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DLN: 93491216010141

2020

OMB No. 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

Return of Private Foundation

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

For	caler	ndar year 2020, or tax year beginning 04-01-20)20 , ar	nd er	nding 03-31-	2021	
		indation HARITABLE FOUNDATION			A Employer id	entification numbe	er
C/	O ROBE	RT M BALDING			57-1029335		
		l street (or P.O. box number if mail is not delivered to street address) /ER 458	Room/suite		B Telephone nu	mber (see instructio	ns)
					(843) 546-7993	3	
		, state or province, country, and ZIP or foreign postal code NN, SC 294420458			C If exemption	application is pendin	g, check here
G Cł	neck al	l that apply: Initial return Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere
		Final return Amended return				ganizations meeting	
		Address change Name change			test, chec	k here and attach co	mputation 🕨 🔼
H C	neck ty	pe of organization: $\mathbf{\nabla}$ Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation				
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 6,626,452 J Accounting method: □ Other (specify) (Part I, column (d) must	Cash Cacru	al		ation is in a 60-mont n 507(b)(1)(B), chec	
Рa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
r «		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ▶ ☑ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	60,655		60,655		
	4	Dividends and interest from securities	152,062		152,062		
	5a	Gross rents					
. .	b	Net rental income or (loss)					
Ę	6a	Net gain or (loss) from sale of assets not on line 10	41,144				
Revenue	b	Gross sales price for all assets on line 6a 1,070,170					
ž	7	Capital gain net income (from Part IV, line 2)			41,144		
	8	Net short-term capital gain					
	9 10a	Gross sales less returns and allowances					
	ь	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	253,861		253,861		
	13	Compensation of officers, directors, trustees, etc.	300,000		285,000		15,00
	14	Other employee salaries and wages					
6S	15	Pension plans, employee benefits					
in S	16a	Legal fees (attach schedule)					
Х	b	Accounting fees (attach schedule)	9,836		9,836		
e E	c	Other professional fees (attach schedule)	31,293		31,293		
Operating and Administrative Expenses	17	Interest					
St.	18	Taxes (attach schedule) (see instructions)	22,950		21,803		1,14
Ē	19	Depreciation (attach schedule) and depletion					
Adı	20	Occupancy					
ב ב	21	Travel, conferences, and meetings					
<u>}</u> at	22	Printing and publications					
ţi,	23	Other expenses (attach schedule)					
era	24	Total operating and administrative expenses. Add lines 13 through 23	364,079		347,932		16,14
ď	25	Contributions, gifts, grants paid	325,600		J+/,532		325,60
	26	Total expenses and disbursements. Add lines 24 and	323,300				323,00
		25	689,679		347,932		341,74
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-435,818				
	ь	Net investment income (if negative, enter -0-)			0		
	С	Adjusted net income (if negative, enter -0-)					
	D	work Deduction Act Notice are instructions					000 DE /

Beginning of year

Page 2

2,766,511

1,627,646

2,095,263

6,626,452

End of year

2,102,891

1,534,306

2,302,237

6,076,466

6,076,466

6.076.466

6,076,466

6,512,284

6,076,466

6,076,466 Form 990-PF (2020)

-435,818

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2

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6

6,512,284

6,512,284

6,512,284

6,512,284

	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
sel	8 9 10a	Prepaid expenses and deferred charges	1,968	1,968	1,968
As	10a	Investments—U.S. and state government obligations (attach schedule)			

b Investments—corporate stock (attach schedule) . . . 2,304,080 Investments—corporate bonds (attach schedule) . 1,573,957 C Investments—land, buildings, and equipment: basis ▶ 11 Less: accumulated depreciation (attach schedule) 12 Investments—mortgage loans Investments—other (attach schedule) . . 2,533,493 13 14 Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) ▶

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15

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17 18

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21

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23

24

25

28

29 30

Part III

Liabilities

Fund Balances

ŏ 26

Assets 27

Net

2

Accounts receivable

Other assets (describe .

Other liabilities (describe ▶_

Grants payable

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Net assets with donor restrictions .

Total assets (to be completed by all filers—see the

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

Foundations that follow FASB ASC 958, check here ▶

Less: allowance for doubtful accounts ▶

Page **3**

	be the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tabl	e				
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additional Data Tabl	le				
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) . (j), if any	col. (k), but not	h) gain minus less than -0-) or om col.(h))
a See Additional Data Tabl	e				
b					
c					
d					
e					
	·				
2 Capital gain net income	, , ,	If gain, also enter in P If (loss), enter -0- in F		2	41,144
•	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi	ions). If (loss), enter -0	}	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tay on Net	Investment In	come	
	ALED ON DECEMBER 20, 2019			Come	
1 Reserved	CLED ON DECEMBER 20, 2019	- DO NOT COMPLI	<u> </u>		
(a)	(b)	(c)		(d)	
Reserved	Reserved	Reserved		Reserved	
				T	
2 Reserved			2	<u> </u>	
3 Reserved			3	<u> </u>	
4 Reserved			4		
5 Reserved			5		
6 Reserved			6]	
				i i	
			<u></u>	<u> </u>	
o neserveu ,			8		

5a

No

Page **6**

Yes

t VIII-B Statements Regarding Activities for Which Form 4720 May Be	Required (continued)
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))?	☐ Yes 🗸 No
(2) Influence the outcome of any specific public election (see section 4955); or to carry	1es 140

	(2) Influence the outcome of any sp	pecific public election (see se	ction 4955); or to carry	□ Tes	LY IV			
	on, directly or indirectly, any vo	ter registration drive?		· · 🗌 Yes	✓ N	.		
	(3) Provide a grant to an individual	for travel, study, or other si	milar purposes?					
	(4) Provide a grant to an organizati	on other than a charitable, e	tc., organization described	⊔ Y es	L IN	lo		
	in section 4945(d)(4)(A)? See ir	nstructions		· · □ v	✓ N			
	(5) Provide for any purpose other th	nan religious, charitable, scie	ntific, literary, or	· · Yes	V N	10		
	educational purposes, or for the	prevention of cruelty to child	dren or animals?		✓ N	.		
b	If any answer is "Yes" to $5a(1)-(5)$,			⊔ Yes	ı ⊻ ı N	10		
	Regulations section 53.4945 or in a					5b		
	Organizations relying on a current n			_				
С	If the answer is "Yes" to question 5a				ш			
_	tax because it maintained expenditu		•					
	If "Yes," attach the statement require	· · · · · · · · · · · · · · · · · · ·		' ' ∐ Yes	⊔ N	lo		
6-		· -		Ima an				
6a	Did the foundation, during the year,	, , , ,			_			
	a personal benefit contract?			Yes	✓ N			NI -
b	Did the foundation, during the year,	pay premiums, directly or in	idirectly, on a personal be	nerit contract?	•	6b		No
_	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was		·	∟ Yes	✓ N			
b	If "Yes", did the foundation receive				•	7b		
8	Is the foundation subject to the sect							
	excess parachute payment during th	ne year?		· · 🗌 Yes	✓ N	_{lo}		
Pai	and Contractors	Officers, Directors, Trus			d Emp	oloyees,		
1	List all officers, directors, trustee							
								ount.
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans deferred compensation	and	(e) Expen other al		
ROBE	(a) Name and address	hours per week	not paid, enter	employee benefit plans deferred compensation	and			
РО ВО	RT M BALDING DX 458	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensation	and on			
PO BO	RT M BALDING IX 458 GETOWN, SC 29442	hours per week devoted to position DIRECTOR 25.00	not paid, enter -0-) 150,000	employee benefit plans deferred compensatio	and on 0			
PO BO GEOR DAWN	RT M BALDING IX 458 GETOWN, SC 29442 I V PATE	hours per week devoted to position DIRECTOR	not paid, enter -0-)	employee benefit plans deferred compensatio	and on			
PO BO GEOR DAWN PO BO	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 10X 458 GETOWN, SC 29442	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00	not paid, enter -0-) 150,000	employee benefit plans deferred compensatio	and on 0	other al	llowanc	es 0
PO BO GEOR DAWN PO BO	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00	not paid, enter -0-) 150,000	employee benefit plans deferred compensatio	and on 0	other al	llowanc	es C
PO BO GEOR DAWN PO BO GEOR	RT M BALDING IX 458 GETOWN, SC 29442 I V PATE IX 458 GETOWN, SC 29442	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 demployees (other than	150,000 150,000 those included on line in	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	ount,
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	ount,
PO BO GEOR DAWN PO BO GEOR 2	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week	not paid, enter -0-) 150,000 150,000 those included on line	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	ount,
PO BG GEOR 2 (a)	RT M BALDING IX 458 GETOWN, SC 29442 IV PATE IX 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week devoted to position	not paid, enter -0-) 150,000 150,000 those included on line included on li	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	ount,
PO BG GEOR 2 (a)	RT M BALDING 0X 458 GETOWN, SC 29442 1 V PATE 0X 458 GETOWN, SC 29442 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position DIRECTOR 25.00 DIRECTOR 25.00 id employees (other than paid (b) Title, and average hours per week devoted to position	not paid, enter -0-) 150,000 150,000 those included on line included on li	employee benefit plans deferred compensation L—see instructions). If (d) Contributions to employee benefit plans and deferred	and on 0	other al	NONE.	contraction of the contraction o

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	formation About Officers, Directors, [*] d Contractors <i>(continued)</i>	Trustees, Foundation Managers, Highly Paid	Employees,
3 Five highest-	paid independent contractors for professi	ional services (see instructions). If none, enter "NC	DNE".
(a) Name and a	address of each person paid more than \$50,00	00 (b) Type of service	(c) Compensation
NONE			
	ers receiving over \$50,000 for professional se		0
	mmary of Direct Charitable Activities	s ar. Include relevant statistical information such as the number of	
	or largest direct charitable activities during the tax year beneficiaries served, conferences convened, research		Expenses
		THE VANDY CHARITABLE FOUNDATION, INC. DID NOT	
2	PARTICIPATE IN DIRECT CHARITABLE ACTIVI	HES.	0
3			
4			
	mmary of Program-Related Investmengest program-related investments made by the foundary	· · · · · · · · · · · · · · · · · · ·	Amazint
	- , -	THE VANDY CHARITABLE FOUNDATION, INC. DID NOT	Amount
	GRAM RELATED INVESTMENTS DURING THE FI		0
2			
All other program	n-related investments. See instructions.		
<u> </u>			-
			1
Total. Add lines 1 th	rough 3		0
			Form 990-PF (2020)

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

341,747

341,747

341.747

Form 990-PF (2020)

Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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

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.

a From 2015. **b** From 2016. c From 2017. . . . d From 2018. e From 2019.

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a

6 Enter the net total of each column as

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. Subtract lines 7 and 8 from line 6a

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. . .

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

indicated below:

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

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

16,908

292,543

Page 9

Forr	n 990-PF (20	J20
P	art XIII	Į
	Distributab	۱۵ -

		,					
Pa	art XIII	Undistr	ibuted	Incor	ne (see ins	truc	tions)
1	Distributab	le amount f	or 2020 i	rom Pa	art XI, line 7		
2	Undistribut	ed income,	if any, as	of the	end of 2020	: [
а	Enter amou	unt for 2019	only.				
b	Total for pr	ior vears:	20	. 20	. 20	_ [

Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

(a)

Corpus

(b)

Years prior to 2019

(c)

2019

324,839

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

c Any submission deadlines:

factors:

		_

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Future	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total	<u> </u>	<u> </u>	▶ 3a	325,600
b Approved for future payment				
	 	 		
	,			
	,			
	,			
Total		<u> </u>	▶ 3b	0

Enter gross amounts unless otherwise indicated.		Unrelated business income Exclu		Excluded by section	Excluded by section 512, 513, or 514	
1 Program	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
-	and contracts from government agencies					
_	rship dues and assessments					
	t on savings and temporary cash					
investn				14	60,655	
	ds and interest from securities			14	152,062	
	tal income or (loss) from real estate:					
	financed property ebt-financed property					
	ital income or (loss) from personal property					
	nvestment income.					
3 Gain or	(loss) from sales of assets other than					
invento	ry			18	41,144	
	ome or (loss) from special events:					
	profit or (loss) from sales of inventory					
	evenue: a					
	al. Add columns (b), (d), and (e).		0		253,861	
3 Total.	Add line 12, columns (b), (d), and (e)				3	
Total. (See wo		lations.)		1		
S Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,86
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Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,86
3 Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,86
3 Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,86
3 Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,86
3 Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,86
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,863
3 Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu -B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplish income is report	nment of Exem	1 pt Purposes f Part XVI-A contribu	3	253,861

Form 990	-PF (2020)				Pa	ge 13
Part >	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
		directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
a Trans	fers from the reporting four	idation to a noncharitable exempt organization	on of:			
(1)	Cash			1a(1)		No
				1a(2)		No
b Other	transactions:					
(1)	Sales of assets to a nonchar	itable exempt organization		1b(1)		No
				1b(2)		No
				1b(3)		No
(4)	Reimbursement arrangemer	nts		1b(4)		No
(5)	oans or loan guarantees.			1b(5)		No
(6) F	erformance of services or m	embership or fundraising solicitations		1b(6)		No
c Shari	ng of facilities, equipment, r	mailing lists, other assets, or paid employees		1c		No
of the	goods, other assets, or ser	vices given by the reporting foundation. If th	column (b) should always show the fair market on the foundation received less than fair market values the goods, other assets, or services received.			
(a) Line N	o. (b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arra	ngemen	its

(a) Line No.	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	ription of transfers, transactions, and sharing arrangements
2a Is the fou	ndation directly or indir	ectly affiliated with	, or related to, one or mo	re tax-exem	ot organizations
	·	•			□ Yes ☑ No
b If "Yes," o	complete the following s	chedule.			
	(a) Name of organizati	on	(b) Type of organiz	ation	(c) Description of relationship

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

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.

May the IRS discuss this 2021-07-30 with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No

Paid
Prepar
Jse On
JJC OII

Sign Here PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00027082 employed ▶ □ LARRY G TUTTLE CPA 2021-07-30 er SMITH SAPP Firm's name ▶ Firm's EIN ▶57-0801130 ıly 4728 JENN DR SUITE 100 Firm's address ▶ Phone no. (843) 448-8334 MYRTLE BEACH, SC 29577

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation FIRST EAGLE FD OF AMER I Ρ 2019-12-19 2020-11-04 FIRST EAGLE FD OF AMER I Ρ 2019-12-19 2020-11-04 PEOPLES UNITED FINANCIAL INC Р 2021-03-02 2020-11-04 ALLNZGI INC GRW Ρ 2015-03-24 2020-04-07 BECTON DICK Ρ 2013-12-19 2020-06-10 Ρ **BECTON DICK** 2013-12-19 2020-09-29 Ρ CLEARBRIDGE MLP & MDSTRM 2012-08-07 2020-11-04 Р 2014-01-22 FIRST EAGLE FD OF AMER I 2020-09-28 Ρ 2014-01-22 FIRST EAGLE FD OF AMER I 2020-11-04 FIRST EAGLE FD OF AMER I Ρ 2014-12-18 2020-11-04 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,595 1,601 -6 -3 784 787 58,727 34,474 24,253 1,500 1,998 -498 72,896 72,029 867 28,101 28,015 86 2,134 11,602 -9,468 84,568 128,479 -43,911 16,390 11,208 -5,182 12,403 17,042 -4,639 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -6 -3 24,253 -498 867 86 -9,468 -43,911 -5,182 -4,639

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation FIRST EAGLE FD OF AMER I Р 2015-12-21 2020-11-04 FIRST EAGLE FD OF AMER I Ρ 2016-12-16 2020-11-04 FIRST EAGLE FD OF AMER I Р 2017-12-15 2020-11-04 FIRST EAGLE FD OF AMER I Ρ 2018-12-13 2020-11-04 FIRST EAGLE FD OF AMER I Ρ 2018-12-13 2020-11-04 Ρ GENERAL MILLS INC 2018-05-07 2020-06-09 Ρ GENERAL MILLS INC 2018-05-07 2020-06-09 Р 2018-05-07 2020-06-09 GENERAL MILLS INC Ρ 2014-04-28 GENERAL MOTORS CO 2020-11-17 Р 2013-12-23 2020-06-09 SCHLUMBERGER LTD Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 5,181 6.857 -1,676 11,998 14,681 -2,683 21,484 27,403 -5,9195,560 4,732 828 38,158 32,476 5,682 8,538 3,976 12,514 18,772 12,799 5,973 31,286 21,331 9,955 41,394 34,131 7,263 22,813 88,559 -65,746 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -1,676 -2,683 -5,919 828 5,682 3,976 5,973 9,955 7,263 -65,746

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation VERIZON COMMNS INC Ρ 2014-01-15 2020-06-09 VERIZON COMMNS INC Ρ 2017-09-07 2020-06-09 VERIZON COMMNS INC Р 2017-09-07 2020-06-09 VERIZON COMMNS INC Ρ 2004-07-08 2020-08-12 VERIZON COMMNS INC Ρ 2004-10-08 2020-08-12 Ρ VERIZON COMMNS INC 2005-02-22 2020-08-12 Ρ VERIZON COMMNS INC 2008-07-24 2020-08-12 Р 2017-09-07 2020-08-12 VERIZON COMMNS INC VIATRIS INC Ρ 2020-11-19 2011-02-16 AT&T INC. Ρ 2003-07-21 2021-03-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 57,480 48.474 9,006 22,991 18,881 4,110 34,498 28,322 6,176 14,671 8.135 6,536 14,671 9,316 5,355 10,356 23,180 12,824 6,162 3,519 2,643 58,684 47,203 11,481 5 3 2 900 694 206 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 9,006 4,110 6,176 6,536 5,355 10,356 2,643 11,481 206

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation AT&T INC. Ρ 2003-10-16 2021-03-23 AT&T INC. Ρ 2004-08-06 2021-03-23 AT&T INC. Р 2009-08-17 2021-03-23 AT&T INC. Ρ 2009-09-01 2021-03-23 AT&T INC. Ρ 2013-12-24 2021-03-23 Ρ INTEL CORP 2014-03-06 2021-03-23 Ρ INTEL CORP 2014-03-06 2021-03-23 Р 2008-10-29 2021-03-23 EXXON MOBIL CORP EXXON MOBIL CORP Ρ 2009-01-27 2021-03-23 EXXON MOBIL CORP Ρ 2010-01-14 2021-03-23 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,200 878 322 3,269 2,036 1,233 29,993 25,345 4,648 9,628 8.240 1,388 44,990 52,605 -7,615 621 1,631 1,010 30,989 11,804 19,185 2,266 -594 1,672 1,973 1,393 -580 2,508 3,210 -702 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 322 1,233 4,648 1,388 -7,615 1,010 19,185 -594 -580 -702

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation KRAFT HEINZ CO Ρ 2018-11-20 2021-03-23 KRAFT HEINZ CO Ρ 2018-11-20 2021-03-23 UNITI GROUP INC Р 2013-12-23 2021-03-23 UNITI GROUP INC Ρ 2013-12-23 2021-03-23 UNITI GROUP INC Ρ 2020-01-14 2021-03-23 Ρ VENTAS INC. 2020-01-14 2021-03-23 VENTAS INC. Ρ 2020-01-14 2021-03-23 WABTEC Р 2019-02-26 2021-03-23 Ρ AMERIPRISE PORTFOLIO CAPITAL GAIN DISTRIBUTIONS AMERIPRISE PORTFOLIO CAPITAL GAIN DISTRIBUTIONS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,975 2,557 -582 37,534 48,573 -11,039 10,929 24,363 -13,434 631 1,412 -781 11,560 25,016 -13,456 18,798 19,758 -960 53,730 56,450 -2,720602 624 -22 37,965 37,965 52,855 52,855 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -582 -11,039 -13,434 -781 -13,456 -960 -2,720-22 37,965 52,855

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

a Paid during the year				
ALL 4 PAWS708 PETIGRU ROAD PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	3,000

ı	PAWLETS ISLAND, SC 29383		CHARITT		
	AMI-KIDSPO BOX 638 GEORGETOWN, SC 29442	NONE	PUBLIC CHARITY	CHARITY	5,000
			l		1

GEORGETOWN, SC 29442		CHARITY		-,
BIRDS OF PREYPO BOX 1247	NONE	PUBLIC	CHARITY	5,000

BIRDS OF PREYPO BOX 1247 CHARLESTON, SC 29402	NONE	PUBLIC CHARITY	CHARITY	5,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAPE ROMAIN LIGHTHOUSE NONE PUBLIC CHARITY 5,000 DDECEDVATION FUND CHARTTY

PO BOX 595 MCCLELLANVILLE, SC 29458		CHARITT		
CIRCUS FLORA 3547 OLIVE STREET STE 210 ST LOUIS, MO 63103	NONE	PUBLIC CHARITY	CHARITY	2,500

CIRCUS FLORA 3547 OLIVE STREET STE 210 ST LOUIS, MO 63103	NONE	PUBLIC CHARITY	CHARITY	2,50
COASTAL EDUCATIONAL FOUNDATION - COASTAL CAROLINA UNIVERSITY	NONE	PUBLIC CHARITY	CHARITY	5,00

3547 OLIVE STREET STE 210 ST LOUIS, MO 63103	TONE	CHARITY	CHART	2,30
COASTAL EDUCATIONAL FOUNDATION - COASTAL CAROLINA UNIVERSITY PO BOX 261954	NONE	PUBLIC CHARITY	CHARITY	5,00

ST LOUIS, MO 63103				
COASTAL EDUCATIONAL FOUNDATION - COASTAL CAROLINA UNIVERSITY PO BOX 261954 CONWAY, SC 29526	NONE	PUBLIC CHARITY	CHARITY	5,000

COASTAL EDUCATIONAL FOUNDATION -	NONE	PUBLIC	CHARITY	5,0
COASTAL CAROLINA UNIVERSITY		CHARITY		
PO BOX 261954				

Total			▶ 3a	325,600
COASTAL CAROLINA UNIVERSITY PO BOX 261954 CONWAY, SC 29526		CHARITY		
COASTAL EDUCATIONAL FOUNDATION -	INONE	POBLIC	CHARITY	5,000

Recipient

Name and address (home or business)

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

recipient

a Paid during the year

CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVENUE SUITE 1100 N BETHESDA, MD 20814	NONE	PUBLIC CHARITY	CHARITY	3,000
DANNY & RON'S RESCUEPO BOX 604	NONE	PUBLIC	CHARITY	10,000

DANNY & RON'S RESCUEPO BOX 604 NONE PUBLIC CAMDEN, SC 29021 CHARIT	
	 10,000
DAUGHTERS OF THE AMERICAN REVOLUTION 1776 D STREET NW WASHINGTON, DC 20006	 2,500

Total .

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

DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120	NONE	PUBLIC CHARITY	CHARITY	31,000
FAMILY JUSTICE CENTERPO BOX 366	NONE	PUBLIC	CHARITY	2,000

FAMILY JUSTICE CENTERPO BOX 366 GEORGETOWN, SC 29442	NONE	PUBLIC CHARITY	CHARITY	2,000
FRIENDS OF COASTAL SC PO BOX 1131 ATTN GRACE GASPER MT PLEASANT, SC 29456	NONE	PUBLIC CHARITY	CHARITY	5,000

FRIENDS OF COASTAL SC PO BOX 1131 ATTN GRACE GASPER MT PLEASANT, SC 29456	NONE	PUBLIC CHARITY	CHARITY	5,000
Total			▶ 3a	325,600

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

,	or substantial contributor			
a Paid during the year				
GEORGETOWN COUNTY HISTORICAL SOCIETY	NONE	PUBLIC CHARITY	CHARITY	5,000

SOCIETY 120 BROAD STREET GEORGETOWN, SC 29440		CHARITY		,
GOOD FRIENDSPO BOX 667 PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	5,000

GOOD FRIENDSPO BOX 667 PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	5,000
GREAT CAMP SAGAMORE PO BOX 40 SAGAMORE ROAD RAQUETTE LAKE, NY 13436	NONE	PUBLIC CHARITY	CHARITY	5,000

Total			▶ 3a	325,600
GREAT CAMP SAGAMORE PO BOX 40 SAGAMORE ROAD RAQUETTE LAKE, NY 13436	NONE	PUBLIC CHARITY	CHARITY	5,000
GOOD FRIENDSPO BOX 667 PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	5,000

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)

or substantial contributor

Total .

	1			
a Paid during the year				
HARBOR HISTORICAL ASSOCIATION	NONE	PUBLIC	CHARITY	10,600

GEORGETOWN, SC 29442				
HEALTHY LEARNERS 2018 CHURCH STREET	NONE	PUBLIC CHARITY	CHARITY	
CEORCETOWN SC 20440				

HEALTHY LEARNERS 2018 CHURCH STREET GEORGETOWN, SC 29440	NONE	PUBLIC CHARITY	CHARITY	5,000
				1

GEORGETOWN, SC 29440		CHARITY		
HUGS FOR HORSES 215 EQUESTRIAN DRIVE	NONE	PUBLIC CHARITY	CHARITY	5,000

GLORGETOWN, 3C 29440				
HUGS FOR HORSES 215 EQUESTRIAN DRIVE GEORGETOWN, SC 29440	NONE	PUBLIC CHARITY	CHARITY	5,00

HUGS FOR HORSES	NONE	PUBLIC	CHARITY	5,000
215 EQUESTRIAN DRIVE		CHARITY		
GEORGETOWN, SC 29440				

325,600

▶ 3a

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Purpose of grant or contribution

Purpose of grant or contribution

recipient

Amount

JOHN'S HOPKINS UNIVERSITY 5200 EASTERN AVE MFL CENTER TOWER SUITE 354 BALTIMORE, MD 21287	NONE	PUBLIC CHARITY	CHARITY	20,000
LOWCOUNTRY PREP SCHOOL	NONE	PUBLIC	CHARITY	10,000

LOWCOUNTRY PREP SCHOOL 300 BLUE STEM DRIVE PAWLEYS ISLAND, SC 29585		PUBLIC CHARITY	CHARITY	10,000
MCCLELLANVILLE ARTS COUNCIL PO BOX 594 MCCLELLANVILLE, SC 29458	NONE	PUBLIC CHARITY	CHARITY	5,000

За

325,600

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

Name and address (nome or business)	or substantial contributor	,		
a Paid during the year				
MISS RUBY'S KIDSPO BOX 1007 GEORGETOWN, SC 29442	NONE	PUBLIC CHARITY	CHARITY	3,000

MUSC FOUNDATION 18 BEE STREET MSC 459 CHARLESTON, SC 29425	NONE	PUBLIC CHARITY	CHARITY	10,000
MUSC SHAWN JENKINS CHILDREN'S HOSPITAL 10 MCCLENNA BANKS DR		PUBLIC CHARITY	CHARITY	25,000

325,600

18 BEE STREET MSC 459 CHARLESTON, SC 29425	CHARITY		
MUSC SHAWN JENKINS CHILDREN'S HOSPITAL 10 MCCLENNA BANKS DR CHARLESTON, SC 29425	PUBLIC CHARITY	CHARITY	25,00

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

PATRIOT'S HUNTSPO BOX 53741 FAYETTEVILLE, NC 28305	NONE	PUBLIC CHARITY	CHARITY	2,500
PRINCE GEORGE EPISCOPAL CHURCH PO BOX 674 GEORGETOWN, SC 29440	NONE	PUBLIC CHARITY	CHARITY	48,000

GEORGETOWN, SC 29440				
SMITH MEDICAL CLINIC 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	10,000

325,600

SMITH MEDICAL CLINIC 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	10,000

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) or substantial contributor a Paid during the year SOUTH CAROLINA HISTORICAL NONE PUBLIC CHARITY 2,000 COCTETY CHARTTY

100 MEETING STREET CHARLESTON, SC 29401		CHARITY		
ST FRANCES HUMANE SOCIETY 125 N RIDGE STREET	NONE	PUBLIC CHARITY	CHARITY	10,00

ST FRANCES HUMANE SOCIETY 125 N RIDGE STREET GEORGETOWN, SC 29440	NONE	PUBLIC CHARITY	CHARITY	10,000
ST JUDE'S CHILDREN RESEARCH HOSPITAL	NONE	PUBLIC CHARITY	CHARITY	5,000

GEORGETOWN, SC 29440				
ST JUDE'S CHILDREN RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PUBLIC CHARITY	CHARITY	5,000

325,600

OT SOBE O CHIEBREIT RESEARCH	110112		017711211	0,00
HOSPITAL		CHARITY		
262 DANNY THOMAS PLACE				
MEMPHIS, TN 38105				
				

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

,				
TARA HALL HOME FOR BOYS PO BOX 955 GEORGETOWN, SC 29442	NONE	PUBLIC CHARITY	CHARITY	10,000

GEORGETOWN, SC 29442				
TEACH MY PEOPLE753 WAVERLY ROAD PAWLEYS ISLAND, SC 29585	NONE	PUBLIC CHARITY	CHARITY	2,500
THE ACADEMY OF NATURAL SCIENCES	NONE	PUBLIC	CHARITY	5,000

PAWLEYS ISLAND, SC 29585		CHARITY		
THE ACADEMY OF NATURAL SCIENCES 1900 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	NONE	PUBLIC CHARITY	CHARITY	5,000

Total .

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

a Paid during the year

Total .

THE THOROUGHBRED RETIRMENT FOUNDATION PO BOX 834 SARATOGA SPRINGS, NY 12866	PUBLIC CHARITY	CHARITY	5,000
a rata daring the year			

SARATUGA SPRINGS, NT 12606				
TIDELANDS COMMUNITY HOSPICE 2591 N FRASER STREET GEORGETOWN, SC 29440	NONE	PUBLIC CHARITY	CHARITY	6,000
TIDELANDS HEALTH FOUNDATION	NONE	PUBLIC	CHARITY	10,000

2591 N FRASER STREET GEORGETOWN, SC 29440		CHARITY		-,
TIDELANDS HEALTH FOUNDATION PO BOX 1269 MURRELLS INLET, SC 29576	NONE	PUBLIC CHARITY	CHARITY	10,000

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 contribution show any relationship to status of

recipient

325,600

▶ 3a

any foundation manager

Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
UNIVERSITY OF IOWA CENTER FOR ADVANCMENT ATTN KATHY STUGELL PO BOX 4550	NONE	PUBLIC CHARITY	CHARITY	5,000

IOWA CITY, IA 52244				
VANDERBILT CEMETERY ASSOCIATION 95 ROWAYTON AVE NORWALK CT 06853	NONE	PUBLIC CHARITY	CHARITY	5,0

1	VILLAGE MUSEUMBO BOY FOE	NONE	DUDUTO	CHARTTY	2.00
	VANDERBILT CEMETERY ASSOCIATION 95 ROWAYTON AVE NORWALK, CT 06853	NONE	PUBLIC CHARITY	CHARITY	5,00

95 ROWAYTON AVE NORWALK, CT 06853		CHARITY		,
VILLAGE MUSEUMPO BOX 595	NONE	PUBLIC	CHARITY	2,000

NORWALK, CT 06853				
VILLAGE MUSEUMPO BOX 595 MCCLELLANVILLE, SC 29458	NONE	PUBLIC CHARITY	CHARITY	2,000

/ILLAGE MUSEUMPO BOX 595	NONE	PUBLIC	CHARITY	2,0
MCCLELLANVILLE, SC 29458		CHARITY		

VILLAGE MUSEUMPO BOX 595	NONE	PUBLIC	CHARITY	2
MCCLELLANVILLE, SC 29458		CHARITY		

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

raciniant

any foundation manager

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WALLACE PATE FOUNDATION	NONE	PUBLIC	CHARITY	10,000

WALLACE PATE FOUNDATION PO BOX 596 GEORGETOWN, SC 29442	NONE	PUBLIC CHARITY	CHARITY	10,0

PO BOX 596 GEORGETOWN, SC 29442	NONE	CHARITY	CHARITY	10,0
Total			▶ 3a	325,600

efile GRAPHIC print - DO NOT PR	ROCESS	As Filed D	ata -			LN: 93491216010141	
TY 2020 Accounting Fe	TY 2020 Accounting Fees Schedule						
	Name:	VANDY C	HARITA	BLE FOUND	ATION		
C/O ROBERT M BALDING							
	EIN:	57-10293	335				
Category	Amo	ount		ivestment icome	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING		9,836		9,836		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491216010141
TY 2020 Investments Corpora	ite Bonds Schedule	
Name:	VANDY CHARITABLE FOUNDATION	
	C/O ROBERT M BALDING	
ETN:	57_1020335	

EIN: 37-1029333		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book	End of Year Fair
	Value	Market Value

1,534,306

1,627,646

AMERIPRISE FIXED INCOME

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491216010141
TY 2020 Investments Corpora	ate Stock Schedule	
Name:	VANDY CHARITABLE FOUNDAT:	ION

EIN: 57-1029335		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

2,102,891

2,766,511

AMERIPRISE EQUITIES

erile GRAPHIC PHIIC - DO NOT PROCESS	AS I lieu Data -	DLN: 95491210010141
TY 2020 Investments - Other	Schedule	
Name:	VANDY CHARITABLE FOL	UNDATION

DIN: 93491216010141

1,993,665

101,598

1,960,250

341,987

_	_	_	 _	_	_	

AMERIPRISE MUTUAL FUNDS

AMERIPRISE ETFS & CLOSED-END FUNDS

efile GPAPHIC print - DO NOT PPOCESS | As Filed Data -

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

AT COST

C/O ROBERT M BALDING

EIN: 57-1029335

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491216010141
TY 2020 Other Professional Fees Schedule				
Name: VANDY CHARITABLE FOUNDATION C/O ROBERT M BALDING EIN: 57-1029335				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNT MANAGEMENT FEES	30,639	30,639		0
ADMINISTRATIVE FEES	654	654		0

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	DLN: 93491216010141			
TY 2020 Taxes Schedule					
		RITABLE FOUNDAT Γ M BALDING	TION		
Taxes Schedule		 		1	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
PAYROLL TAXES	22,950	21,803		1,147	