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### Form **990-PF**

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2008

For	alen	dar year 2008, or tax year beginning		, and ending		··· ,
<u>G</u> (	heck	all that apply: Initial return	Final return	Amended return	Address change	Name change
Use	the l	RS Name of foundation			A Employer identification	number
	abel		_			
	erwis	·		1	26-1597219	· · · · · · · · · · · · · · · · · · ·
	print r type	Number and street (or P O box number if mail is not de	livered to street address)	Room/suite	B Telephone number	0.0
	Spec	ific F. O. DOX 000			843-849-84	
	ructio	ng   City or town, state, and ZIP code	<b>6</b>		C If exemption application is p	
		MT. PLEASANT, SC 294			D 1. Foreign organizations 2. Foreign organizations me	s, Check here
H_(	-	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation
<u></u>			Other taxable private founda		E If private foundation sta	
		rket value of all assets at end of year J Accounting	<u> </u>	Accrual	under section 507(b)(1)	• "
(fr		Part II, col. (c), line 16) 0t 24,974. (Part I, colu	her (specify)	hasis )	F If the foundation is in a under section 507(b)(1)	
_	ırt I	Analysis of Revenue and Expenses				(d) Disbursements
ГС		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	20,000.		N/A	(cash basis only)
	2	Check if the foundation is not required to attach Sch B	20,000.		N/A	
	2	Interest on savings and temporary	114.	114.		
	A	cash investments Dividends and interest from securities	774.	2.2.2.		
	7 5a	Gross rents			···	
		Net rental income or (loss)				
_		Net gain or (loss) from sale of assets not on line 10				
າ ∩ ∤∩ Revenue	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0.		
چچ	8	Net short-term capital gain				
	9	Income modifications				
e.	10a	Gross sales less returns and allowances				
G	b	Less Cost of goods sold				
<u></u>	C	Gross profit or (loss)				
	11	Other income				
드	12	Total. Add lines 1 through 11	20,114.	114.		
SCANNED Expenses	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
<u> </u>	14	Other employee salaries and wages		. <u> </u>		
<u>ي</u>	15	Pension plans, employee benefits				
က္ဆွဲ	16a	Legal fees				
þe	b	Accounting fees <b>STMT</b> 1	640.	0.		640.
	ı	Other professional fees				
ţi	17	Interest				
Operating and Administrative	18	Taxes		TO PEO		
Ë	19	Depreciation and depletion		VO CEN	7	
μþ	20	Occupancy Travel, conferences, and meetings	<del> //</del>	ALIO	<del>[0]</del>	<del></del>
Þ	21 22	Printing and publications	<i> </i> -	7073	701	<u>-</u>
a	23	Other expenses		OGOEN, US	n /c	
ţ	24	Total operating and administrative			1 6:	
Serie	-7	expenses Add lines 13 through 23	640.	16.	<b>1</b> 2.	640.
Ö	25	Contributions, gifts, grants paid	4,500.		/	4,500.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	5,140.	0.		5,140.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	14,974.			
	Ь	Net investment income (if negative, enter -0-)		114.		
	С	Adjusted net income (if negative, enter -0-)			N/A	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

LUCEY CHARITABLE FOUNDATION, INC

26-1597219

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5,140.

7

Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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.

	990-PF (2008) LUCEY CHARITABLE FOUNDATION, INC		1597			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see II	nstru	CTIOI	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1	<b></b>			<u>1.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ			<u>0.</u>
-	Add lines 1 and 2	3	<u> </u>	_		1.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		_		0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>1.</u>
	Credits/Payments:					
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld 6d 6d					Λ
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<del> </del> -			1.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2009 estimated tax     Refunded	► 10 ► 11				
	Enter the amount of line 10 to be: Credited to 2009 estimated tax ► Refunded  rt VII-A Statements Regarding Activities		<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intelligence and intelligence a	2/000 10			Yes	No
12		VGHG III		1a		X
	any political campaign?	n\2		1b		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition			-10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published by the the few dates in appearance with the activities.	iisiieu Vi				
	distributed by the foundation in connection with the activities.			1c		х
	Did the foundation file Form 1120-POL for this year?			-16		
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0.				
	(1) On the foundation.  \$ 0. (2) On foundation managers.  \$	<u> </u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$ 0 .  Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
2	If "Yes," attach a detailed description of the activities					<del></del>
9	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporat	ion or				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,		3		Х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	•	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			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		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	SC					
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	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r calendar				
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	L	X
			For	m <b>990</b>	-PF	(2008)

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Pa	art VII-A Statements Regarding Activities (continued)		<sub>-</sub> ,	
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		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	1 1		
	August 17, 2008?	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address ► N/A			
14	The books are in care of ▶ JUSTIN LUCEY  Telephone no. ▶843 - 8	<u> 149-8</u>	<u>400</u>	
	Located at ► 415 MILL STREET, MT. PLEASANT, SC ZIP+4 ►2	<u> 19454</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the year	N	<u>/A</u>	
Pa	art 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	<u>No</u>
18	a 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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	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			
	for the benefit or use of a disqualified person)?			
	(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			
	termination of government service, if terminating within 90 days.)			
ı	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 page 20 of the instructions)?  N/A	16		
	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			
	before the first day of the tax year beginning in 2008?	10		X
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 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
,	before 2008?			
	If "Yes," list the years \( \bigcup_{			
ı	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
'				
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
•	during the year?			
1	b If "Yes," did it have excess business holdings in 2008 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 2008)  N/A	36		
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	7		
	had not been removed from jeonardy before the first day of the tax year beginning in 2008?	46		x

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	es 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	8 X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	8 X No	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			1
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i			1
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?			es No	
If "Yes," attach the statement required by Regulations section 53.494		.,		1 !
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	* *			
a personal benefit contract?	pa, p		es X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6b X
If you answered "Yes" to 6b, also file Form 8870	orsonal bonom contract			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v₄	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribut			. –	7b
Information About Officers Directors Trust		nagers, Highly		
Part VIII Paid Employees, and Contractors	oos, roundation ma	magere, riiging	,	
List all officers, directors, trustees, foundation managers and their	compensation.			<del></del>
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
JUSTIN O'T LUCEY	PRESIDENT/SEC		compensacion	411011411000
415 MILL STREET	REDIDENT/DEC	TILL TAKE		
MT. PLEASANT, SC 29464	0.00	0.	o.	0.
	VICE PRESIDEN			
415 MILL STREET	VICE INEDIDEN	<b>1</b>		
MT. PLEASANT, SC 29464	0.00	0.	0.	0.
	TREASURER		· •	<u></u>
415 MILL STREET	IKEASOKEK			
MT. PLEASANT, SC 29464	0.00	0.	٥.	0.
MI. PLEASANI, SC 29404	0.00	<u>-</u>	0.	<u></u>
<del>-</del>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	L	
	(b) Title, and average	11011111	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position		compensation	anowanices
NONE				
		<del> </del>	<del> </del> -	
			1	
		<del></del>	<del>                                     </del>	
		<del> </del>	<del>-</del>	<del></del>
Fatel number of other ampleyees and over \$50,000	<u></u>	L		0
Total number of other employees paid over \$50,000			- Cor-	990-PF (2008)
			FUITH	JJU-F I (2000)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers Paid Employees, and Contractors (continued)	i, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Ty	ype of service	(c) Co	mpensation
NONE			
			_
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the	Expens	ses
1 DONATE TO ORPHANAGES AND LIBRARIES.			
			<u>4,500.</u>
2			
	<del></del>		
3			
4			
		. <del>-</del> .	
Part IX-B Summary of Program-Related Investments	<del></del>		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amou	nt
1 <u>N/A</u>			
2			
All other program-related investments. See instructions.			
3			
Table Add Income 1 through 2	<b>•</b>		0.
Total. Add lines 1 through 3		Form <b>990</b>	- <b>PF</b> (2008)
			\/

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	9,791.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,791.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,791.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	147.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,644.
6	Minimum investment return. Enter 5% of line 5	6	482.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	482.
2a			
		]	
	4111	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	481.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	481.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	481.
P	Part XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,140.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,140.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	5,139.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies f	or the section

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Part XIII Undistributed Income (s	ee instructions)			
	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				481.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			21.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
<b>b</b> From 2004				
c From 2005				
<b>d</b> From 2006				
e From 2007				
f Total of lines 3a through e	0.			<u></u>
4 Qualifying distributions for 2008 from				
Part XII, line 4: ►\$ 5,140.				
a Applied to 2007, but not more than line 2a			21.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				481.
e Remaining amount distributed out of corpus	4,638.			E4811.11
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,638.			
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 assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009				
Subtract lines 7 and 8 from line 6a	4,638.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008 4,638.				

	HARITABLE E				. <u>597219                                   </u>
Part XIV Private Operating F	oundations (see in	structions and Part V	(II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	r 2008, enter the date of	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operati	ing foundation described	in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		<del> </del>			
				1	
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 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		<u>L</u>			
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5,000 or r	nore in assets
at any time during t	he year-see the	instructions.)			
Information Regarding Foundation     List any managers of the foundation why ear (but only if they have contributed r     JUSTIN O'T LUCEY	o have contributed more		ntributions received by th	e foundation before the o	close of any tax
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	a partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., F	Programs:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does		
a The name, address, and telephone num	ber of the person to who	om applications should b	e addressed:		
<b>b</b> The form in which applications should be	e submitted and informa	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
CHARLESTON TIBETAN SOCIETY, 12 PARKWOOD AVENUE, CHARLESTON, SC				
29403	N/A		ORPHANAGE	2,500
WANDO HIGH SCHOOL, 1000 WARRIOR WAY ROAD, MT. PLEASANT, SC 29466	N/A		LIBRARY	500
MOULTRIE MIDDLE SCHOOL, 1560 MATHIS FERRY ROAD, MT. PLEASANT, SC 29464	N/A		LIBRARY	500
MT. PLEASANT ACADEMY, 605 CENTER STREET, MT. PLEASANT, SC 29464	N/A		LIBRARY	500
CHICORA ELEMENTARY SCHOOL 1912 SUCCESS AVENUE, CHARLESTON, SC 29405	, N/A		LIBRARY	500
Total			<b>▶</b> 3a	4,500
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	

er gross amounts unless otherwise indicated.	Unrelated	business income	Excluded (C) Exclu-	by section 512, 513, or 514	(e)
Program service revenue:	(a) Business			(d) Amount	Related or exempt function income
L		· · · · · · · · · · · · · · · · · · ·			
	1 1				
Fees and contracts from government agencies					
lembership dues and assessments					
nterest on savings and temporary cash					
nvestments			14	114.	<u>-</u>
ividends and interest from securities			_   _  _		· · · · · · · · · · · · · · · · · · ·
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal				1	
property					
Other investment income	- <del></del> -		+		<del></del>
Gain or (loss) from sales of assets other					
han inventory					
Net income or (loss) from special events		<del> </del>			
Gross profit or (loss) from sales of inventory	<del></del>				
Other revenue:			1 1		
	<del>-</del>				<del> </del>
		<del></del>			
i	1 1	<del></del>			
	_				· · · · · · · · · · · · · · · · · · ·
Subtotal. Add columns (b), (d), and (e)	_		J.	114.	
Fotal. Add line 12, columns (b), (d), and (e)	L-,			13	
worksheet in line 13 instructions to verify calculations	s.)				
art XVI-B Relationship of Activitie		nplishment of	Exempt F	Purposes	
Explain below how each activity for which the foundation's exempt purposes (other t				d importantly to the accomp	lishment of
the foundation's exempt purposes (other t	nan by providing land	3 101 30011 pulpo303).	<u> </u>		
					<del></del>
	<u> </u>			<del></del>	<del></del>
	<u>-</u>				

623621 01-02-09

10111 930-11 (20	OOO) HOCET	CHARTINDHE	FOUNDATION,	THC		Page :
Part XVII	Information Re	garding Transfers	s To and Transacti	ions and Relationships	With Noncharitable	
	Exempt Organi	izations				

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) or in section 527, relating to political organizations?							
ŧ	Trans	sfers from the reporting founda	ation to a noncharitable exempt org	ganization of:				
	(1)	Cash				1a(1)		_X_
	(2)	Other assets				1a(2)		X
i	Other	r transactions:						
	(1) 5	Sales of assets to a noncharital	ble exempt organization			1b(1)		_X
	(2)	Purchases of assets from a noi	ncharitable exempt organization			1b(2)		_X_
	(3) f	Rental of facilities, equipment,	or other assets			1b(3)		<u>X</u>
	(4) F	Reimbursement arrangements				1b(4)		X
	(5) l	oans or loan guarantees				1b(5)		X X X
	(6) F	Performance of services or me	mbership or fundraising solicitatio	ns		1b(6)		X
(	Shari	ing of facilities, equipment, ma	iling lists, other assets, or paid em	ployees		1c		_ <u>X</u> _
(	l If the	answer to any of the above $\ensuremath{is}$	"Yes," complete the following sche	dule. Column (b) should at	lways show the fair market value of the goods, c	ther ass	ets,	
	or se	rvices given by the reporting fo	oundation. If the foundation receive	ed less than fair market val	ue in any transaction or sharing arrangement, s	now in		
		nn (d) the value of the goods,	other assets, or services received.					
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and a	haring arr	rangeme	nts
_			N/A					
				· <u> </u>				
2	ls the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organ	nizations described			
	ın se	ction 501(c) of the Code (other	r than section 501(c)(3)) or in sect	ion 527?		Yes	X	☐ No
_	_lf "Ye	s," complete the following sch	edule.					
		(a) Name of org	anization	(b) Type of organization	(c) Description of relationsh	пр		
_		N/A						
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
			<u> </u>	_	<u> </u>			
			ave examined this return, including accor or than taxpayer or fiduciary) is based on		ments, and to the best of my knowledge and belief, it is t	rue, corre	ct,	
	1000	inplies becauta (our or greparer (our	than taxpayer or reduciary) is based on					
a				1 8/9/10	1 resident			
sign Here	<b>/</b> /\$	ignature of officer or trustee		Date	Title			
드	/ <sub>sp</sub> .	Preparer's	a 1/1/1 = .	$\cdot$ $\sim$ $\sim$ $\sim$ $\sim$	Date Check If Self-	's identify	ying nun	nber
ઝ, ,	Paid Preparer's Use Only	signature	and a lev	ris (4)	3/3/10 employed ▶			
	Paid spare	Firm's name (or yours / WEBS	TERROGERS LLP	/	/ / EIN ▶			
	Pre SU	rf self-employed), 1411		AD				
	<u></u>	address, and ZIP code FLOR	ENCE, SC 29505		Phone no. 843-6			
					For	m <b>990</b>	-PF (	2008)

# Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organizat	ion	Employer identification number
	LUCEY CHARITABLE FOUNDATION, INC	26-1597219
Organization type (che	ck one):	
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	า
	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	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ( <b>Note.</b> Only a section 501(c)(7 e and a Special Rule See instructions)	), (8), or (10) organization can check boxes
General Rule		
-	ns filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more implete Parts I and II	(in money or property) from any one
Special Rules		
509(a)(1)/170(b	01(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of tim 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts	the greater of (1) \$5,000 or (2) 2% of the
aggregate con	01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from tributions or bequests of more than \$1,000 for use exclusively for religious, charitab be prevention of cruelty to children or animals. Complete Parts I, II, and III.	
some contribut \$1,000 (If this etc , purpose	01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from clons for use exclusively for religious, charitable, etc., purposes, but these contribution box is checked, enter here the total contributions that were received during the year Do not complete any of the parts unless the <b>General Rule</b> applies to this organization able, etc., contributions of \$5,000 or more during the year.	ons did not aggregate to more than r for an exclusively religious, charitable,
· ·	that are not covered by the General Rule and/or the Special Rules do not file Sched	
•	on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 99 neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	0-E∠, or on line 2 of their Form 990-PF, to
LHA For Privacy Act a	nd Paperwork Reduction Act Notice, see the Instructions Sci	hedule B (Form 990, 990-EZ, or 990-PF) (2008)

for Form 990. These instructions will be issued separately.

•	• •	• •	
chedule B (F	orm 990, 990-EZ, or 990-PF) (2008)		Page 1 of 1 of Part I
ame of or	ganization	E	mployer identification number
UCEY	CHARITABLE FOUNDATION, INC		26-1597219
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
1	JUSTIN O'T LUCEY, PA 415 MILL STREET MT. PLEASANT, SC 29465	\$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)

## Form **8868**

(Rev April 2008)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ □	
	are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II (</b> c complete Part II unless you have already been granted an automatic 3-month extension on a p			
Caruo				
A corpo	ration required to file Form 990-T and requesting an automatic 6-month extension—check sly	this box an	d complete	
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 file income tax returns.	004 to requ	iest an extension of	
one of electron returns,	nc Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aut the returns noted below (6 months for a corporation required to file Form 990-T). However cally if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and in more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file form.	er, you car 990-BL, 60 I signed pag	nnot file Form 8868 069, or 8870, group ge 2 (Part II) of Form	
Type or	'   '		ployer identification number	
File by the due date filling your	Number, street, and room or suite no. If a P.O. box, see instructions	· · · · · · · · · · · · · · · · · · ·		
return Se instruction	City town or nost office state and ZIP code For a foreign address see instructions			
☐ Forr☐ Forr☐ Forr	ype of return to be filed (file a separate application for each return)  990		Form 4720 Form 5227 Form 6069 Form 8870	
Telepl If the If this for the	one No ► ( 843 ) 849-8400 FAX No. ▷ ( 843 ) 849- organization does not have an office or place of business in the United States, check this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_ whole group, check this box . ▶ ☐ If it is for part of the group, check this box h the names and EINs of all members the extension will cover.			
1 I un	equest an automatic 3-month (6 months for a corporation required to file Form AUGUST 15 , 20.09, to file the exempt organization return for the organization is the organization's return for.    calendar year 20.08 or	named abov	ve The extension is	
2 lf	his tax year is for less than 12 months, check reason.   Initial return   Final return	Change i	n accounting period	
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax sany nonrefundable credits. See instructions		\$	
	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax Include any prior year overpayment allowed as a credit	3b	\$	
de	lance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen stem) See instructions.	3c	\$	
	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 845 nent instructions	3-EO and I	Form 8879-EO	

Form 8868 (Re	v_4-2008)			Page 2
Note. Only o	filing for an Additional (Not Automatic) 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on part I)	sion on a previou		▶ □
Cattl)	Additional (Not Automatic) 3-Month Extension of Time. You mu	st file original a	and one copy.	
Type or print	Name of Exempt Organization	Еп	nployer identification	number
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	For	r IRS use only	
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Check type	of return to be filed (File a separate application for each return).			
☐ Form 99	0 ☐ Form 990-PF ☐ Fo	rm 1041-A	☐ Form 6069	
☐ Form 99	0-BL	rm 4720	☐ Form 8870	
☐ Form 99	0-EZ	rm 5227		
STOP! Do n	ot complete Part II if you were not already granted an automatic 3-month	extension on a	previously filed For	m 8868.
• The books	s are in the care of >			
	• No ▶ () FAX No ▷ ()			
•	inization does not have an office or place of business in the United States			▶ □
_	or a Group Return, enter the organization's four digit Group Exemption Nu			i IS
	le group, check this box     If it is for part of the group, che			
list with the	names and EINs of all members the extension is for			
4 I reque	est an additional 3-month extension of time until	, 20		
	lendar year, or other tax year beginning, 20			20
	tax year is for less than 12 months, check reason:   Initial return			
	n detail why you need the extension		-	
	***************************************			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax,		
less ar	ny nonrefundable credits. See instructions		8a \$	
<b>b</b> If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits and		
	ted tax payments made. Include any prior year overpayment allowed as a	credit and any		
amour	nt paid previously with Form 8868		8b \$	<del></del>
	e Due. Subtract line 8b from line 8a Include your payment with this form, or, if re D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		8c \$	
	Signature and Verification			
	s of perjury, I declare that I have examined this form, including accompanying schedules and s ct, and complete, and that I am authorized to prepare this form	statements, and to the	e best of my knowledge a	and belief,
	$\rho_{-}$		. •	1
Signature ▶	John or . who Title CPA		Date ► 5 / 15	109
			Form <b>8868</b> (Re	ev 4-2008)

. . .

Form 8868 (Rev. 4-2009)			Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and che</li> <li>Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previo</li> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)</li> </ul>	ously filed Form		<b>▶</b> [X]
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the ong	ıınal (no copies i	needed)	
Type or Name of Exempt Organization	Emp	loyer identi	ification number
Print	2	6-1597	1210
File by the strengted Number, street, and room or suite no If a P O. box, see instructions		RS use only	
due date for 415 MTT.T. ST.	1.01.	no acc only	
return See Instructions  City, town or post office, state, and ZIP code For a foreign address, see instructions  MT · PLEASANT , SC 29464	······································		
Check type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 47	===	orm 5227 orm 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on	a previously file	ed Form 880	 6 <b>8.</b>
JUSTIN LUCEY  • The books are in the care of ▶ 415 MILL ST MT. PLEASANT, SC 29  Telephone No. ▶ 843-849-8400 FAX No ▶  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and B	. If this is fo		group, check this
4 I request an additional 3-month extension of time until NOVEMBER 15, 2009		· · · · · · · · · · · · · · · · · · ·	
5 For calendar year 2008, or other tax year beginning, and	ending		
6 If this tax year is for less than 12 months, check reason Initial return Final ret	urn 🔲	Change in a	accounting period
7 State in detail why you need the extension			
TAXPAYER NEEDS ADDITIONAL TIME TO GATHER INFORMAT	ION NECE	SSARY	TO FILE
A COMPLETE AND ACCURATE TAX RETURN	<del></del>	ī	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimates the second seco	8a	\$	
tax payments made Include any prior year overpayment allowed as a credit and any amount paid	ated		
previously with Form 8868	8b	s	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See ins	i i	\$	N/A
Signature and Verification		<u> </u>	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements it is true, correct and complete, and that I am authorized to prepare this form.	s, and to the best o	of my knowled	tge and belief,
Signature > Manou () OMIO Title > CPH	Date		11/07

Form **8868** (Rev. 4-2009)

FORM 990-PF	ACCOUNTING FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	640.	0.		640.
TO FORM 990-PF, PG 1, LN 16B	640.	0.		640.