	743	
f	Total of lines 3a	thr	oug	gh e									
4	Qualifying distrib	utic	ns	for	2020	) fro	m F	art					Г
	XII, line 4: ▶ \$	_					34	2,11	4				
а	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). . . . . . . .

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

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

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016.

**b** Excess from 2017. .

c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

indicated below:

Part XIII Undistributed Income (see instructions)

orr	n 990-PF (2020)					Page <b>10</b>
-	art XIV Private Operating Found	ations (see instruc	tions and Part VI	II-A, question 9)		
.a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20			ating		
b	Check box to indicate whether the organization	ion is a private operati	ing foundation desc	ribed in section $\square$	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(-) T-+-!
	income from Part I or the minimum	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(e) Total
	investment return from Part X for each year listed	113,913	99,634	114,282	116,534	444,363
b	85% of line 2a	96,826	84,689	97,140	99,054	377,709
	Qualifying distributions from Part XII,			·		· ·
	line 4 for each year listed	342,114	323,613	396,836	281,773	1,344,336
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	342,114	323,613	396,836	281,773	1,344,336
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
b	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3					
D	of minimum investment return shown in					
	Part X, line 6 for each year listed	75,980	100,619	105,187	112,509	394,295
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	(2				
Pa	rt XV Supplementary Information			oundation had \$	55,000 or more ii	n
	assets at any time during th		ictions.)			
а	List any managers of the foundation who have before the close of any tax year (but only if	e contributed more th				
b	List any managers of the foundation who own ownership of a partnership or other entity) of				rge portion of the	
	Information Regarding Contribution, Gr	ant, Gift, Loan, Scho	olarship, etc., Pro	grams:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gran				
а	The name, address, and telephone number of	or e-mail address of th	ne person to whom	applications should	be addressed:	
	SEAN CAROTHERS					
	PO BOX 189					
	TAYLOR, MS 38673 (662) 473-2525					
b	The form in which applications should be sul NARRATIVE EXPLAINING NEED, BENEFIT TO			ey should include:		
_	· · · · · · · · · · · · · · · · · · ·	COMMONITY, AMOUN	II NEEDED, ETC			
С	Any submission deadlines: NONE					
d	Any restrictions or limitations on awards, su factors:	ch as by geographical	areas, charitable fi	elds, kinds of institu	tions, or other	
	NONE					

Form 990-PF (2020)				Page <b>11</b>
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	
Recipient	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total		<del></del>	▶ 3a	336,000
<b>b</b> Approved for future payment				
	1			
		1		
	,	1		
Total			▶ 3h	

Form **990-PF** (2020)

Part XV	I-A Analysis of Income-Producing			T		(e)
Enter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	(d)	Related or exempt function income
<b>1</b> Progra	m service revenue:	Business code	<b>(b)</b> Amount	Exclusion code	Amount	(See instructions.)
d						
	and contracts from government agencies					
	ership dues and assessments					
	st on savings and temporary cash ments					43,619
4 Divide	nds and interest from securities					70,294
	ntal income or (loss) from real estate:					
	:-financed property debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
invent	or (loss) from sales of assets other than ory					-3,636
9 Net in	come or (loss) from special events:					5,000
	profit or (loss) from sales of inventory					
	revenue: a					
	tal. Add columns (b), (d), and (e).					110,277
	. Add line 12, columns (b), (d), and (e)			1	3	110,277
(See v	vorksheet in line 13 instructions to verify calcu  1-B Relationship of Activities to the		harant of France	ant December		
Part Av	Relationship of Activities to the	ie Accompiis	ililient of Exem	ipt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					0
3,4,8	RETURN ON INVESTMENTS AWAITING TO B	E CONTRIBUTED	TO THE NEEDY			

٠.	1111 330 11 (20.			
		Information Regarding Transfers To and Transactions and Relationships With Noncharit	abla	
l	Part XVII	Exempt Organizations	abic	
1		nization directly or indirectly engage in any of the following with any other organization described in section 501		,

1		ganization directly or in- than section 501(c)(3)								tion 501		Yes	No
• • •													
		• •									1a(1)		
		assets									1a(2)		
b	Other tran	sactions:									` 1		
	<b>(1)</b> Sales	of assets to a nonchari	itable exemp	t orga	nization.						1b(1)		
	(2) Purch	ases of assets from a n	oncharitable	exem	pt organiz	ation					1b(2)		
	(3) Renta	al of facilities, equipmen	nt, or other a	ssets.							1b(3)		
	<b>(4)</b> Reim	bursement arrangemen	ts								1b(4)		
	( <b>5</b> ) Loans	or loan guarantees.									1b(5)		
	(6) Perfor	mance of services or m	embership or	r fund	raising sol	icitations					1b(6)		
С	Sharing of	facilities, equipment, n	nailing lists, o	other	assets, or	paid employees	i				1c		
d	of the goo	ver to any of the above ds, other assets, or serv nsaction or sharing arra	vices given b	y the	reporting t	foundation. If th	ne fo	oundation receive	ed less than fair ma	arket valu			
(a)	Line No.	(b) Amount involved	(c) Name of	nonch	aritable exer	mpt organization		(d) Description o	transfers, transaction	s, and shai	ing arrai	ngemen	ts
2a		ndation directly or indire	•		•	•							
		in section 501(c) (other		n 501(	(c)(3)) or i	n section 527?			⊔`	Yes L	J No		
b	If "Yes," co	omplete the following so											
		(a) Name of organization	on		( t	) Type of organiza	ation	1	(c) Description	on of relation	nship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co										
	an	*****				2021-03-29		*****		return	ne IRS dis ne prepar		
	<b>       </b>	Signature of officer or to	rustee			Date		Title		below (see ir	nstr.)	] <sub>Yes</sub> □	] No
		Print/Type preparer's	name	Prep	arer's Sigr	nature		Date	Check if self- employed ▶ □	PTIN	P00135	623	
_	aid eparer	Robert J Scheibelh Firm's name ▶ Baile	ey Kaufman S	chaib	elhut DII C			2021-03-29					
	se Only		,							Firm's E	[N ▶		
		Firm's address ▶ 28	Firm's address ► 288 Germantown Bend Cove										
		Со	Cordova, TN 380187237								o. (901)	754-1	1616

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

recipient

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

Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
MEDICAL MINISTRIES CLIN		ACTIVE	OPERATING EXP	6,0

OXFORD, MS 38655			
GREENWOOD UTILITIES 202 WRIGHT PLACE	ACTIVE	OPERATING EXP	

П	GREENWOOD UTILITIES	ACTIVE	OPERATING EXP	2,400
П	202 WRIGHT PLACE GREENWOOD, MS 38930			
1	FIRST BARTIST CHURCH	ACTIVE	OPERATING EVE	28 600

GREENWOOD, MS 38930			
FIRST BAPTIST CHURCH 800 N MAIN STREET	ACTIVE	OPERATING EXP	28,60

GREENWOOD, MS 38930			
FIRST BAPTIST CHURCH 800 N MAIN STREET WATER VALLEY, MS 38965	ACTIVE	OPERATING EXP	28,600

FIRST BAPTIST CHURCH	ACTIVE	OPERATING EXP	28,600
800 N MAIN STREET			
WATER VALLEY, MS 38965			

Total		▶ 3a	336.000
800 N MAIN STREET WATER VALLEY, MS 38965			

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

	or substantial continuation			
a Paid during the year				
FELLOWSHIP OF CHRISTIANPO BOX 449		ACTIVE	OPERATING EXP	

or substantial contributor

Total .

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

RIDGELAND, MS 39136			
DOORS OF HOPE924 VAN BUREN DRIVE DXFORD, MS 38655	ACTIVE	OPERATING EXP	

DOORS OF HOPE924 VAN BUREN DRIVE OXFORD, MS 38655	ACTIVE	OPERATING EXP	8,400
HERES LIFE AFRICA	ACTIVE	OPERATING EXP	60,000

HERES LIFE AFRICA	ACTIVE	OPERATING EXP	60,000
601 W MAIN STREET			
DECATUR, TX 76234			1

HERES LIFE AFRICA	ACTIVE	OPERATING EXP	60,000
601 W MAIN STREET			·
DECATUR, TX 76234			

108,600

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

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

a Paid during the year			
COMPASSION MINISTRIES341 CR 485 WATER VALLEY, MS 38965	ACTIVE	FOOD PANTRY	22,800

7.1.2.1. 17.1222.1,1.10 00000			
OMMUNITY FOOD PANTRY DO E WILSON ROAD	ACTIVE	FOOD PANTRY	
DEENIMOOD WC 38030			

Total .

COMMUNITY FOOD PANTRY	ACTIVE	FOOD PANTRY	;
500 E WILSON ROAD			
GREENWOOD, MS 38930			

GREENWOOD, MS 38930			
BRANCH OF HOPE11709 HIGHWAY 7	ACTIVE	OPERATING EXP	6,000

3,600

GREENWOOD, MS 38930				
BRANCH OF HOPE11709 HIGHWAY 7		ACTIVE	OPERATING EXP	6,00
WATER VALLEY MS 38965	1			i

BRANCH OF HOPE11709 HIGHWAY 7 WATER VALLEY, MS 38965	ACTIVE	OPERATING EXP	6,000

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

recipient

1,000

336,000

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuation			
a Paid during the year				
MISSIONS TO THE WORLD 1390 NORTH STATE ST JACKSON, MS 39202		ACTIVE	MISSION SUPPORT	2,400

CAMPUS CRUSADE FOR CURT	A CTTV/E	ODEDATING EVD	
5307 OWL CREEK RD SNOWMASS VILLA, CO 81615	ACTIVE	OF LIVATING EXF	
SNOWMASS CHAPEL	ACTIVE	OPERATING EXP	
·			

5307 OWL CREEK RD SNOWMASS VILLA, CO 81615			
CAMPUS CRUSADE FOR CHRI 100 LAKE HART DRIVE	ACTIVE	OPERATING EXP	6,0

SNOWMASS VILLA, CO 81615			
CAMPUS CRUSADE FOR CHRI 100 LAKE HART DRIVE ORI ANDO FL 32832	ACTIVE	OPERATING EXP	6,00

<u> </u>			
CAMPUS CRUSADE FOR CHRI 100 LAKE HART DRIVE ORLANDO, FL 32832	ACTIVE	OPERATING EXP	6,000

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)

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

(	or substantial contributor			
a Paid during the year				
FRENCH CAMP ACADEMY ONE FINE PLACE		ACTIVE	OPERATING EXP	6,000

RENCH CAMP, MS 39745			
HE PANTRY713 MOLLY BARR RD	ACTIVE	FOOD PANTRY	

Total .

			1 200
HE PANTRY713 MOLLY BARR RD (FORD, MS 38655	ACTIVE	FOOD PANTRY	6,000
211011 0, 11 11 7 110 00, 10			

OXFORD, MS 38655	ACTIVE	17000 1711(11(1	0,000
PRECEPT MINISTRIESPO BOX 182218 CHATTANOOGA, TN 37421	ACTIVE	OPERATING EXP	1,200

, , , , , , , , , , , , , , , , , , ,			
PRECEPT MINISTRIESPO BOX 182218 CHATTANOOGA, TN 37421	ACTIVE	OPERATING EXP	1,200

PRECEPT MINISTRIESPO BOX 182218 CHATTANOOGA, TN 37421	ACTIVE	OPERATING EXP	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 status of contribution

any foundation manager

Name and address (home or business)

TAYLOR, MS 38673

Total.

,	or substantial contributor			
a Paid during the year				
OPERATION MOBILIZATION 285 LYNNWOOD TYRONE, GA 30290		ACTIVE	OPERATING EXP	12,000

recipient

■ 3a

285 LYNNWOOD TYRONE, GA 30290			,
MISCELLANEOUS ORGSPO BOX 189	ACTIVE	VARIOUS	55,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Da	nta -	D	LN: 93491089001011
TY 2020 Accounting Fe	es Sche	edule			<u> </u>
	Name:	CAROTHE	RS CONSTRUCTIO	N CHARITABLE	
	EIN:	64-08928	36		
Softv		20011365			
<u> </u>		<del> </del>			1
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BAILEY KAUFMAN & SCHEIBELHUT		600			600

DLN: 934910890010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Various Securities	2017-05	Purchase	2020-12		118,073	121,709				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491089001011
TY 2020 Investments Corpora	te Bonds Schedule	
Name:	CAROTHERS CONSTRUC	CTION CHARITABLE
EIN:	64-0892836	
Software ID:	20011365	

Name of Bond	End of Year Book	End of Year Fair
Investments Corporate Bonds Schedule		
<b>Software ID:</b> 20011365		

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIDELITY INVESTMENTS	1,325,735	1,308,788

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491089001011
TY 2020 Investments Corpora	te Stock Sche	dule	
Name:	CAROTHERS CON	STRUCTION CHARITABLE	
EIN:	64-0892836		
Software ID:	20011365		
Investments Corporation Stock Schedule			

**End of Year Book** 

Value

923,855

End of Year Fair Market Value

1,159,657

Name of Stock

FIDELITY INVESTMENTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491089001011
TY 2020 Investments Governr	nent Obligat	ions Schedule	
Name:	CAROTHERS C	CONSTRUCTION CHARITABLE	
EIN:	64-0892836		
Software ID:	20011365		
US Government Securities - End of Year Book Value:		260,400	
US Government Securities - End of Year Fair Market Value:		271,705	
State & Local Government Securities - End of Year Book Value:		249,701	
State & Local Government Securities - End of Year Fair Market Value:		264,612	

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	l: 93491089001011
TY 2020 Legal Fees Schedu	ile			_
_				
Nan	ne: CAROTHERS	CONSTRUCTION	CHARITABLE	
<b>EIN:</b> 64-0892836				
<b>Software ID:</b> 20011365				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
THE WALSH LAW FIRM PC	125			125

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491089001011
TY 2020 Other Expenses Sche	dule			
Name:	CAROTHERS CC	NSTRUCTION CH	IARITABLE	
<b>EIN:</b> 64-0892836				
<b>Software ID:</b> 20011365				
Other Expenses Schedule	,			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Publication Fees	36			36

4,357

Management Fees

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491089001011		
TY 2020 Other Notes/Loans Receivable Short Schedule					
Name:	CAROTHERS C	CONSTRUCTION CHARITABLE			
EIN:	64-0892836				
Software ID:	20011365				
Name of 501(c)(	3) Organizatio	n	Balance Due		
RANDY BAIN			180,000		

efile GRAPHIC print - DO NOT PROCES	GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491089			LN: 93491089001011	
TY 2020 Taxes Schedule					
Nam	ie: CAROTHERS	CONSTRUCTION (	CHARITABLE		
EI	<b>EIN:</b> 64-0892836				
<b>Software ID:</b> 20011365					
Taxes Schedule					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL EXCISE TAX	996			996	

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491089001011			
Schedule B	Schee	dule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2020			
Name of the organization CAROTHERS CONSTRUCTION	ON CHARITABLE		Employer i	dentification number			
Organization type (chec	k one):		64-0892836				
	,						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	☐ 527 political organization						
Form 990-PF	<b>✓</b> 501(c)(3) exempt private	foundation					
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private	01(c)(3) taxable private foundation					
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.						
Special Rules							
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that			
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary, o				
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions tota ne year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>			
990-EZ, or 990-PF), but i	that isn't covered by the General I must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	2, of its Form 990; or check th	e box on line H of its Form				
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	), 990-EZ, or 990-PF) (2020)			

for Form 990, 990-EZ, or 990-PF.

(b)

Name, address, and ZIP + 4

(a) No. **Employer identification number** 

ıl spa	I space is needed.				
	(c) Total contributions	(d) Type of contribution			
		✓ Person			
		 ☐ Payroll			
	\$ 454,211	Noncash			
		(Complete Part II for noncash contributions.)			
	(c) Total contributions	(d) Type of contribution			
		Person			
_		Payroll			
	\$	 ☐ Noncash			
		(Complete Part II for noncash contributions.)			
	(c) Total contributions	(d)			
	Total contributions	Type of contribution  Person			
		Payroll			
	\$	☐ Noncash			
		(Complete Part II for noncash			
	(c)	contributions.) (d)			
	Total contributions	Type of contribution			
		Person			
		☐ Payroll			
	\$	☐ Noncash			
		(Complete Part II for noncash contributions.)			
	(c) Total contributions	(d) Type of contribution			
		Person			
		Payroll			
	\$	Noncash			
		(Complete Part II for noncash contributions.)			
	(c) Total contributions	(d) Type of contribution			
	Total Contributions	Person			
		☐ Payroll			
	\$	☐ Noncash			
		(Complete Part II for noncash contributions.)			
	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (202			