

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2019**

Open to Public Inspection

For calendar year 2019 or tax year beginning , 2019, and ending , 20

Name of foundation  
**PHILIP L. VAN EVERY FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite  
**P.O. BOX 40200, FL9-300-01-16**

City or town, state or province, country, and ZIP or foreign postal code  
**JACKSONVILLE, FL 32203-0200**

**A Employer identification number**  
56-6039337

**B Telephone number (see instructions)**  
877-446-1410

**C** If exemption application is pending, check here . . . . .

**D** 1. Foreign organizations, check here . . . . .   
2. Foreign organizations meeting the 85% test, check here and attach computation . . . . .

**E** If private foundation status was terminated under section 507(b)(1)(A), check here . . . . .

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . .

**G** Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **43,200,290.**

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d), must be on cash basis.)

| <b>Part I Analysis of Revenue and Expenses</b> (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) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>   | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule) . . . . .                              |                                    |                           |                         |   |
|  | <b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B. . . . . |                                    |                           |                         |   |
|  | <b>3</b> Interest on savings and temporary cash investments . . . . .  |                                    |                           |                         |   |
|  | <b>4</b> Dividends and interest from securities . . . . .  | 947,016.                           | 935,674.                  |                         | STMT 1  |
|  | <b>5a</b> Gross rents . . . . .  |                                    |                           |                         |   |
|  | <b>b</b> Net rental income or (loss) . . . . .   |                                    |                           |                         |   |
|  | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .                                      | -171,619.                          |                           |                         |   |
|  | <b>b</b> Gross sales price for all assets on line 6a . . . . .   | 2,896,351.                         |                           |                         |   |
|  | <b>7</b> Capital gain net income (from Part IV, line 2) . . . . .  |                                    |                           |                         |   |
|  | <b>8</b> Net short-term capital gain . . . . .   |                                    |                           |                         |   |
|  | <b>9</b> Income modifications . . . . .  |                                    |                           |                         |   |
|  | <b>10a</b> Gross sales less returns and allowances . . . . .   |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold . . . . .  |  |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule) . . . . .  |  |                                    |                           |                         |   |
| <b>11</b> Other income (attach schedule) . . . . .   |  |                                    |                           |                         |   |
| <b>12 Total.</b> Add lines 1 through 11 . . . . .  | 775,397.   | 935,674.                           |                           |                         |   |
| <b>Operating and Administrative Expenses</b>   | <b>13</b> Compensation of officers, directors, trustees, etc. . . . .  | 204,090.                           | 122,454.                  |                         | 81,636.   |
|  | <b>14</b> Other employee salaries and wages . . . . .  |                                    | NONE                      | NONE                    |   |
|  | <b>15</b> Pension plans, employee benefits . . . . .   |                                    | NONE                      | NONE                    |   |
|  | <b>16a</b> Legal fees (attach schedule) . . . . .  |                                    |                           |                         |   |
|  | <b>b</b> Accounting fees (attach schedule) STMT 2 . . . . .  | 2,488.                             | 1,493.                    | NONE                    | 995.  |
|  | <b>c</b> Other professional fees (attach schedule) . . . . .   |                                    |                           |                         |   |
|  | <b>17</b> Interest . . . . .   |                                    |                           |                         |   |
|  | <b>18</b> Taxes (attach schedule) (see instructions) STMT 3 . . . . .  | 52,430.                            | 14,063.                   |                         |   |
|  | <b>19</b> Depreciation (attach schedule) and depletion . . . . .   |                                    |                           |                         |   |
|  | <b>20</b> Occupancy . . . . .  |                                    |                           |                         |   |
|  | <b>21</b> Travel, conferences, and meetings . . . . .  |                                    | NONE                      | NONE                    |   |
|  | <b>22</b> Printing and publications . . . . .  |                                    | NONE                      | NONE                    |   |
|  | <b>23</b> Other expenses (attach schedule) STMT 4 . . . . .  | 36,236.                            |                           |                         | 36,236.   |
|  | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .                       | 295,244.                           | 138,010.                  | NONE                    | 118,867.  |
|  | <b>25</b> Contributions, gifts, grants paid . . . . .  | 1,582,269.                         |                           |                         | 1,582,269.  |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .  | 1,877,513.   | 138,010.                           | NONE                      | 1,701,136.              |   |
| <b>27</b> Subtract line 26 from line 12:   |  |                                    |                           |                         |   |
| <b>a</b> Excess of revenue over expenses and disbursements . . . . .   | -1,102,116.  |                                    |                           |                         |   |
| <b>b</b> Net investment income (if negative, enter -0-) . . . . .  |  | 797,664.                           |                           |                         |   |
| <b>c</b> Adjusted net income (if negative, enter -0-) . . . . .  |  |                                    |                           |                         |   |

| <b>Part II Balance Sheets</b>   |  | 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 |
| <b>Assets</b>   | 1  | Cash - non-interest-bearing . . . . .   |                   |                |                       |
|   | 2  | Savings and temporary cash investments . . . . .  | 1,230,141.        | 1,169,426.     | 1,169,426.            |
|   | 3  | Accounts receivable ▶<br>Less: allowance for doubtful accounts ▶  |                   |                |                       |
|   | 4  | Pledges receivable ▶<br>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) ▶<br>Less: allowance for doubtful accounts ▶                                   | NONE              |                |                       |
|   | 8  | Inventories for sale or use . . . . .   |                   |                |                       |
|   | 9  | Prepaid expenses and deferred charges . . . . .   |                   |                |                       |
|   | 10a  | Investments - U.S. and state government obligations (attach schedule) . . . . .   |                   |                |                       |
|   | b  | Investments - corporate stock (attach schedule) . <b>STMT 5.</b> . . . . .  | 36,547,084.       | 35,518,177.    | 42,030,847.           |
|   | c  | Investments - corporate bonds (attach schedule) . <b>STMT 6.</b> . . . . .  | 18.               | 15.            | 17.                   |
|   | 11   | Investments - land, buildings, and equipment: basis ▶<br>Less: accumulated depreciation ▶ (attach schedule)                       |                   |                |                       |
|   | 12   | Investments - mortgage loans . . . . .  |                   |                |                       |
|   | 13   | Investments - other (attach schedule) . . . . .   |                   |                |                       |
|   | 14   | Land, buildings, and equipment: basis ▶<br>Less: accumulated depreciation ▶ (attach schedule)                                     |                   |                |                       |
| 15  | Other assets (describe ▶ )   |   |                   |                |                       |
| 16  | <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . . | 37,777,243.   | 36,687,618.       | 43,200,290.    |                       |
| <b>Liabilities</b>  | 17   | Accounts payable and accrued expenses . . . . .   |                   |                |                       |
|   | 18   | Grants payable . . . . .  |                   |                |                       |
|   | 19   | Deferred revenue . . . . .  |                   |                |                       |
|   | 20   | Loans from officers, directors, trustees, and other disqualified persons . . . . .  |                   |                |                       |
|   | 21   | Mortgages and other notes payable (attach schedule) . . . . .   |                   |                |                       |
|   | 22   | Other liabilities (describe ▶ )   |                   |                |                       |
| 23  | <b>Total liabilities</b> (add lines 17 through 22) . . . . .   |   | NONE              |                |                       |
| <b>Net Assets or Fund Balances</b>  | <b>Foundations that follow FASB ASC 958, check here ▶</b> <input type="checkbox"/>                             |   |                   |                |                       |
|   | 24 Net assets without donor restrictions . . . . .   |   |                   |                |                       |
|   | 25 Net assets with donor restrictions . . . . .  |   |                   |                |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here ▶</b> <input checked="" type="checkbox"/>           |   |                   |                |                       |
|   | 26 Capital stock, trust principal, or current funds . . . . .  |   | 37,777,243.       | 36,687,618.    |                       |
|   | 27 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .                                    |   |                   |                |                       |
|   | 28 Retained earnings, accumulated income, endowment, or other funds . . . . .                                  |   |                   |                |                       |
| 29 <b>Total net assets or fund balances</b> (see instructions) . . . . .              |  | 37,777,243.   | 36,687,618.       |                |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . . |  | 37,777,243.   | 36,687,618.       |                |                       |

| <b>Part III Analysis of Changes in Net Assets or Fund Balances</b> |  |               |
|--|--|---------------|
| 1  | 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) . . . . . | 1 37,777,243. |
| 2  | Enter amount from Part I, line 27a . . . . .   | 2 -1,102,116. |
| 3  | Other increases not included in line 2 (itemize) ▶ <b>TAX EFFECTIVE POSTING ADJUSTMENT</b>   | 3 14,833.     |
| 4  | Add lines 1, 2, and 3 . . . . .  | 4 36,689,960. |
| 5  | Decreases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 7</b>  | 5 2,342.      |
| 6  | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 29 . . . . .   | 6 36,687,618. |

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

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)  |   |   |  | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|--|---|---|--|--|--------------------------------------|----------------------------------|
| <b>1 a PUBLICLY TRADED SECURITIES</b>  |   |   |  |  |                                      |                                  |
| <b>b</b>   |   |   |  |  |                                      |                                  |
| <b>c</b>   |   |   |  |  |                                      |                                  |
| <b>d</b>   |   |   |  |  |                                      |                                  |
| <b>e</b>   |   |   |  |  |                                      |                                  |
| (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g))   |  |                                      |                                  |
| <b>a</b> 2,896,351.  |   | 3,067,970.                                      | -171,619.  |  |                                      |                                  |
| <b>b</b>   |   |   |  |  |                                      |                                  |
| <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.   |   |   |  |  |                                      |                                  |
| (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0- or<br>Losses (from col. (h)) |  |                                      |                                  |
| <b>a</b>   |   |   | -171,619.  |  |                                      |                                  |
| <b>b</b>   |   |   |  |  |                                      |                                  |
| <b>c</b>   |   |   |  |  |                                      |                                  |
| <b>d</b>   |   |   |  |  |                                      |                                  |
| <b>e</b>   |   |   |  |  |                                      |                                  |
| <b>2</b> Capital gain net income or (net capital loss)   | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 |   | <b>2</b>   | -171,619.  |                                      |                                  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in<br>Part I, line 8 . . . . . |   |   | <b>3</b>   |  |                                      |                                  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|--|--|---|
| 2018   | 1,518,829.                               | 40,201,160.                                  | 0.037781  |
| 2017   | 1,540,113.                               | 31,684,944.                                  | 0.048607  |
| 2016   | 2,055,025.                               | 35,324,864.                                  | 0.058175  |
| 2015   | 1,731,588.                               | 33,968,922.                                  | 0.050976  |
| 2014   | 1,658,477.                               | 36,306,957.                                  | 0.045679  |
| <b>2</b> Total of line 1, column (d) . . . . .   |  |  | <b>2</b> 0.241218   |
| <b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by<br>the number of years the foundation has been in existence if less than 5 years . . . . .                                     |  |  | <b>3</b> 0.048244   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 . . . . .  |  |  | <b>4</b> 40,287,311.  |
| <b>5</b> Multiply line 4 by line 3. . . . .  |  |  | <b>5</b> 1,943,621.   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .  |  |  | <b>6</b> 7,977.   |
| <b>7</b> Add lines 5 and 6 . . . . .   |  |  | <b>7</b> 1,951,598.   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . .<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the<br>Part VI instructions. |  |  | <b>8</b> 1,701,136.   |

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations (1), tax under section 511 (2), add lines 1 and 2 (3), subtitle A tax (4), tax based on investment income (5), credits/payments (6a-6d), total credits (7), penalty (8), tax due (9), overpayment (10), and amount of line 10 (11).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities (1a-1c), IRS reporting (2), changes in governing instruments (3), unrelated business income (4a-4b), liquidation (5), section 508(e) requirements (6), assets (7), states reported (8a), Form 990-PF distribution (8b), private operating foundation status (9), and substantial contributors (10).

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, charitable trusts, and foreign accounts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

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

|   |  |                              |  |                                     |
|---|--|------------------------------|--|-------------------------------------|
| <b>5a</b> During the year, did the foundation pay or incur any amount to: |  |                              | <b>Yes</b>                             | <b>No</b>                           |
| (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.  |                              |  | <input checked="" type="checkbox"/> |
| <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(s) 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

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

| (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 and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 8      |   | 204,090.                                  |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   | NONE             | NONE  | NONE                                  |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000 . . . . . **NONE**

**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  |                     | NONE             |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

**Total** number of others receiving over \$50,000 for professional services . . . . . **NONE**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|        | Expenses |
|--------|----------|
| 1 NONE |          |
| 2      |          |
| 3      |          |
| 4      |          |

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

|  | Amount |
|--|--------|
| 1 NONE   |        |
| 2  |        |
| All other program-related investments. See instructions.<br>3 NONE |        |

**Total.** Add lines 1 through 3 . . . . .

**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> | 39,700,609. |
| <b>b</b> | Average of monthly cash balances . . . . .  | <b>1b</b> | 1,200,214.  |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .   | <b>1c</b> | NONE        |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) . . . . .   | <b>1d</b> | 40,900,823. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . . | <b>1e</b> |             |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets . . . . .  | <b>2</b>  | NONE        |
| <b>3</b> | Subtract line 2 from line 1d. . . . .   | <b>3</b>  | 40,900,823. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | <b>4</b>  | 613,512.    |
| <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>  | 40,287,311. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .  | <b>6</b>  | 2,014,366.  |

**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>  | 2,014,366. |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5 . . . . .   | <b>2a</b> | 15,953.    |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.) . . . . .                                       | <b>2b</b> |            |
| <b>c</b>  | Add lines 2a and 2b. . . . .   | <b>2c</b> | 15,953.    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 1,998,413. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .   | <b>4</b>  | NONE       |
| <b>5</b>  | Add lines 3 and 4 . . . . .  | <b>5</b>  | 1,998,413. |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .  | <b>6</b>  | NONE       |
| <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>  | 1,998,413. |

**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> | 1,701,136. |
| <b>b</b> | Program-related investments - total from Part IX-B. . . . .  | <b>1b</b> |            |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .   | <b>2</b>  | NONE       |
| <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> | NONE       |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .  | <b>3b</b> | NONE       |
| <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>  | 1,701,136. |
| <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>  | N/A        |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .  | <b>6</b>  | 1,701,136. |

**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)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7 . . . . .   |               |                            |             | 1,998,413.  |
| <b>2</b> Undistributed income, if any, as of the end of 2019:   |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .  |               |                            | 1,539,671.  |             |
| <b>b</b> Total for prior years: 20____,20____,20____  |               | NONE                       |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |               |                            |             |             |
| <b>a</b> From 2014 . . . . .  | NONE          |                            |             |             |
| <b>b</b> From 2015 . . . . .  | NONE          |                            |             |             |
| <b>c</b> From 2016 . . . . .  | NONE          |                            |             |             |
| <b>d</b> From 2017 . . . . .  | NONE          |                            |             |             |
| <b>e</b> From 2018 . . . . .  | NONE          |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e . . . . .   | NONE          |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ <u>1,701,136.</u>  |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a . . .   |               |                            | 1,539,671.  |             |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .  |               | NONE                       |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .  | NONE          |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount . . . . .   |               |                            |             | 161,465.    |
| <b>e</b> Remaining amount distributed out of corpus . . .   | NONE          |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .  | NONE          |                            |             | NONE        |
| <b>6</b> Enter the net total of each column as indicated below:   |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  | NONE          |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .  |               | NONE                       |             |             |
| <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 . . . . . |               | NONE                       |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .   |               | NONE                       |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .  |               |                            |             |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .   |               |                            |             | 1,836,948.  |
| <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) . . . . .       | NONE          |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .  | NONE          |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .   | NONE          |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2015 . . .   | NONE          |                            |             |             |
| <b>b</b> Excess from 2016 . . .   | NONE          |                            |             |             |
| <b>c</b> Excess from 2017 . . .   | NONE          |                            |             |             |
| <b>d</b> Excess from 2018 . . .   | NONE          |                            |             |             |
| <b>e</b> Excess from 2019 . . .   | NONE          |                            |             |             |

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

NOT APPLICABLE

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling . . . . . ▶

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

|  | Tax year | Prior 3 years |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2019 | (b) 2018      | (c) 2017 | (d) 2016 |           |
| <b>2 a</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).)

NONE

**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.

NONE

**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 email address of the person to whom applications should be addressed:

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

**c** Any submission deadlines:

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

**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 STATEMENT 26                            |   |                                |                                  | 1,582,269. |
| <b>Total</b> . . . . .                      |   |                                | ▶ <b>3a</b>                      | 1,582,269. |
| <b>b</b> <i>Approved for future payment</i> |   |                                |                                  |            |
| <b>Total</b> . . . . .                      |   |                                | ▶ <b>3b</b>                      |            |



Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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. Table with 3 columns: (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: Signature of officer or trustee: [Signature], Date: 05/21/2020, Title: MANAGING DIR.
BANK OF AMERICA, N.A.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| DESCRIPTION                              | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME |
|--|--------------------------------|-----------------------|
| USGI REPORTED AS NONQUALIFIED DIVIDENDS  | 73,114.                        | 73,114.               |
| FOREIGN DIVIDENDS                        | 133,389.                       | 133,389.              |
| NONDIVIDEND DISTRIBUTIONS                | 11,342.                        |                       |
| DOMESTIC DIVIDENDS                       | 398,374.                       | 398,374.              |
| OTHER INTEREST                           | 134.                           | 134.                  |
| US GOVERNMENT INTEREST REPORTED AS QUALI | 131.                           | 131.                  |
| NONQUALIFIED FOREIGN DIVIDENDS           | 31,771.                        | 31,771.               |
| NONQUALIFIED DOMESTIC DIVIDENDS          | 249,132.                       | 249,132.              |
| SECTION 199A DIVIDENDS                   | 49,629.                        | 49,629.               |
| TOTAL                                    | 947,016.                       | 935,674.              |

FORM 990PF, PART I - ACCOUNTING FEES  
=====

| DESCRIPTION               | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME | CHARITABLE PURPOSES |
|---------------------------|--------------------------------|-----------------------|---------------------|---------------------|
| TAX PREPARATION FEE - BOA | 2,488.                         | 1,493.                |                     | 995.                |
| TOTALS                    | 2,488.                         | 1,493.                | NONE                | 995.                |

FORM 990PF, PART I - TAXES  
=====

| DESCRIPTION<br>-----           | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS<br>----- | NET<br>INVESTMENT<br>INCOME<br>----- |
|--------------------------------|--|--------------------------------------|
| EXCISE TAX ESTIMATES           | 38,367.  |                                      |
| FOREIGN TAXES ON QUALIFIED FOR | 11,748.  | 11,748.                              |
| FOREIGN TAXES ON NONQUALIFIED  | 2,315.   | 2,315.                               |
| TOTALS                         | 52,430.  | 14,063.                              |
|                                | =====  | =====                                |



FORM 990PF, PART I - OTHER EXPENSES

=====

REVENUE  
AND  
EXPENSES  
PER BOOKS  
-----

CHARITABLE  
PURPOSES  
-----

DESCRIPTION  
-----

OTHER CHARITABLE EXPENSES

36,236.

36,236.

TOTALS

-----  
36,236.  
=====

-----  
36,236.  
=====

FORM 990PF, PART II - CORPORATE STOCK  
=====

| DESCRIPTION | ENDING<br>BOOK VALUE | ENDING<br>FMV |
|-------------|----------------------|---------------|
| 464287200   | 10,127,430.          | 14,185,387.   |
| 464287226   | 3,986,095.           | 4,065,322.    |
| 464287507   | 5,304,937.           | 6,136,112.    |
| 464288588   | 1,254,435.           | 1,258,251.    |
| 922908553   | 1,083,013.           | 1,245,891.    |
| 64128K868   | 826,042.             | 831,447.      |
| 464287440   | 598,075.             | 614,036.      |
| 464287655   | 4,372,872.           | 4,769,805.    |
| 464288661   | 612,546.             | 619,193.      |
| 921943858   | 4,486,081.           | 4,752,796.    |
| 92206C870   | 1,579,052.           | 1,639,556.    |
| 19766M824   | 1,287,599.           | 1,913,051.    |
| TOTALS      |                      |               |
|             | 35,518,177.          | 42,030,847.   |

PHILIP L. VAN EVERY FOUNDATION

56-6039337

FORM 990PF, PART II - CORPORATE BONDS  
=====

| DESCRIPTION<br>-----           | ENDING<br>BOOK VALUE<br>----- | ENDING<br>FMV<br>--- |
|--------------------------------|-------------------------------|----------------------|
| 31374FWY1 FEDERAL NATL MTG ASS | 15.                           | 17.                  |
| TOTALS                         | 15.                           | 17.                  |
|                                | =====                         | =====                |

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

=====

| DESCRIPTION<br>-----   | AMOUNT<br>----- |
|------------------------|-----------------|
| COST BASIS ADJUSTMENTS | 1,473.          |
| SALES ADJUSTMENTS      | 868.            |
| ROUNDING               | 1.              |
|                        | -----           |
| TOTAL                  | 2,342.          |
|                        | =====           |

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

BANK OF AMERICA, NA

ADDRESS:

PO BOX 40200, FL9-100-10-19  
JACKSONVILLE, FL 32203-0200

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 204,090.

OFFICER NAME:

DAVE SINGER

ADDRESS:

C/O LANCE, INC PO BOX 32368  
CHARLOTTE, NC 28232

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

RON MELVIN

ADDRESS:

C/O LANCE, INC., PO BOX 32368  
CHARLOTTE, NC 28232

TITLE:

SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

THOMAS W. GLENN

ADDRESS:

C/O LANCE INC, PO BOX 32368  
CHARLOTTE, NC 28232

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

QUINCY FOIL WHITE

ADDRESS:

C/O LANCE, INC PO BOX 32368  
CHARLOTTE, NC 32368

TITLE:

CHAIRMAN

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

MARY LANCE SISK MCGINN

ADDRESS:

C/O LANCE, INC PO BOX 32368  
CHARLOTTE, NC 32368

TITLE:

VICE CHAIRMAN

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

TOTAL COMPENSATION:

204,090.

=====

=====

RECIPIENT NAME:

THE SALVATION ARMY

ADDRESS:

4015 STUART ANDREW BLVD  
CHARLOTTE, NC 28217

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:

OPERA CAROLINA ENDOWMENT  
ATTN; MR. JAMES MEENA, PRES.

ADDRESS:

1600 ELIZABETH AVENUE  
CHARLOTTE, NC 28204-2511

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

BARRIER ISLANDS FREE CLINIC

ADDRESS:

3226 MAYBANK HWY, BLDG C  
JOHNS ISLAND, SC 29455

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

=====

RECIPIENT NAME:

TARA HALL

ADDRESS:

6523 MONROE ROAD  
CHARLOTTE, NC 28212

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

CROSSROADS CORP FOR  
AFFORDABLE HOUSING/COMM DEV

ADDRESS:

3623 LATROBE DR, SUITE 208  
CHARLOTTE, NC 28211-4885

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

RECIPIENT NAME:

RWCI

ADDRESS:

3610 NOBLES AVENUE, #199  
CHARLOTTE, NC 28208

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 30,000.



=====

RECIPIENT NAME:

BRUNSWICK CHRISTIAN RECOVERY CTR

ADDRESS:

1994 A ASH-LITTLE ROAD  
ASH, NC 28420

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

RECIPIENT NAME:

PROJECT LIFE MOVEMENT

ADDRESS:

933 LOUISE AVENUE, 101Q  
CHARLOTTE, NC 28204

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

HOPEWAY FOUNDATION

ADDRESS:

6801 FAIRVIEW RD, STE D  
CHARLOTTE, NC 28210

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 100,000.

=====

RECIPIENT NAME:

KIAWAH CARES FOUNDATION

ADDRESS:

23 BEACHWALKER DRIVE  
KIAWAH ISLAND, SC 29455

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:

BELOVED NC

ADDRESS:

10321 BALMORAL CIRCLE  
CHARLOTTE, NC 28210

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

UNITED WAY OF CENT CAROLINAS, INC  
ATTN: MS GLORIA P KING, PRES.

ADDRESS:

301 SOUTH BREVARD STREET  
CHARLOTTE, NC 28202-2317

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

=====

RECIPIENT NAME:

QUEENS UNIVERSITY OF CHARLOTTE  
ATTN: SUSAN GARY

ADDRESS:

1900 SELWYN AVENUE  
CHARLOTTE, NC 20274-0001

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 100,000.

RECIPIENT NAME:

BOY SCOUTS OF AMERICA

ADDRESS:

P O BOX 250  
ALBERMARLE, NC 28002-0000

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 63,000.

RECIPIENT NAME:

YWCA

ADDRESS:

3420 PARK ROAD  
CHARLOTTE, NC 28209

RELATIONSHIP:

N /A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 15,000.

=====

RECIPIENT NAME:

BREVARD COLLEGE

ADDRESS:

ONE BREVARD COLLEGE DRIVE  
BREVARD, NC 28712

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 30,000.

RECIPIENT NAME:

CROSSNORE SCHOOL INC

ADDRESS:

P O BOX 249  
CROSSNORE, NC 28616-0249

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 62,500.

RECIPIENT NAME:

CHARLOTTE RESCUE MISSION

ADDRESS:

P O BOX 33000  
CHARLOTTE, NC 28233-3000

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

=====

RECIPIENT NAME:

BOYS AND GIRLS CLUB OF CABARRUS COUNTY

ADDRESS:

P O BOX 1405  
CONCORD, NC 28026-1405

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 75,000.

RECIPIENT NAME:

CARE RING, INC

ADDRESS:

601 EAST 5TH STREET, STE 140  
CHARLOTTE, NC 28202-3092

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

THE MINT MUSEUM OF ART  
ATTN: GARY BLANKEMEYER

ADDRESS:

2730 RANDOLPH ROAD  
CHARLOTTE, NC 28207-2012

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 2,500.

=====

RECIPIENT NAME:

JUNIOR ACHIEVEMENT OF THE  
CENTRAL CAROLINAS

ADDRESS:

201 S TRYON ST STE LI100  
CHARLOTTE, NC 28202-0057

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 15,000.

RECIPIENT NAME:

YMCA OF GREATER CHARLOTTE

ADDRESS:

500 E MOREHEAD STREET  
CHARLOTTE, NC 28202-2606

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 100,000.

RECIPIENT NAME:

SPECIAL OLYMPICS NORTH CAROLINA, INC

ADDRESS:

2200 GATEWAY CENTRE BVLD  
MORRISVILLE, NC 27560-9122

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 15,000.

=====

RECIPIENT NAME:

HOSPICE & PALLIATIVE CARE

ADDRESS:

7845 LITTLE AVENUE  
CHARLOTTE, NC 28226

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

RECIPIENT NAME:

KINDER-MOURN INC.

ADDRESS:

1320 HARDING PLACE  
CHARLOTTE, NC 28204-2922

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:

FOOD BANK OF CENT & EAST NC  
ATTN: MS CHRISTY SIMMONDS, MGR

ADDRESS:

1924 CAPITAL BLVD  
RALEIGH, NC 27604-2147

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

=====

RECIPIENT NAME:

HABITAT FOR HUMANITY  
INTERNATIONAL INC

ADDRESS:

P O BOX 220287  
CHARLOTTE, NC 28222-0287

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

RECIPIENT NAME:

LOAVES AND FISHES

ADDRESS:

648 GRIFFITH ROAD, STE B  
CHARLOTTE, NC 28217

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

CRISIS ASSISTANCE MINISTRY

ADDRESS:

500-A SPRATT ST, STE A  
CHARLOTTE, NC 28206

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.



=====

RECIPIENT NAME:

ROWAN REGIONAL MED CTR FDN

ADDRESS:

130 MOCKSVILLE AVENUE  
SALISBURY, NC 28144

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

RECIPIENT NAME:

MAKE A WISH FOUNDATION OF  
CENTRAL & WESTERN NORTH CAROLINA, INC

ADDRESS:

212 S TRYON STREET  
CHARLOTTE, NC 28281-0001

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 24,000.

RECIPIENT NAME:

HOSPITALITY HOUSE

ADDRESS:

1400 SCOTT AVENUE  
CHARLOTTE, NC 28203

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 16,000.

=====

RECIPIENT NAME:

CHARLOTTE CENTER FO R  
URBAN MINISTRY, INC

ADDRESS:

945 N COLLEGE STREET  
CHARLOTTE, NC 28206-3200

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 50,000.

RECIPIENT NAME:

TROSA 2019

ADDRESS:

1820 JAMES STREET  
DURHAM, NC 27707

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

ADA JENKINS CENTER

ADDRESS:

P O BOX 1842  
DAVIDSON, NC 28036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

=====

RECIPIENT NAME:  
DILWORTH CENTER

ADDRESS:  
2240 PARK ROAD  
CHARLOTTE, NC 28211

RELATIONSHIP:  
NONE

PURPOSE OF GRANT:  
UNRESTRICTED GENERAL SUPPORT  
FOUNDATION STATUS OF RECIPIENT:  
PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:  
ANDREAS H BECHTLER ARTS FDN  
ATTN: MS ELIZABETH SHEETS, DIR

ADDRESS:  
420 S. TRYON STREET  
CHARLOTTE, NC 28202-1937

RELATIONSHIP:  
NONE

PURPOSE OF GRANT:  
UNRESTRICTED GENERAL SUPPORT  
FOUNDATION STATUS OF RECIPIENT:  
PC

AMOUNT OF GRANT PAID ..... 15,000.

RECIPIENT NAME:  
IBF SOLUTIONS FOR THE BLIND

ADDRESS:  
7730 NORTH POINT DRIVE  
WINSTON-SALEM, NC 27106

RELATIONSHIP:  
NONE

PURPOSE OF GRANT:  
UNRESTRICTED GENERAL SUPPORT  
FOUNDATION STATUS OF RECIPIENT:  
PC

AMOUNT OF GRANT PAID ..... 25,000.

=====

RECIPIENT NAME:

CHARLOTTE SYMPHONY  
ATTN: MS MARY A DEISSLER

ADDRESS:

128 SOUTH TRYON STREET  
CHARLOTTE, NC 28202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

GOOD FELLOWS CLUB, INC

ADDRESS:

700 PARKWOOD AVE.  
CHARLOTTE, NC 28205

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

ATRIUM HEALTHCARE FDN  
ATTN: SARA PINER

ADDRESS:

208 EAST BLVD  
CHARLOTTE, NC 28203-4720

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 27,185.

=====

RECIPIENT NAME:

LOW COUNTRY FOOD BANK  
ATTN: MS PATRICIA WALKER

ADDRESS:

2864 AZALEA DRIVE  
CHARLESTON, SC 29405

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

HELPING HANDS OF GEORGETOWN

ADDRESS:

1813 HIGHMARKET STREET  
GEORGETOWN, SC 29440-2613

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

CHARLESTON AREA THERAPEUTIC RIDING

ADDRESS:

P O BOX 146  
JOHNS ISLAND, SC 29457

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 7,084.

=====

RECIPIENT NAME:

MINISTRY SEVEN

ADDRESS:

P O BOX 1512  
HENDERSONVILLE, NC 28793

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

HOSPICE HOUSE FOUNDATION

ADDRESS:

P O BOX 815  
FRANKLIN, NC 28744

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

BEE MIGHTY

ADDRESS:

338 . SHARON AMITY ROAD  
CHARLOTTE, NC 28211

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

=====

RECIPIENT NAME:

SAMARITAN HOUSE, INC

ADDRESS:

611 FORTUNE STREET  
CHARLOTTE, NC 28205-7046

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

SECU FAMILY HOUSE AT UNC HOSPITALS  
ATTN: MS MARTHA ADLRIDGE

ADDRESS:

123 OLD MASON FARM ROAD  
CHAPEL HILL, NC 27517-4431

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

TOTAL GRANTS PAID: ..... 1,582,269.

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FEDERAL FOOTNOTES

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THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.