Form **990-PF**

Return of Private Foundation

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.

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. JUL 1, 2015 For calendar year 2015 or tax year beginning , and ending JUN 30, 2016 A Employer identification number Name of foundation THE MARK ELLIOTT MOTLEY FOUNDATION, INC. 27-0013752 C/O WILLIAM E. CRAVER, III Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number PO BOX 1014 843-577-7557 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ... CHARLESTON, SC 29402 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here ... I Fair market value of all assets at end of year | J Accounting method: F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 3,048,759. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income 5,000. N/A 1 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments STATEMENT 5. 111,280. 111,280. STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 24,642. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 550,351. b assets on line 6a 24,642. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less: Cost of goods sold c Gross profit or (loss) 11 Other income 140.927. 135.927. Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Expense: 1,434. 0. 0. **b** Accounting fees STMT 3 **c** Other professional fees Administrative 17 Interest 0. 4,598. 0. **18** Taxes **STMT 4** Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 23 Other expenses STMT 5 26,844. 26,194. 0. Operating 24 Total operating and administrative 32,876. expenses. Add lines 13 through 23 26,194. 155,000. 155,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 187,876. 26,194. 155,000. Add lines 24 and 25 27 Subtract line 26 from line 12: <46,949. **a** Excess of revenue over expenses and disbursements 109,733. **b Net investment income** (if negative, enter -0-)_____ N/A C Adjusted net income (if negative, enter -0-)..

LHA For Paperwork Reduction Act Notice, see instructions.

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Pa	rt	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
ı a		Columni should be for end-or-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		10 -01	
	2	Savings and temporary cash investments	21,380.	43,704.	43,704.
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ا بو	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ړ ⊁	0a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 6	1,305,043.	435,826.	918,668.
	C	Investments - corporate bonds			
- 11					
		Investments - land, buildings, and equipment: basis			
- 11	2	Investments - mortgage loans			
	3	Investments - other STMT 7	1,218,850.	2,018,494.	2,086,387.
- 1	4	Land, buildings, and equipment: basis	. ,	. ,	
	•	Less: accumulated depreciation			
1	5	Other assets (describe >			
		Total assets (to be completed by all filers - see the			
- [instructions. Also, see page 1, item I)	2.545.273.	2,498,024.	3.048.759.
- 1	7	Accounts payable and accrued expenses			0,020,1001
- 1		Grants payable			
٠١.		Deferred revenue			
را ≝ِ		Loans from officers, directors, trustees, and other disqualified persons			
		Mortgages and other notes payable			
֪֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Other liabilities (describe ► DUE TO ROMO, INC.)	300.	0.	
	_				
2	23	Total liabilities (add lines 17 through 22)	300.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
<u>و</u> ي	24	Unrestricted			
×Ι		Temporarily restricted			
B		Permanently restricted			
힐		Foundations that do not follow SFAS 117, check here X			
		and complete lines 27 through 31.			
<u>ة</u> ي	27	Capital stock, trust principal, or current funds	0.	0.	
ءِ ا <u>ق</u>		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
/A		Retained earnings, accumulated income, endowment, or other funds	2,544,973.	2,498,024.	
<u>ء</u> ا	80	Total net assets or fund balances	2,544,973.	2,498,024.	
` `					
3	31	Total liabilities and net assets/fund balances	2,545,273.	2,498,024.	
Pa					
		net assets or fund balances at beginning of year - Part II, column (a), line 3			
		t agree with end-of-year figure reported on prior year's return)			2,544,973.
		amount from Part I, line 27a			<46,949.
		r increases not included in line 2 (itemize)		3	0.
4 A	dd I	lines 1, 2, and 3			2,498,024.
		eases not included in line 2 (itemize)	(I) II 05	5	0.
6 To	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30		2,498,024.

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Part IV Capital Gains and Lo	osses for Tax on Investm	ent Income					<u> </u>	
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				acquired urchase onation	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)	
1a WELLS FARGO 3731					VARI	OUS	12/31/15	
b WELLS FARGO 3731				Ρ .	VARI	OUS	12/31/15	
c WELLS FARGO 1783				Р ,	VARI	OUS	12/31/15	
d WELLS FARGO 1783				Р ,	VARI	OUS	12/31/15	
e								
(e) Gross sales price (f)) Cost or other basis blus expense of sale				ain or (loss s (f) minus		
a 437,196.		413,68	7.				23,509.	
ь 11,784.		11,64	6.				138.	
c 88,628.		85,59	9.				3,029.	
d 12,743.		14,77	7.				<2,034.	
e								
Complete only for assets showing gain in	column (h) and owned by the found	ation on 12/31/69				ol. (h) gain		
(i) F.M.V. as of 12/31/69		(k) Excess of col. (i) over col. (j), if any		col.	(k), but n Losses	not less tha (from col. (n -0-) or (h))	
a							23,509.	
b							138.	
С							3,029.	
d							<2,034.	
e								
2 Capital gain net income or (net capital loss	If gain, also enter in Part I, If (loss), enter -0- in Part I	line 7	} 2				24,642.	
		, 11110 7		<u>'</u>				
3 Net short-term capital gain or (loss) as def If gain, also enter in Part I, line 8, column (If (loss), enter -0- in Part I, line 8	(c).		}			N/A		
	Section 4940(e) for Redu				ome	117 23	<u>. </u>	
(For optional use by domestic private foundat								
(1 or optional accept defined to private realisate		2001 1100 1110 000 1110 110 111	0011101)					
If section 4940(d)(2) applies, leave this part b	lank.							
Was the foundation liable for the section 4942	tax on the distributable amount of a	nv vear in the base per	iod?				Yes X No	
If "Yes," the foundation does not qualify under		, ,					. —	
1 Enter the appropriate amount in each colu			ntries.					
(a)	(b)		(c)			Diotrik	(d)	
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of no	e of noncharitable-use assets			Distributión ratio (col. (b) divided by col. (c))		
2014	162,72	6.	3,292,424.			.049424		
2013	150,76	5.	3,2	30,925			.046663	
2012	137,00	0.	2,9	81,616			.045948	
2011	143,00			68,507			.049852	
2010	120,00		2,8	78,820			.041684	
		•						
2 Total of line 1, column (d)					2		.233571	
3 Average distribution ratio for the 5-year ba	se period - divide the total on line 2 b	by 5, or by the number	of years					
the foundation has been in existence if less	s than 5 years				3		.046714	
4 Enter the net value of noncharitable-use as	sets for 2015 from Part X, line 5				4		3,079,451.	
5 Multiply line 4 by line 3					5		143,853.	
6 Enter 1% of net investment income (1% of	f Part I, line 27b)				6		1,097.	
(111)	. ,						<u> </u>	
7 Add lines 5 and 6					7		144,950.	
8 Enter qualifying distributions from Part XII					8		155,000.	
If line 8 is equal to or greater than line 7, c See the Part VI instructions.	heck the box in Part VI, line 1b, and o	complete that part usin	g a 1% ta	ıx rate.				

C/O WILLIAM E. CRAVER III

	THE STATE OF THE PROPERTY OF T	2/2	, , , ,	7 5 2		1 aye 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see II	nstru	ctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%	1			1,0	97.
	of Part I, line 27b					
(C All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1,0	97.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,0	97.
6	Credits/Payments:					
	a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,280.					
	b Exempt foreign organizations - tax withheld at source 6b					
	c Tax paid with application for extension of time to file (Form 8868) 6c					
	d Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7			2,2	80.
8		8				3.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	· · · · · · · · · · · · · · · · · · ·	10			1,1	80.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 1,120 • Refunded ▶	11				60.
Pa	art VII-A Statements Regarding Activities					
1:	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in			Yes	No
	any political campaign?			1a		Х
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or	Ī			
	distributed by the foundation in connection with the activities.					
(c Did the foundation file Form 1120-POL for this year?			1c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •					
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5				5		Х
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	,		7	Х	
-	, , , , , , , , , , , , , , , , , , ,					
8	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	SC		—			
1	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9						
•	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes." complete Part XIV			9		Х

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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

C/O WILLIAM E. CRAVER, III

Page 5 Part VII-A | Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 Х 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? Х If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.MOTLEYFOUNDATION.ORG Telephone no. ▶843-577-7557 14 The books are in care of ► JENNIFER ALPHONSE Located at ▶171 CHURCH STREET, SUITE 120A, CHARLESTON, SC ZIP+4 ▶29401 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ______ **15** | N/A 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, Yes Nο 16 Х securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No **1a** During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2015? 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes X No If "Yes," list the years b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VII-B	Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)			
5a During the	ear did the foundation pay or incur any amount to:						
(1) Carry o	n propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Ye	es X No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any vo	er registration drive?		Y	es X No			
(3) Provide	e a grant to an individual for travel, study, or other similar purpose:	s?	Y	es X No			
	e a grant to an organization other than a charitable, etc., organization						
	l)(4)(A)? (see instructions)		Ye	es X No			
	e for any purpose other than religious, charitable, scientific, literary						
` '	vention of cruelty to children or animals?			es X No			
	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur			_			
	1945 or in a current notice regarding disaster assistance (see instr			N/A	5b		
Organizatio	ns relying on a current notice regarding disaster assistance check	here					
	er is "Yes" to question 5a(4), does the foundation claim exemption						
	responsibility for the grant?			es No			
	tach the statement required by Regulations section 53.494						
	ndation, during the year, receive any funds, directly or indirectly, to	• •					
	penefit contract?		☐ Y6	es X No			
b Did the four	ndation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit contract?			6b	х	
	6b, file Form 8870.						
	during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		es X No			
b If "Yes " did	the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b		
Part VIII	Information About Officers, Directors, Trus						
	Paid Employees, and Contractors			•			
1 List all office	ers, directors, trustees, foundation managers and their	compensation.					
		(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	xpense int, other	
	(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	int, other wances	
JENNIFER	R M. LEE	CHAIRMAN		compensation			
PO BOX 1		1					
CHARLEST		0.10	0.	٥.		0.	
	E. CRAVER, III	PRESIDENT/TRE					
PO BOX 1		1					
CHARLEST		0.25	0.	0.		0.	
	RALPHONSE	VICE PRESIDEN					
PO BOX 1		1	•				
	ON, SC 29402	2.00	0.	0.		0.	
	•						
		-					
		-					
2 Compensat	tion of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."				
(a) Nam	ne 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	(e) E	xpense int, other wances	
		devoted to position	(6)	compensation	allo	wances	
NC	ONE						
		_					
		_					
					<u>L_</u>		
Total number of	other employees paid over \$50,000					0	

Part VIII Information About Officers, Directors, Trustees Paid Employees, and Contractors (continued)	s, Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If	f none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u></u> ▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include number of organizations and other beneficiaries served, conferences convened, research	relevant statistical information such as the	Expenses
	in papers produced, etc.	
1N/A		
2		
3		
<u> </u>		
4		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the	he tax year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		^
Total. Add lines 1 through 3	<u>▶</u>	0 • Form 990-PF (2015)
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C/O WILLIAM E. CRAVER, III

F	Minimum Investment Return (All domestic foundations m	nust complete th	nis part. Foreign foui	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purposes:			
а	Average monthly fair market value of securities			1a	3,074,537. 51,809.
	Average of monthly cash balances			1b	51,809.
	Fair market value of all other assets			1c	
	Total (add lines 1a, b, and c)			1d	3,126,346.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
	Acquisition indebtedness applicable to line 1 assets			2	0.
	Subtract line 2 from line 1d			3	3,126,346.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	46,895.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on	Part V, line 4		5	3,079,451.
6	Minimum investment return. Enter 5% of line 5			6	153,973.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part.)		erating foundations ar	ıd certain	
1	Minimum investment return from Part X, line 6			1	153,973.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	1,097.		
	Income tax for 2015. (This does not include the tax from Part VI.)	2b			
	Add lines 2a and 2b			2c	1,097.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	152,876.
	Recoveries of amounts treated as qualifying distributions			4	0.
	Add lines 3 and 4			5	152,876.
6	Deduction from distributable amount (see instructions)			6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part			7	152,876.
	Tt XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	20000			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	155,000.
	Program-related investments - total from Part IX-B			1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitab			2	
	Amounts paid to acquire assets used (of field for use) directly in carrying out charlest Amounts set aside for specific charitable projects that satisfy the:	ie, eic., purposes		-	
				3a	
a h	Suitability test (prior IRS approval required)			3b	
	Cash distribution test (attach the required schedule)			4	155,000.
	Qualifying distributions . Add lines 1a through 3b. Enter here and on Part V, line 8, an Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest			+	155,000
					1,097.
	ncome. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4			5 6	153,903.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years w				
	4940(e) reduction of tax in those years.	nion calculating w	ieniei nie ivunualivii (qualilies ivi	นาธ จธงนิปท

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				152,876.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			153,428.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
b From 2011 c From 2012 d From 2013				
e From 2014	^			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part XII, line 4: ►\$ 155,000.			153,428.	
a Applied to 2014, but not more than line 2a			133,420.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus		0.		
(Floation required and instructions)	0.			
14 " 11 0045 " 1 " 1 1 1 1 1	•			1,572.
e Remaining amount distributed out of corpus	0.			1,572.
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	•			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				151,304.
7 Amounts treated as distributions out of				232,3321
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

Part XIV Private Operating F	Oundations (see in		A guartian O		13/32 Faye II
·			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for				40.40(')(0)	10(2)(5)
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(a) 2015	(b) 20 14	(6) 20 13	(u) 2012	(e) Iolai
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t			ii tiic iodiidatioii	παα φο,σσο σι πικ	ore in assets
Information Regarding Foundation		,			
a List any managers of the foundation who		than 2% of the total contr	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed m			•		,
NONE					
b List any managers of the foundation wh			or an equally large portio	on of the ownership of a pa	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi					
Check here X if the foundation o					
the foundation makes gifts, grants, etc.	,				u.
a The name, address, and telephone num	ber or e-mail address of t	ne person to wnom appli	cauons snould be addres	ssed:	
SEE STATEMENT 8					
b The form in which applications should b	e submitted and informate	tion and materials thev sh	ould include:		
TELEVISION STORES					
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or o	other factors:	

27-0013752 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CHARLESTON HORTICULTURAL SOCIETY NONE 501(C)(3) PROMOTE HORTICULTURAL 46 WINDERMERE BLVD ORGANIZATION EDUCATION CHARLESTON, SC 29407 5,000. CHARLESTON SYMPHONY ORCHESTRA NONE 501(C)(3) PROMOTE EDUCATION 756 ST ANDREWS BLVD ORGANIZATION CHARLESTON, SC 29407 5,000. NONE 501(C)(3) PROMOTES SPORTS CHARLESTON URBAN SQUASH, INC PO BOX 22731 ORGANIZATION CHARLESTON, SC 29413 3,000. CHILDREN'S MUSUEM OF THE LOWCOUNTRY NONE 501(C)(3) KIDS PROGRAMS 25 ANN ST ORGANIZATION 5,000. CHARLESTON, SC 29403 PROVIDES A SAFE HAVEN COURAGEOUS KIDZ NONE 501(C)(3) ORGANIZATION FOR KIDS WITH CANCER 230 OLD DOMINION DR CHARLESTON, SC 29418 2,500. SEE CONTINUATION SHEET(S) 155,000. ➤ 3a Total **b** Approved for future payment NONE Total 3b

523611 11-24-15

C/O WILLIAM E. CRAVER, III

Part XVI-A	Analysis of Income-Producing Activities
------------	---

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	5545				
h			+		
			+		
d					
u					
			+		
g Fees and contracts from government agencies					
Membership dues and assessments					
3 Interest on savings and temporary cash			+		
			14	5.	
investments A Dividende and interest from acquirities			$\frac{14}{14}$	111,280.	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:			14	111,200.	
a Debt-financed property			-		
b Not debt-financed property			-		
6 Net rental income or (loss) from personal					
property			-		
7 Other investment income					
8 Gain or (loss) from sales of assets other			1 4 0	04 640	
than inventory			18	24,642.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		135,927.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	135,927.
(See worksheet in line 13 instructions to verify calculations.)					·

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Page 13

Form 990-PF (2015) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Organ	124110113								
1	1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No	
	the Code	(other than section 501(c))(3) organizations) o	r in section 52	27, relating to political org	ganizat	tions?				
а	Transfers	rs from the reporting foundation to a noncharitable exempt organization of:									
									1a(1)		X
	(2) Othe	r assets							1a(2)		X
b		nsactions:									
		s of assets to a noncharital									Х
		hases of assets from a no									Х
	(3) Rent	al of facilities, equipment,	or other assets						1b(3)		X
	(4) Rein	nbursement arrangements							1b(4)		X
	(5) Loar	ns or loan guarantees							1b(5)	_	X
		ormance of services or me									X
		of facilities, equipment, ma									X
d		wer to any of the above is		-	, ,	-				sets,	
		es given by the reporting fo				alue ir	n any transactio	n or sharing arrange	ment, show in		
<u>(a)</u> .		d) the value of the goods,					(4)				
(a)L	ine no.	(b) Amount involved	(C) Name of		e exempt organization		(u) Description	n of transfers, transaction	ons, and sharing a	rangeme	nts
				N/A							
						-					
2a	Is the for	ındation directly or indirect	L tly affiliated with, or r	elated to, one	or more tax-exempt orga	<u> </u>	ons described				
		n 501(c) of the Code (other	-						Yes	X	No
b		complete the following sch		(//	***************************************						
		(a) Name of org			(b) Type of organization	n		(c) Description of re	elationship		
		N/A									
	l and b	r penalties of perjury, I declare belief, it is true, correct, and con							May the IRS	discuss t	his
Sig	gn 🔪		nproto: Decida atterner of pro	oparor (ouror una	I	1			return with the shown below	(see ins	er tr.)?
He						_ J	PRESI	DENT	_ X Yes	; L	J No
	Sig	nature of officer or trustee			Date		Title	01 1 [] 1			
		Print/Type preparer's na	ame	Preparer's s	ignature	Da	ate	Check if	PTIN		
Р.	اما							self- employed	500000		
Pa		R. SCOTT H		DED ~=	20 770			1	P00890		
	eparer	Firm's name ► HOO	N & SELAN	DEK CP	AS, LLC			Firm's EIN ► 2	0-14/34	46	
US	e Only		6 T 01/201131	יזים עות	T) CIITME 10						
					D, SUITE 10	U		Disarra 0.4	2 004 1	000	
		l MO	UNT PLEAS	ANT, S	L 29404			Phone no. 84	3-884-1		(0045)
									⊢∩rm uu		11115

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor DEE NORTON LOWCOUNTRY CENTER NONE 501(C)(3) PREVENT CHILD ABUSE 1061 KING STREET ORGANTZATTON CHARLESTON, SC 29403 20,000. HOSPICE & PALLIATIVE CARE FOUNDATION NONE 501(C)(3) PROVIDES COMFORT IN 4975 LACROSS ROAD ORGANIZATION FINAL STAGES OF LIFE N CHARLESTON, SC 29405 5,000. LOWCOUNTRY FOOD BANK 501(C)(3) PROVIDE FOOD TO NONE 2864 AZALEA DR ORGANIZATION FAMILIES CHARLESTON, SC 29405 10,000. LOWCOUNTRY ORPHAN RELIEF IMPROVE CHILDREN'S NONE 501(C)(3) PO BOX 1074 ORGANTZATTON DUALTTY LIFE CHARLESTON, SC 29402 7,500. SUMMERHOUSE INC NONE 501(C)(3) IMPROVE DISABLED ADULT 206 5TH ST ORGANIZATION AND CHILDREN'S QUALITY WOODLAND, CA 95695 OF LIFE 5,000. TEACHER'S SUPPLY CLOSET NONE 501(C)(3) PROVIDE SCHOOL ORGANIZATION 1401 SAM RITTENBERG BLVD #11 SUPPLIES IN LOW INCOME schools CHARLESTON, SC 29407 5,000. THE AMERICAN LUNG ASSOCIATION NONE 501(C)(3) PROVIDES HEALTH 55 W WACKER DRIVE ORGANIZATION EDUCATION CHICAGO, IL 60601 2,500. WINGS FOR KIDS NONE 501(C)(3) KIDS SCHOOL PROGRAMS PO BOX 369 ORGANIZATION 5,000. SULLIVAN'S ISLAND, SC 29482 YESCAROLINA NONE 501(C)(3) CAMP FOR KIDS AND ORGANIZATION TEACHERS ONE CARRIAGE LANE BLDG G CHARLESTON, SC 29407 20,000. PROMOTE EDUCATION YOART!, INC. NONE 501(C)(3) PO BOX 12397 ORGANIZATION CHARLESTON, SC 29422 4,500. 134,500. Total from continuation sheets

27-0013752

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor CHARLESTON STAGE COMPANY, INC NONE 501(C)(3) PROMOTE EDUCATION PO BOX 356 ORGANTZATTON CHARLESTON, SC 29402 5,000. 501(C)(3) CAROLINA HOSPICE OF BEAUFORT NONE FAMILIES THAT ARE 1605 NORTH ST ORGANIZATION DEALING WITH A DEATH BEAUFORT, SC 29902 1,000. SC GOVERNORS SCHOOL FOR SCIENCE & NONE 501(C)(3) PROMOTES EDUCATION ORGANIZATION MATH 401 RAILROAD AVE HARTSVILLE, SC 29550 2,500. HISTORIC CHARLESTON FOUNDATOIN NONE 501(C)(3) PROMOTES EDUCATION 40 E BAY ST ORGANTZATTON CHARLESTON, SC 29401 2,500. FLORENCE CRITTENTON HOME NONE 501(C)(3) CHILD WELFARE PROGRAMS 19 ST MARGARET ST ORGANIZATION CHARLESTON, SC 29403 2,500. CHARLESTON ANIMAL SOCIETY NONE 501(C)(3) ANTMAL SHELTER ORGANIZATION 2455 REMOUNT ROAD N CHARLESTON, SC 29406 1,000. DORCHESTER CHILDREN'S CENTER NONE 501(C)(3) CHILDREN'S CENTER 303 E RICHARDSON AVE ORGANIZATION SUMMERVILLE, SC 29483 3,000. CHARLESTON AREA THERAPEUTIC NONE 501(C)(3) THERAPY CENTER 2669 HAMILTON ROAD ORGANIZATION 5,000. JOHNS ISLAND, SC 29455 ASSOCIATION FOR THE BLIND AND NONE 501(C)(3) CENTER FOR BLIND VISUALLY IMPAIRED ORGANIZATION 1 CARRIAGE LANE CHARLESTON, SC 29407 2,500. CHARLESTON ORPHAN HOUSE INC NONE 501(C)(3) ORPHAN HOUSE 5055 LACKAWANNA BLVD ORGANIZATION N CHARLESTON, SC 29405 2,500. Total from continuation sheets

3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	Amount
ROTARY CLUB OF MT PLEASANT	NONE	501(C)(3)	ROTARY CLUB	
008 CAVALRY CIRCLE MT PLEASANT, SC 29464		ORGANIZATION		2,50
PRIDENT TECHNICAL COLLEGE FOUNDATION PO BOX 61227	NONE	501(C)(3) ORGANIZATION	KIDS SCHOOL PROGRAMS	
CHARLESTON, SC 29419				20,00

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Organization type (check one):

THE MARK ELLIOTT MOTLEY FOUNDATION, INC. C/O WILLIAM E. CRAVER, III

Employer identification number

27-0013752

Filers of:		Section:
Form 990	or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

Name of organization
THE MARK ELLIOTT MOTLEY FOUNDATION, INC.
C/O WILLIAM E. CRAVER, III

Employer identification number

27-0013752

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MOTLEY RICE LLC PO BOX 1792 MOUNT PLEASANT, SC 29465	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE MARK ELLIOTT MOTLEY FOUNDATION, INC.
C/O WILLIAM E. CRAVER, III

Employer identification number

27-0013752

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number THE MARK ELLIOTT MOTLEY FOUNDATION, INC. C/O WILLIAM E. CRAVER, 27-0013752 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2015

Name THE MARK ELLIOTT MOTLEY FOUNDATION, INC. Employer identification number C/O WILLIAM E. CRAVER, III 27-0013752

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment	X TOTAL	i, but do not attach i	0111 2220.		
1 Total tax (see instructions)				1	1,097.
2 a Personal holding company tax (Schedule PH (Form 1120),	line 26)	included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(
contracts or section 167(g) for depreciation under the incol	. ,		2b		
c Credit for federal tax paid on fuels (see instructions)			2c		
d Total. Add lines 2a through 2c				2d	
3 Subtract line 2d from line 1. If the result is less than \$500,					
does not owe the penalty				3	1,097.
4 Enter the tax shown on the corporation's 2014 income tax is	eturn (s	ee instructions). Cautior	n; If the tax is zero		
or the tax year was for less than 12 months, skip this line	and en	ter the amount from line	3 on line 5	4	2,274.
5 Required annual payment. Enter the smaller of line 3 or li	ne 4. If t	he corporation is require	d to skip line 4,		
enter the amount from line 3				5	1,097.
Part II Reasons for Filing - Check the boxes by		t apply. If any boxes are	checked, the corporation	must file Form 2220	
even if it does not owe a penalty (see instructions	•				
The corporation is using the adjusted seasonal inst					
7 The corporation is using the annualized income ins					
The corporation is a "large corporation" figuring its	irst req	uired installment based o	n the prior year's tax.		
Part III Figuring the Underpayment		(-)	<i>(</i> L)	(-)	(4)
O Installment due dates Enter in columns (a) through	\vdash	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:					
Use 5th month), 6th, 9th, and 12th months of the	9	11/15/15	12/15/15	03/15/16	06/15/16
corporation's tax year 10 Required installments. If the box on line 6 and/or line 7	9	11/13/13	12/13/13	03/13/10	00/13/10
above is checked, enter the amounts from Sch A, line 38. If					
the box on line 8 (but not 6 or 7) is checked, see instruction	1 1				
for the amounts to enter. If none of these boxes are checke					
enter 25% of line 5 above in each column.	'I I	274.	275.	274.	274.
11 Estimated tax paid or credited for each period (see	· · · ·		2751		
instructions). For column (a) only, enter the amount					
from line 11 on line 15	111			1,140.	
Complete lines 12 through 18 of one column				, -	
before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				317.
13 Add lines 11 and 12	13			1,140.	317.
14 Add amounts on lines 16 and 17 of the preceding column	14		274.	549.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	591.	317.
16 If the amount on line 15 is zero, subtract line 13 from line					
14. Otherwise, enter -0-	16		274.	0.	
17 Underpayment. If line 15 is less than or equal to line 10,					
subtract line 15 from line 10. Then go to line 12 of the next					
column. Otherwise, go to line 18		274.	275.		
18 Overpayment. If line 10 is less than line 15, subtract line 10) - T				
from line 15. Then go to line 12 of the next column	. 18			317.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2015)

Part IV	Figuring	the	Penalty
. altit	I IMMIIIIM		· Clidity

			(a)	(b)	(c)	(d)
	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers:					
	Use 5th month instead of 3rd month.)	19				
20	Number of days from due date of installment on line 9 to the date shown on line 19	20				
21	Number of days on line 20 after 4/15/2015 and before 7/1/2015	21				
22	Underpayment on line 17 x Number of days on line 21 x 3%	22	\$	\$	\$	\$
23	Number of days on line 20 after 06/30/2015 and before 10/1/2015	23				
24	Underpayment on line 17 x Number of days on line 23 x 3%	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2015 and before 1/1/2016	25				
26	Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2016 and before 7/1/2016	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2016 and before 10/01/2016	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 366	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2016 and before 1/1/2017	33				
34	Underpayment on line 17 x Number of days on line 33 x *% 366	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2016 and before 2/16/2017	35				
36	Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to or the comparable line for other income tax returns		·	·		3.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2015)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

		FOUNDATION,	INC.	Identifying No	
C/O WILLIA (A)	M E. CRAVER,	(C)	(D)	(E) 27-00	13752 (F)
		Adjusted	Number Days	Daily	
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
11/15/15	274.	274.	30	.000082192	
12/15/15	275.	549.	16	.000082192	
12/31/15	0.	549.	31	.000081967	
01/31/16	<1,140.	<591.	•		
03/15/16	274.	<317.	•		
03/31/16	0.	<317.	76	.000109290	
06/15/16	274.	<43.	•		
06/30/16	<1,140.	<1,183.	•		
nalty Due (Sum of Col	umn F).				

^{*} Date of estimated tax payment, withholding credit date or installment due date.

512511 04-01-15

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	Ξ
WELLS FARGO			5.		5.		
TOTAL TO PART I, LI	NE 3		5.		5.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE'	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		
WELLS FARGO	111,280	· ·	0. 1	11,280.	111,280).	
TO PART I, LINE 4	111,280). =	0. 1	11,280.	111,280).	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUTING FEES	_	1,434.		0.			0.
TO FORM 990-PF, PG	1, LN 16B =	1,434.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME		
FEDERAL TAXES PAID	_	4,598.		0.			0.

FORM 990-PF	ORM 990-PF OTHER EXPENSES					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
INVESTMENT FEES COMPUTER ASSISTANCE	26,194. 650.	26,1	94.			0.
TO FORM 990-PF, PG 1, LN 23	26,844.	26,1	94.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			BOOI	K VALUE	FAIR MARKE VALUE	Т
WELLS FARGO - STOCK		_		435,826.	918,6	68.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	=		435,826.	918,6	68.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	BOOI	K VALUE	FAIR MARKE VALUE	Т
WELLS FARGO - MUTUAL FUNDS		COST	2	,018,494.	2,086,3	87.
TOTAL TO FORM 990-PF, PART II	I, LINE 13		2	,018,494.	2,086,3	87.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLIAM E CRAVER, III, PRESIDENT PO BOX 1014 CHARLESTON, SC 29402

TELEPHONE NUMBER

843-577-7557

FORM AND CONTENT OF APPLICATIONS

QUALIFIED CHARITIES SHOULD MAKE A PROPOSAL IN LETTER FORM AND INCLUDE THE FOLLOWING INFORMATION:

- 1) A DESCRIPTION OF THE ORGANIZATION, ITS PURPOSE, PROGRAMS, STAFFING AND GOVERNING BOARD.
- 2) THE ORGANIZATION'S LATEST FINANCIAL STATEMENTS, INCLUDING INTERIM AND LAST ANNUAL STATEMENT.
- 3) EVIDENCE FROM THE IRS OF THE ORGANIZATION'S TAX-EXEMPT STATUS AND THAT THE APPLYING ORGANIZATION ITSELF IS NOT A PRIVATE FOUNDATION.
- 4) A DESCRIPTION OF THE PROPOSED PROJECT AND FULL JUSTIFICATION FOR ITS FUNDING, INCLUDING A PROJECTED BUDGET AND OTHER FUNDING SOURCES OF THE
- 5) SUBMIT TWO COPIES OF THE PROPOSAL.

ANY SUBMISSION DEADLINES

APPLICATIONS SHOULD GENERALLY BE RECEIVED BY MARCH 1ST.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE MAIN PLANNED ACTIVITY IS TO MAKE GRANTS TO ORGANIZATIONS FOCUSED ON IMPROVING THE HEALTH, EDUCATION AND WELFARE OF CHILDREN AND YOUNG ADULTS IN THE COMMUNITY OF CHARLESTON, SC. ALTHOUGH DUE TO THE FOUNDER'S NATIONAL INTERESTS, GRANTS MAY BE MADE TO ORGANIZATIONS OUTSIDE THE COMMUNITY. THE FOUNDATION HAS NOT DETERMINED SPECIFIC CHARITABLE ORGANIZATIONS TO SUPPORT. GRANTS ARE GENERALLY LIMITED TO TAX-EXEMPT CHARITIES AND GOVERNMENT AGENCIES WHICH HAVE DEMONSTARTED HAVING A MAJOR IMPACT ON ASSISTING CHILDREN AND YOUNG ADULTS. NO GRANTS ARE MADE TO INDIVIDUALS AND NO LOANS ARE ENVISIONED TO CHARITIES.