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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legalitees SEP 2 4 2014STMT, 5	For	caler	ıdar year 2013 or tax yea	r beginning		, and ending		
Reservative				REN IACOVELL	I CHARITABLE			
148 MTLESTONE WAY, SUITE C 864-272-2931 City or town, state or provents, country, and ZPD or frompostal code GREENVILLE, SC 29615 Giller (1997) Gill	$_{\rm F}$	OU	NDATION				11-356811	3
GREENVILLE, SC 29615 6 Check all that apply Institute Institu			•			Room/suite		931
G Check all that apply	City	or t	own, state or province, co	ountry, and ZIP or foreign p			C If exemption application is	pending, check here
Address change National				Initial return	_	rmer public charity	D 1. Foreign organization	ns, check here
Check type of organization X Section 501(c)(3) eventp private foundation Section 4947(a)(1) nonexempt charactable trust Cher taxable private foundation Fair matter value of all assests at end of year J Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accrual (from Part II, col. (c), then 50) Accounting method X Cash Accounting method X Cash Accounting method			<u> </u>	i	=		2. Foreign organizations in check here and attach of	neeting the 85% test,
Section 4947(a)(1) nonexempt charactable trust Other taxable private toundation	нс	heck	type of organization				_	
Far market value of all assets at end of year Accounting method X Counting meth		_		· · · · · · · · · · · · · · · · · · ·		tion		
Part Analysis of Revenue and Expenses 3,419,767. Part column (cf) must be on cash basis.)	l Fa							• •
Part				·	-			
Part Analysis of Revenue and Expenses (s) Revenue and expenses of books (nonceasiny equal the emounts in column (s) (a) and (or may not necessary equal the emounts in column (s) (b) Net investment (nonce necessary equal the emounts in column (s) (c) Adjusted net			3,41			pasis.)	, ,	, ,
2 Check ▶ ☐ site transforms so required a state So 8 3 cited investments and temporary 4 Dividends and interest from securities 5a Gross rents 5a Gross rents 5a Gross rents 5a Gross rents 5a Horizon of possy from state of assets not or line 10 6 Gross seeds price for at 358,836. 7 Capital gain net income for possy 1 338,836. 8 Net short-term capital gain 9 Income modifications 10a and activements 10a and activements 10b Less Ceat of poose solid c Gross profit or (loss) 11 Other income 12 Total, Add lines 1 through 11 13 Componanticos of (right, direction, trustees, etc.) 14 Other employae Salaines and wages. 15 Penhon/plains, employee benefits 15 Cother professionalises. 15 Total for the professionalises. 15 Total rents 16 Less Ceat of poose solid c Gross profit or (loss) 11 Other income 12 Total, Add lines 1 through 11 13 Componanticos of (right, direction, trustees, etc.) 14 Other employae Salaines and wages. 15 Penhon/plains, employee benefits 15 Cother professionalises. 15 Total rents 16 Less Ceat of poose solid c Gross profit or (loss) 17 Interest 18 Taxes 18 T	Pa	irt l	(The total of amounts in col	umns (b), (c), and (d) may not				for chantable purposes
Second S		1	Contributions, gifts, gran	its, etc., received	650,000.		N/A	
## Dividents and interest from securities ## 56 Goss rents 169,274.		2	Interest on savings and temp	- ·				
Display		4	Dividends and interest fr	om securities	8,390.	8,390	•	
13		5a	Gross rents		169,274.	169,274	•	
Description Comparison Co		b	Net rental income or (loss)	133,348.		· .,.,,,,,		STATEMENT 3
Net short-term capital gain	ø	6a			13,582.	***************************************		
8 Net short-term capital gain 9 Income modifications 10a and diswareness b Less Cost of poods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 841, 384. 191, 384. 13 Compensations (prigner, directoris, trustees, etc.) 14 Other employee Salaries and wages. 15 Pensyon/plans, employee benefits 16a Legalities SEP 2 4 2014STMT 5 16a Legalities SEP 2 4 2014STMT 7 2,830. 2,830. 0 0 17 Interest. STMT 7 18 Taxes STMT 8 2,996. 81. 0 18 Taxes STMT 8 2,996. 81. 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 9 25 Contributions, grits, grants paid 24 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (of negative, enter-0-) c Adjusted net income (of negative, enter-0-)	ž	b	Gross sales price for all assets on line 6a	358,836.			· · · · · · · · · · · · · · · · · · ·	
8 Net short-term capital gain 9 Income modifications 10a and diswareness b Less Cost of poods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 841, 384. 191, 384. 13 Compensations (prigner, directoris, trustees, etc.) 14 Other employee Salaries and wages. 15 Pensyon/plans, employee benefits 16a Legalities SEP 2 4 2014STMT 5 16a Legalities SEP 2 4 2014STMT 7 2,830. 2,830. 0 0 17 Interest. STMT 7 18 Taxes STMT 8 2,996. 81. 0 18 Taxes STMT 8 2,996. 81. 0 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 9 25 Contributions, grits, grants paid 24 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (of negative, enter-0-) c Adjusted net income (of negative, enter-0-)	ě	7	Capital gain net income (from	Part IV, line 2)		13,582	•	
10a Gross sales less returns	ш	8	Net short-term capital ga	ıın				
100		1 ~	Grace calce less returns	1				
to Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee Salaries and wages. 15 Pension plans, employee benefits 16 Legalytes SEP 2 4 2014STMT 5 16 Legalytes SEP 2 4 2014STMT 7 17 Interest. 18 Taxes 18 Taxes 18 Taxes 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grits, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 College of the profession of t		10a	and allowances					
11 Other moome 138.			=				-	
12 Total Add lines 1 through 11 841,384 191,384 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 15 Pension plans, employee benefits 16 Legalides SEP 2 4 2014STMT, 5 5 138 138 138 0 0 14 Accounting fees STMT 6 2,750 1,375 0 0 15 Accounting fees STMT 7 2,830 2,830 0 0 16 Counting fees STMT 7 2,830 2,830 0 0 17 Interest 18 Taxes STMT 8 2,996 81 0 0 18 Taxes STMT 8 2,996 81 0 0 19 Depreciation and depletion 35,749 35,749 0 20 Coccupancy 39 39 0 0 21 Travel, conferences, and meetings 22 Printing and publications STMT 9 250 0 0 22 Total operating and administrative expenses. Add lines 13 through 23 245,668 245,668 245,668 245,668 25 Contributions, gifts, grants paid 245,668			, , ,		138	138		STATEMENT 4
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legalytees SEP 9 4 2014STMT, 5 138 . 138 . 0 0 0 0 0 0 0 0 0			•••••	ab 11				DIMILIMITY T
14 Other employee salaries and wages. 15 Pension plans, employee benefits 16a Legalities SEP 2 4 2014STMT 5 b Accounting fees STMT 6 2,750. 1,375. 0 c Other professional fees. STMT 7 2,830. 2,830. 0 17 Interest								0.
16a Legalvees SEP 2 4 2014STMT, 5 138 138 138 0 b Accounting fees STMT 6 2 750 1 375 0 c Other professional fees STMT 7 2 830 2 830 0 17 Interest 18 Taxes STMT 8 2 996 81 0 19 Depreciation and depletion 35 749 35 749 0 20 Occupancy 39 39 0 17 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 9 250 0 0 20 Total operating and administrative expenses. Add lines 13 through 23 245 668 245 668 20 Total expenses and disbursements Add lines 24 and 25 290 420 40 212 245 668 20 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 151 172 C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A		14	Other employee salaries	and wages				
b Accounting fees STMT 6 c Other professional fees: STMT 7 2,830. 2,830. 0 17 Interest.	es	162	Legalitans CEP S	201/STMT 5	138.	138		0.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ens	h	Accounting tops	STMT 6	2,750.	1,375		0.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ğ				2,830.			0.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ě	17	Interest.	N, UT	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ati		***************************************	STMT 8	2,996.			0.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ist			on	35,749.	35,749		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	. <u>=</u>		•		39.	39	•	0.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ad		Travel, conferences, and	meetings				
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	and But	22	Printing and publications	5		· ·		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ğ	23	Other expenses	STMT 9	250.	0	•	0.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	rati	24	Total operating and adm	ninistrative				
Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ğ		expenses. Add lines 13	through 23	44,752.	40,212	•	0.
Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ر ک	25			245,668.			245,668.
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	;	26		bursements.	202 422	40 010		245 660
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		L			290,420.	40,212	•	245,668.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		27	Subtract line 26 from line	e 12	EEN OCA			
c Adjusted net income (if negative, enter -0-)			•		350,964.	151 170		
						151,1/2	NT / TA	
	3235] <u>C</u> 01			L			Form 000 PE (0040)

FOUNDATION

Form 990-PF (2013)

11-3568113

Page 2

Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 969,492. 969,492. 577,036. 2 Savings and temporary cash investments 21,698. 3 Accounts receivable 21,698. 21,698. 18,341 Less allowance for doubtful accounts 4 Piedoes 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 Inventories for sale or use Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 248,780. 443,934. STMT 10 b Investments - corporate stock c Investments - corporate bonds 1,991,739. 11 Investments - land, buildings, and equipment basis 1,918,751. 1,883,002. 1,883,002. STMT 11▶ Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe 16 Total assets (to be completed by all filers - see the 2,762,908. 3,318,126. 16,690. 3,419,767. instructions Also, see page 1, item 1) 14,869. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 18,574. 16,141. STATEMENT 12) 22 Other liabilities (describe 31,010. 35,264 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. 539,032. 539,032 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 2,192,866. 2,743,830 29 Retained earnings, accumulated income, endowment, or other funds 2,731,898. 3,282,862 30 Total net assets or fund balances 2,762,908. 3,318,126 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 2,731,898. (must agree with end-of-year figure reported on prior year's return) 550,964. 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3,282,862. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 3,282,862. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form 990-PF (2013)

Form 990-PF (2013)

FOUNDATION

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2-story brick war	be the kind(s) of property sold (e ehouse, or common stock, 200 sh			(b) How acquired P - Purchase D - Donation	, ,) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
12	CM3 MDWDVM						
	STATEMENT						
d		·					
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		it or other basis xpense of sale			(h) Gain or (los (e) plus (f) minus	
a							<u> </u>
b		<u> </u>					
<u>c</u>		 		- 			
d 358,836.			345,25	Λ			13,582.
Complete only for assets showing	nain in column (h) and owned by	the foundation		3.	(I) G	ains (Col (h) gair	·
	(i) Adjusted basis		cess of col (I)		coř (k), but not less tha	n -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any		Ĺ	osses (from col	(h)) ´
a							
b						-	
С			• •				
d							
е		<u> </u>					13,582.
2 Capital gain net income or (net cap	If gain, also ente Ital loss) { If (loss), enter -0	er in Part I, line :)- in Part I, line	7 7	} 2		- 40	13,582.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) a	nd (6)					
If gain, also enter in Part I, line 8, ce	, , ,	, ,		}		/-	
If (loss), enter -0- in Part I, line 8 Part V Qualification Un			-] 3		N/A	7
f section 4940(d)(2) applies, leave this Was the foundation liable for the section f "Yes," the foundation does not qualify	on 4942 tax on the distributable ar y under section 4940(e). Do not c	omplete this pa	rt				Yes X No
1 Enter the appropriate amount in ea	ch column for each year, see the	instructions bef	ore making any er	ntries			-,
(a) Base period years Calendar year (or tax year beginning		1	Net value of nor	(c) ncharitable-use as	I		(d) bution ratio vided by col (c))
2012		88,140.	•	2,293,7	98.		.060223
2011		32,600. 6,446.		2,211,5			.059957
2010		9,711.	_	2,118,4 450,5			.069129
2009 2008		31,072.		446,2			.069623
2006		71,072.		340/2	72.	· · · · · · · · · · · · · · · · · · ·	.009023
2 Total of line 1, column (d)						2	.435832
3 Average distribution ratio for the 5- the foundation has been in existence	•	on line 2 by 5, (or by the number	or years		3	.087166
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5				4	2,883,717.		
Multiply line 4 by line 3						5	251,362.
5 Enter 1% of net investment income	(1% of Part I, line 27b)					6	1,512.
7 Add lines 5 and 6						7	252,874.
B Enter qualifying distributions from R	Part XII, line 4					8	245,668.
If line 8 is equal to or greater than li See the Part VI instructions	ne 7, check the box in Part VI, line	th, and compl	ete that part using	a 1% tax rate			

Forn	1 990-PF (2013) FOUNDATION	11-	3568	113		Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see ir	stru	ıctio	ns)
	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			3,0	23.
	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)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3			3,0	23.
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			3,0	23.
6	Credits/Payments					
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 2,800.					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c 985.					
d	Backup withholding erroneously withheld 6d] !				
7	Total credits and payments Add lines 6a through 6d	7			<u>3,7</u>	85.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			7	62.
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 762 . Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities				r	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	-		Yes	No
	any political campaign?		_	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		1	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or	1			
	distributed by the foundation in connection with the activities		i			
	Did the foundation file Form 1120-POL for this year?			1c		X
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.		1			
е	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?		F	2		X
	If "Yes," attach a detailed description of the activities.		1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	ď	İ			.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT.	/n	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	IN	/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5	-	<u> </u>
	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	la				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	iaw		c	Х	
_	remain in the governing instrument?	,	}	6	X	
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	<u>, A</u>	
_	The state of the s					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NY					
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)			Q.	Х	
_	of each state as required by General Instruction G? If "No," attach explanation	ndar	-	8b	A\	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	iudi	-	0		Х
4.0	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		}	9 10		$\frac{\Lambda}{X}$
<u>10</u>	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		4

Form	n 990-PF (2013) FOUNDATION 11-356	<u>8113</u>		Page 5
Pá	art VII-A Statements Regarding Activities (continued)			
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?			
	If "Yes," attach statement (see instructions)	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 ▶ PETER IACOVELLI Telephone no ▶864-3	46-2	754	
	Located at ▶ 148 MILESTONE WAY, SUITE C, GREENVILLE, SC ZIP+4 ▶2	9615		
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	N	/A_	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Χ_
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
	country >	<u> </u>		
Pε	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	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)			
	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)			
b	o 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)?	1b		
	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 2013?	16		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))			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2013? Yes X No		1	
	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? $igsquare$ Yes $igsquare$ No			
b	olf "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after		- 1	
	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		1	
	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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2013.)	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
	had not been removed from jeonardy before the first day of the tax year beginning in 2013?	1 4h	- 1	X

2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
NONE				
	<u> </u>			
Total number of other employees paid over \$50,000			>	0

1.00

0

0.

0.

GREENVILLE, SC 29615

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		l
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pr	roduced, etc	LAPONSOS
1 CANCER SOCIETY OF GREENVILLE COUNTY		
113 MILLS AVENUE		
GREENVILLE, SC 29606		0.
2 OPEN EYE PICTURES		
2656 BRIDGEWAY SUITE 202		_
SAUSALITO, CA 94965	NEEDC	0.
3 GREENVILLE COUNTY DISABILITIES AND SPECIAL	NEEDS	_
PO BOX 17467		-
GREENVILLE, SC 29606		0.
4 PROJECT HOPE FOUNDATION 2131 WOODRUFF RD SUITE 2100-358		-
GREENVILLE, SC 29607		- 0.
Part IX-B Summary of Program-Related Investments		<u></u>
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1 N/A		74770474
17/11		
2		
All other program-related investments. See instructions		
3		
		7
		1
Total. Add lines 1 through 3		0.
		Form 000 DE (2012

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P	art 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		
а	Average monthly fair market value of securities	1a	466,502.
b		1b	466,502. 447,692.
C		10	2,013,437.
đ		1d	2,927,631.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,927,631.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	43,914.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,883,717.
6	Minimum investment return. Enter 5% of line 5	6	144,186.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	144,186.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2¢	3,023.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	141,163.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	141,163.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	141,163.
P	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	245,668.
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	1	
а	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	245,668.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	245,668.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for	the section
	4940(e) reduction of tax in those years		

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				141,163.
2 Undistributed income, if any, as of the end of 2013	**************************************	***************************************	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a Enter amount for 2012 only			0.	
b Total for prior years	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1017 - 110 - 1100 1100 1100 1100 11	*, '
		0.		
3 Excess distributions carryover, if any, to 2013			**************************************	
a From 2008				
b From 2009 42,044.				
c From 2010 42,064.				
d From 2011 24,680.				
e From 2012 26, 245.				
f Total of lines 3a through e	135,033.			
4 Qualifying distributions for 2013 from				
Part XII, line 4. \triangleright \$ 245,668.				
a Applied to 2012, but not more than line 2a			0.	
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 2013 distributable amount				141,163.
e Remaining amount distributed out of corpus	104,505.			
5 Excess distributions carryover applied to 2013 (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:		romanadada		
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	239,538.			
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 2012 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				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 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	239,538.			***************************************
O Analysis of line 9				
a Excess from 2009 42,044.				
b Excess from 2010 42,064.				
c Excess from 2011 24,680.		1		
d Excess from 2012 26,245. e Excess from 2013 104,505.				
e Excess from 2013 104,505.				

Form 990-PF (2013) FOUNDATION 11-3568113 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2013 (b) 2012 (c) 2011 (d) 2010 (e) Total income from Part I or the minimum 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 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) **Information Regarding Foundation Managers:** a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) PETER IACOVELLI b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here $\triangleright X$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed NOT APPLICABLE b The form in which applications should be submitted and information and materials they should include NOT APPLICABLE c Any submission deadlines NOT APPLICABLE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NOT APPLICABLE

Form 990-PF (2013)

FOUNDATION

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Part XV Supplementary Information (continued) 3 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 status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ANTI DEFAMATION LEAGUE NONE PUBLIC CHARITY UNRESTRICTED 605 THIRD AVENUE CONTRIBUTION TO NEW YORK, NY 10158 SUPPORT GEN OPERATIONS 4,000. NONE PUBLIC CHARITY UNRESTRICTED CAMPERDOWN ACADEMY 501 HOWELL ROAD CONTRIBUTION TO GREENVILLE, SC 29615 SUPPORT GEN OPERATIONS 2,000. PUBLIC CHARITY UNRESTRICTED CANCER SOCIETY OF GVL CTY NONE 113 MILLS AVENUE CONTRIBUTION TO SUPPORT GEN OPERATIONS GREENVILLE, SC 29605 152,323. PUBLIC CHARITY UNRESTRICTED GREENVILLE HUMANE SOCIETY NONE CONTRIBUTION TO 305 AIRPORT RD SUPPORT GEN OPERATIONS 5,175. GREENVILLE, SC 29607 PUBLIC CHARITY UNRESTRICTED HOSPICE BY THE SEA NONE CONTRIBUTION TO 1531 W. PALMETTO PARK R SUPPORT GEN OPERATIONS BOCA RATON, FL 33486 500. SEE CONTINUATION SHEET (S ➤ 3a 245,668. Total b Approved for future payment NONE Total

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Part XVI-A	Analysis of Income-Producing Acti	vities
Part XVI-A	Analysis of Income-Producing Acti	VIT

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e)	
J		(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service	ce revenue	code		Code			
		-		 			
b		ļ					
							
d		ļ					
e		ļ-					
· '	 _				L	,	
_	ontracts from government agencies	-		1			
	ues and assessments			ļ			
	ings and temporary cash						
investments		<u> </u>		14	8,390.		
	interest from securities			14	0,390.		
	me or (loss) from real estate	ļ					
a Debt-financ				16	122 240		
	nanced property .	 		10	133,348.		
	me or (loss) from personal						
property				<u> </u>			
7 Other investme							
8 Gain or (loss) f	rom sales of assets other	}		1	12 500		
than inventory				18	13,582.		
	(loss) from special events			ļ			
10 Gross profit or	(loss) from sales of inventory						
11 Other revenue							
	ISTRATIVE FEES	-		1.4	120		
b COLLE	CTED			14	138.		
c							
d						 	
e							
12 Subtotal Add	columns (b), (d), and (e)		0.		155,458.	0.	
13 Total. Add line	12, columns (b), (d), and (e)				13	155,458.	
(See worksheet in	line 13 instructions to verify calculations)						
Part XVI-B	Relationship of Activities to	o the Acco	omplishment of Ex	(emp	t Purposes		
Line No. Ex	plain below how each activity for which incor	me is reported i	n column (e) of Part XVI-A	contrib	outed importantly to the accomp	olishment of	
▼ the	e foundation's exempt purposes (other than I	by providing fu	nds for such purposes)				
						-	
						· · · · · · · · · · · · · · · · · · ·	
		_					
	1 2 2 2						

Form 990-PF (2013)

FOUNDATION

11-3568113

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Part X	Information Re Exempt Organ		and Transactions a	nd Relationships With Nonc	haritable)	<u> </u>
1 Did th		rectly engage in any of the followi	ng with any other organizatio	in described in section 501(c) of		Yes	No
the C	ode (other than section 501(c	e)(3) organizations) or in section 5	27, relating to political organi	izations?			
a Trans	fers from the reporting found	ation to a noncharitable exempt o	rganization of				
(1) (Cash				1a(1)		X
(2) (Other assets				1a(2)		Х
	transactions						v
	Sales of assets to a noncharita				1b(1)		X
		ncharitable exempt organization			1b(2)		X
	Rental of facilities, equipment,				1b(3)		X
	Reimbursement arrangements	•			1b(4) 1b(5)		X
	oans or loan guarantees. Performance of services or me	embership or fundraising solicitati	ons		1b(6)		X
		ailing lists, other assets, or paid en			10		Х
				vays show the fair market value of the good	ds, other ass	ets,	
or sei	vices given by the reporting f		ed less than fair market value	e in any transaction or sharing arrangemen			
(a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions,	and sharing arr	angeme	nts
		N/A					

				-			
-							
							
					 		
							
					<u> </u>		
		tly affiliated with, or related to, one r than section 501(c)(3)) or in sec	• •	ations described	Yes	X] No
	s," complete the following sch						
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	onship		
	N/A			· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·						
Sign a	inder penalties of perjury, I declare not belief, it is the correct, and cor	mplete Declaration of preparer (other tha	ng accompanying schedules and s	statements, and to the best of my knowledge ation of which preparer has any knowledge	May the IRS d return with the shown below	prepare	er
Here	AXON A	2000M	1418294	Albes.	X Yes		No
	Signature of officer or trustee)	Date	Title			
	Print/Type preparer's na		signature	Date Check If PTI	iN		
Dete	RICHARD AN	DREW	44/	9/0/10 self-employed	01021	1 4 7	
Paid	ROGERS	TOWN DAVIC TIC			01271		
Prepare Use Or	1	IOTT DAVIS LLC	PLLC	Firm's EIN ► 57-	03013	02	
Use UI	Firm's address ► PO	BOX 6286					
		EENVILLE, SC 29	606-6286	Phone no 864-	242-33	370	
-	<u> </u>				Form 990		2013\

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

2013

Name of the organization

THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

Employer identification number

11-3568113

▶ \$

Organization type (check 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 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000.

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

religious, charitable, etc., contributions of \$5,000 or more during the year

If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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) (2013)

Name of organization
THE PETER & KAREN IACOVELLI CHARITABLE
FOUNDATION

Employer identification number

11-3568113

LOOND	ATTON		1-3300113
Part I	Contributors (see instructions). Use duplicate copies of Part	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER AND KAREN IACOVELLI 148 MILESTONE WAY, SUITE C GREENVILLE, SC 29615	\$ <u></u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll 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 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 PETER & KAREN IACOVELLI CHARITABLE

FOUNDATION

11-3568113

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if 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
		 \$	

Employer identification number

THE	PETER	&	KAREN	IACOVELLI	CHARITABLE
FOUN	1OITAGE	1	_		

11-3568113

Part III	year Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	he following line entry. For organizati c., contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter or the year (Enter this information once) \$
	Use duplicate copies of Part III if addition	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Į.			

Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

ightharpoons X

If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)	١.		
Do no	t <i>complete Part II unless</i> you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.		
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file ((6 months for	a corporati	Ion
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	1868 to reque	st an exten	ISION
of time	to file any of the forms listed in Part I or Part II with the exi	ception of	Form 8870, Information Return for	Transfers	Associated \	Nith Certain	1
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the ele	ctronic filing	of this form	1,
visit w	vw.irs gov/efile and click on e-file for Charities & Nonprofits						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		-	
	pration required to file Form 990-T and requesting an autor						
Part I c				•		▶ [
	er corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to reques	st an exter	nsion of time		
	ncome tax returns.	•	•		er's identify		r
Туре о	r Name of exempt organization or other filer, see instru	ctions.			r identification		
print	THE PETER & KAREN IACOVELL		RITABLE			•	
	FOUNDATION				11-35	68113	
File by th	Alimber street and seems as suite as if a D.O. have	ee instruc	tions	Social se	curity numb		
due date filing you	148 MILESTONE WAY, SUITE C			000,0,		01 (0011)	
return Se	e	oreign add	lress, see instructions.				
Enter ti	ne Return code for the return that this application is for (file	a separa	te application for each return)			0) 4
			Ŧ				
Applica	ation	Return	Application			Re	eturn
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)				07
Form 9	90-BL	02	Form 1041-A				08
Form 4	720 (Individual)	03	Form 4720 (other than individual)				09
Form 9	90·PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
	PETER IACOVELL						
	books are in the care of \[\begin{array}{c} 148 & MILESTONE & V \end{array} \]	VAY, S	SUITE C - GREENVIL	LE, S	C 2961	5	
Tele	phone No. ► 864-346-2754		Fax No. >				_
	e organization does not have an office or place of business					▶ [_	
• If the	s is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is fo	r the whole g	group, chect	k this
box.▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the exter	nsion is for.	
1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exempt	-	to file Form 990-T) extension of time tion return for the organization name		The extension	on	
ıs D	for the organization's return for: X calendar year 2013 or						
Þ	tax year beginning	, an	d ending		<u>.</u> .		
2 If	the tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return I	Fınal retur	'n		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less anv				
	onrefundable credits. See instructions	-	•	3a	\$	3,7	85.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		<u> </u>		
	stimated tax payments made. Include any prior year overp			3ь	\$	2,8	300.
	alance due. Subtract line 3b from line 3a. Include your pa			1			
	y using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	9	85.
	n. If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 887	9-EO for pay	yment
instruct	· · · · · · · · · · · · · · · · · · ·					•	

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension.	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted an				8868.	-
If you are filing for an Automatic 3-Month Extension, compl					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no c	opies need	ded).
	~~~	<del></del>			see instructions
Type or Name of exempt organization or other filer, see instr	ructions.				n number (EIN) or
print THE PETER & KAREN IACOVELLI		ITABLE			, ,
FOUNDATION				11-35	68113
Number, street, and room or suite no. If a P.O. box	see instruc	tions.	Social se	cunty numb	er (SSN)
eturn See 148 MILESTONE WAY, SUITE C				•	,
nstructions City, town or post office, state, and ZIP code. For a	foreign add	fress, see instructions			
GREENVILLE, SC 29615	J				
Enter the Return code for the return that this application is for (f	île a separa	te application for each return)			0 4
, and the second	•	.,			
Application	Return	Application			Return
ls For	Code	is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08_
Form 4720 (Individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10_
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069		_	11
Form 990 T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante	d an autor	natic 3-month extension on a prev	iously file	ed Form 886	8.
PETER IACOVELI					
■ The books are in the care of ▶ 148 MILESTONE	WAY,	SUITE C - GREENVIL	LE, S	C 2961	5
Telephone No. ► 864-346-2754		Fax No. 🕨			
If the organization does not have an office or place of busine	ss in the Ui	nited States, check this box			<b>▶</b> ∐
<ul> <li>If this is for a Group Return, enter the organization's four digital</li> </ul>	t Group Exe	emption Number (GEN) I	f this is fo	r the whole ç	group, check this
pox ▶ If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of	all memb	ers the exter	nsion is for
4 I request an additional 3-month extension of time until	NOVEM	BER 17, 2014.			
5 For calendar year 2013, or other tax year beginning		, and endin	g		
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on. Initial return	Final i	return	
Change in accounting penod					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	IN OR	DER TO PREPARE A C	OMPLE	TE AND	
ACCURATE RETURN		· <del></del>			
				<del></del>	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any	İ		
nonrefundable credits. See instructions.			8a	\$	3,023.
b If this application is for Forms 990 PF, 990-T, 4720, or 606	69, enter an	y refundable credits and estimated	ł	1	
tax payments made. Include any prior year overpayment a	allowed as	a credit and any amount paid		1	
previously with Form 8868			8b	\$	3,785.
C Balance due. Subtract line 8b from line 8a. Include your p		th this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System) See inst	tructions.	· · · · · · · · · · · · · · · · · · ·	Bc Bc	\$	0.
		st be completed for Part II o		_	
Under penalties of perjury, I declare that I have examined this form, including the correct and complete and that I am authorized to prepare this	iding accomp	panying schedules and statements, and to	the best o	my knowled	ge and belief,
it is true, correct, and complete and that I am authorized to prepare this			_	X/1	Sile
Signature ► Title ►	LAA	<del>-</del>	Date		117
, , ,				Form 8	868 (Rev. 1-2014)

I TOTAL TALL CANICAL GAILIS AND ED	2262 Int. I GY OH HIAGSHIICHT HICOING				
(a) List and	d describe the kind(s) of property sol rick warehouse, or common stock, 2	Id, e g., real estate,	1 1 01011430	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
			D - Donation	(ino , day, yr )	(1110 ; duy; yr /
1a BANK BARODA NE b ACCT #873065 (		50,000 SHS	P	<del> </del>	<del></del>
	SEE ATTACHMENT) SEE ATTACHMENT)		P		
	SEE ATTACHMENT)		P		
e ADDITIONAL GAI			P		
f GOLUB CAPITAL			P	-	
	DIBINIBOTION		<del></del>	<del>-</del> -	
<u>g</u> h				-	
1	<del></del>	•			
1					
k		1.2.1			
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 250,000.		250,000.	_		0.
b 31,332.		29,922.		•	1,410.
c 11,324.		10,339.			985.
d 57,768.	I	46,851.			10,917.
e 270.					270.
f 8,142.		8,142.			0.
9				<del> </del>	
h					
1			<del></del>		
J					
<u>k</u>		-			<del></del> -
1					
<u>m</u>			<del></del>		•
<u>n</u>			<del></del>		
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) Los	ses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess of	of col (h) gain over ot less than "-0-")	col (k),
a		<u> </u>			0.
b				······································	1,410.
С					985.
d					10,917.
е			_		270.
f					0.
g					
h					
1					
<u> </u>					
<u>k</u>		ļ			<del></del>
1	<del></del>				
<u>m</u>					
<u>n</u>					
0					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-0	r in Part I, line 7	,		13,582.
		\ \ \	<u> </u>		
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		ia (6)			
If (loss), enter "-0-" in Part I, line 8		∫   a	.	N/A	

Part XV Supplementary Information		_		
3 Grants and Contributions Paid During the	<del></del>		- <del></del>	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
HOSPICE OF PALM BEACH COUNTY	NONE	PUBLIC CHARITY	UNRESTRICTED	
5300 EAST AVENUE			CONTRIBUTION TO	
WEST PALM BEACH, FL 33407			SUPPORT GEN OPERATIONS	500.
TODARI ATD HODGE GENERA	none	DUDI TO GUADIMY	INID ECMPTOMED	
ISRAEL AIR FORCE CENTER PO BOX 492	NONE	PUBLIC CHARITY	CONTRIBUTION TO	
			i	E 000
WILLOW GROVE, PA 19090	···		SUPPORT GEN OPERATIONS	5,000.
SHRINE CIRCUS FUND	NONE	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 2663			CONTRIBUTION TO	
EASLEY, SC 29641			SUPPORT GEN OPERATIONS	770.
GVL COUNTY DISABILITIES & SPECIAL	NONE	PUBLIC CHARITY	UNRESTRICTED	
NEEDS			CONTRIBUTION TO	
PO BOX 17467			SUPPORT GEN OPERATIONS	
GREENVILLE, SC 29606		-	<del> </del>	21,600.
PROJECT HOPE FOUNDATION	NONE	PUBLIC CHARITY	IINDPSTRICTED	
2131 WOODRUFF RD SUITE 2100-358	NONE	TOBBIC CHARTII	CONTRIBUTION TO	
GREENVILLE, SC 29607			SUPPORT GEN OPERATIONS	14,200.
, , , , , , , , , , , , , , , , , , , ,				
AMERICAN HEART ASSOCIATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
3020 WESTCHESTER AVE			CONTRIBUTION TO	
PURCHASE, NY 10577			SUPPORT GEN OPERATIONS	1,500.
ANIMAL RESCUE FUND OF SC	NONE	PUBLIC CHARITY	UNRESTRICTED	
10445 CLEMSON BLVD			CONTRIBUTION TO	
SENECA SC 29606			SUPPORT GEN OPERATIONS	500,
WOUNDED WARRIOR PROJECT	NONE	PUBLIC CHARITY	UNRESTRICTED	
4899 BELTON RD SUITE 300			CONTRIBUTION TO	
JACKSONVILLE, FL 32256			SUPPORT GEN OPERATIONS	500.
NAMIONAL PALLON DIDUDICUMDDO	NOVE	DUDI TO CUADITY	IDID PCMD I CMPD	
NATIONAL FALLEN FIREFIGHTERS FOUNDATION	NONE	PUBLIC CHARITY		
PO DRAWER 498			CONTRIBUTION TO SUPPORT GEN OPERATIONS	
EMMITSBURG MD 21727			DOTTON'T GEN OFFICATIONS	100.
CHRIST CHURCH	NONE	PUBLIC CHARITY	İ	
10 NORTH CHURCH ST			CONTRIBUTION TO	
GREENVILLE, SC 29601		1	SUPPORT GEN OPERATIONS	4,500.
Total from continuation sheets				81,670.

Part XV Supplementary Information	n .		1	
3 Grants and Contributions Paid During the		<del></del>	<del></del>	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
SALVATION ARMY	NONE	PUBLIC CHARITY	UNRESTRICTED	
417 RUTHERFORD ST			CONTRIBUTION TO	
GREENVILLE, SC 29609		ļ	SUPPORT GEN OPERATIONS	5,000.
OPEN EYE PICTURES	NONE	PUBLIC CHARITY		
2656 BRIDGEWAY SUITE 202			CONTRIBUTION TO	
SAUSALITO, CA 94965			SUPPORT GEN OPERATIONS	25,000.
GALLAGHER'S ARMY	NONE	PUBLIC CHARITY	1	
350 FIFTH AVE			CONTRIBUTION TO	
NEW YORK, NY 10118			SUPPORT GEN OPERATIONS	2,500.
				<del></del>
Total from continuation sheets				

# THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION Federal EIN: 11-3568113 Schedule D Attachment

Recipient's Name and Address:

THE PETER AND KAREN IACOVELLI CHARITABLE FOUNDATION INC

Account Number: 5XW-873065

Recipient's Identification Number 11-3568113

2013 TAX and YEAR-END STATEMENT As of 03/06/2014

Date of Sale or Less Commissions Other W=Wash Sale Quantity Acquisition Exchange and Option Premiums Basis Loss (Box 5)								•	
Quantity Acquisition Exchange and Option Premiums Basis Loss (Box 5)				Date of	See	Less Commissions	Ster Ster	W=Wash Sale	Dogizod
Quantity Acquisition Exchange and Option Premiums Basis Loss (Box 5)									2711024
	Disposition		Quantity	Acquisation	Exchange	and Option Premums	Basis	Loss (Box 5)	Gain or
			• !	- :	;		į		
Fransaction Disposition Method (Box 1e) (Box 1b) (Box 1a) (Box 2a) (Box 3) 0=Uption Premium	Fransaction Disposition Men	thod	(Box 1e)	(Box 1b)	(Box Ta)	(Box Za)	(80x 3)	O=Option Premium	(Sel)

Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked.

Covered (Box 6D)  Description (Box 8): 15	COVERED (BOX 6D)  Description (BOX 8): ISHARES TR S&P MIDCA P 400 GROWTH INDEX F D	GROWTH INDEX F D	
SELL	HIGH COST	53	05/23/20

(B0)	DESCRIPTION (BOX 8): ISHAKES IK S&P WILDCA P 400 GROWIN INDEA F D	U GROWIN INDEA F D			CUSIF	CUSIP: 46428/606	
	HIGH COST	53	05/23/2013	05/23/2013 06/03/2013	6,964 43	7,029 39	(64 96)
: *	Description (Box 8): ISHARES TR RUSSELL 1 000 GROWTH INDEX FD	SROWTH INDEX FD			CUSIP-	CUSIP- 464287614	
	HIGH COST	110	05/23/2013	05/23/2013 06/03/2013	8,147.67	8,238.23	(95 06)
. ×	Description (Box 8): ISHARES TR RUSSELL 2 000 GROWTH ETF	SROWTH ETF			CUSIP.	CUSIP. 464287648	
	HIGH COST	62	01/17/2013	08/15/2013	7,376 62	6,23168	1,144.94
	HIGH COST	26	05/23/2013	08/15/2013	6,662.75	6,21880	443.95
Seg # (514 198855)							Page 2 of 11

## THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

Federal EIN: 11-3568113 Schedule D Attachment Recipient's Name and Address:

THE PETER AND KAREN IACOVELLI CHARITABLE FOUNDATION INC

Account Number: 5XW-873065

Recipient's Identification Number 11-3568113

2013 TAX and YEAR-END STATEMENT As of 03/06/2014

2013 Form 1099-B	_	Proceeds From Broker and Barter Excha (For individuals report details on Form 1040 Schedule D Line 1b, 2, 8b or 9)	ker and Ba	rter Exch	From Broker and Barter Exchange Transactions port details on Form 1040 Schedule D Line 1b, 2, 8b or 9)	OMB No.	OMB No. 1545-0715 (Continued)	(Continued)
Disposition	Disposition Method	Quantity (Box 1e)	Date of Acquisition (Box 1b)	Date of Sale or Exchange (Box 1a)	Gross Proceeds Less Commissions and Option Premums (Box 2a)	Cost or Other Basis (Box 3)	Adjustments W=Wash Sale Loss (Box 5) 0=Option Premium	Realized Gam or (Loss)
Short-Term 1	Short-Term Transactions for Which Basis Is		the IRS - Repo	rt on Form 8	Reported to the IRS - Report on Form 8949, Part I, with Box A checked.			
Covered (Bo)	Covered (Box 6b) (continued) Description (Box 8): ISHARES TR RUSSELL 2 000 GROWTH ETF	000 GROWTH ETF			CUSIP: 46428	CUSIP: 464287648 <i>(continued)</i>	<i>(</i> p:	
SALE DATE TOTAL	-	118	VARIOUS	08/15/2013	14,039.37	12,450.48		1,588.89
Description (Box	8): MATTHEWS PACIFIC TI	Description (Box 8): MATTHEWS PACIFIC TIG ER FUND INVESTOR CLA SS		† :	CUSIP: 577130107	30107		
SELL	HIGH COST	362	12/13/2012	06/03/2013	9.18	8.75		0.43
SELL	HIGH COST	2.766	12/13/2012	06/03/2013	70.13	92.99		337
SELL	HICH COST	15 175	01/18/2013	06/03/2013	384.73	378.00		673
SELL	HIGH COST	67 698	05/23/2013	06/03/2013	1,71635	1,750.00		(33 65)
SALE DATE TOTAL	=	86.001	VARIOUS	06/03/2013	2,180.39	2,203,51		(23.12)
Short-Term Covered Total	red Total		 	;	31,331.86	29,921.61		1,410.25
Covered Total					31,331.86	29,921.61		1,410.25
Short-Term 1	Short-Term Transactions for Which Basis Is		ed to the IRS - F	Report on Fa	Not Reported to the IRS - Report on Form 8949, Part I, with Box B checked.	x B checked.		
Noncovered (Box 6a)	(Box 6a)							
Description (Box	8). ISHARES TR S&P MIDCA	Description (Box 8). ISHARES TR S&P MIDCA P 400 GROWTH INDEX F D			CUSIP: 464287606	90928		
SELL	HIGH COST	17	05/15/2012	01/17/2013	2,041 70	1,848.67		193 03
Description (Box	Description (Box 8): ISHARES TR MSCI ALL PERU CAPPED INDEX FD	PERU CAPPED INDEX FD			CUSIP: 464289842	89842		
SELL	HIGH COST	200	05/15/2012	01/25/2013	9,282.50	8,490.18		792 32
Short-Term Noncovered Total	overed Total	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	: :		11,324.20	10,338.85		985.35

# THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION Federal EIN: 11-3568113 Schedule D Attachment

Recipient's Name and Address:

THE PETER AND KAREN IACOVELLI CHARITABLE FOUNDATION INC

Account Number: 5XW-873065

Recipient's Identification Number 11-3568113

2013 TAX and YEAR-END STATEMENT As of 03/06/2014

ons OMB No. 1545-0715 (Continued)	
Proceeds From Broker and Barter Exchange Transactions	(For individuals report details on Form 1040 Schedule D Line 1b, 2, 8b or 9)
2013 Form 1099-B	

				Date of	Gross Proceeds	Cost or	Adjustments	
			Date of	Sale or	Less Commissions	Other	W=Wash Sale	Realized
Disposition		Quantity	Acquisition	Exchange	and Option Premiums	Basis	Loss (Box 5)	Gain or
Iransachon	Disposition Method	(Box 1e)	(Box 1b)	(Box 1a)	(Box 2a)	(Box 3)	0=Option Premium	(Loss)
Long-Term Ti	Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.	sasis Is Not Reporte	d to the IRS - Re	port on For	m 8949, Part II, with	Box E checke	òd.	
Noncovered (Box 6a)	(Box 6a)	•						

Noncovered (Box 6a)	ох ба)						
Description (Box 8)	Description (Box 8) ISHARES TR RUSSELL 1 000 VALUE INDEX FD	NDEX FD			CUSIP: 464287598	4287598	
SELL	HIGH COST	16	07/15/2011	01/17/2013	1,216.33	1,068 80	147 53
Description (Box 8):	Description (Box 8): ISHARES TR S&P MIDCA P 400 GROWTH INDEX F D	WTH INDEX F D		r r	CUSIP: 464287606	4287606	
SEIL	HIGH COST	34	03/15/2011	01/17/2013	4,083 39	3,550 96	532.43
SELL	IIIGH COST	82	12/06/2011	01/17/2013	9,848 19	8,309 88	1,538 31
SALE DATE TOTAL		116	VARIOUS	01/17/2013	13,931.58	11,860.84	2,070.74
SELL	HIGH COST	99	12/01/2011	06/03/2013	8,672.68	6,657 44	2,015 24
SELL	HIGH COST	4	12/06/2011	06/03/2013	525 62	405 36	120 26
SALE DATE TOTAL		70	VARIOUS	06/03/2013	9,198.30	7,062.80	2,135.50
SECURITY TOTAL					23,129.88	18,923.64	4,206.24
Description (Box 8):	Description (Box 8): ISHARES TR RUSSELL 1 000 GROWTH INDEX FD	H INDEX FD			CUSIP: 464287614	4287614	
SELL	HIGH COST	100	03/15/2011	01/11/2013	6,775 37	5,822 81	952 56
SELL	HIGH COST	5	12/06/2011	01/17/2013	338.77	293 04	45 73
SALE DATE TOTAL		105	VARIOUS	01/17/2013	7,114.14	6,115.85	998 29

## THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

Federal EIN. 11-3568113 Schedule D Attachment

Recipient's Name and Address:

THE PETER AND KAREN IACOVELLI CHARITABLE FOUNDATION INC.

Account Number: 5XW-873065

Recipient's Identification Number 11-3568113

YEAR-END STATEMENT As of 03/06/2014 **2013 TAX and** 

> **Proceeds From Broker and Barter Exchange Transactions** 2013 Form 1099-B

OMB No. 1545-0715 (Continued)

(For individuals report details on Form 1040 Schedule D I inc 1b, 2, 8b or 9)

	<b>W</b> =Wash Sale		Box 3) 0=Option Premium (Loss)	
Gross Proceeds Cast	Less Commissions Other	and Option Premiums Bas	(Box 2a) (Box	
Date of	Date of Sale or	Acquisition Exchange		
		Quantity	(Box 1e)	
			Disposition Method	
		Disposition	Iransaction	

Long-Term Transactions for Which Basis Is Not Reported to the IRS - Report on Form 8949, Part II, with Box E checked.

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ונסוורסגנו כח (ב	ואסווסספונים (מס עסם) הסיווייים היו						
Description (Box 8)	Description (Box 8): ISHARES TR RUSSELL 2 000 GROWIH ETF	VIH ETF	! !		- AISOO	CUSIP: 464287648	
SELL	HIGH COST	9	12/09/2010	08/15/2013	713.87	517 02	196 85
SELL	HIGH COST	23	03/15/2011	08/15/2013	2,736 49	2,035.50	700 99
SELL	HIGH COST	101	05/15/2012	08/15/2013	12,016.75	9,062 17	2,954 58
SALE DATE TOTAL		130	VARIOUS	08/15/2013	15,467.11	11,614.69	3,852.42
Description (Box 8)	Description (Box 8): MATTHEWS PACIFIC TIG ER FUND INVESTOR CLA SS	INVESTOR CLA SS			CUSIP:	CUSIP: 577130107	
SELL	HIGH COST	200.916	04/22/2010	06/03/2013	5,093 81	4,024 35	1,069 46
SELL	HIGH COST	2.617	12/09/2010	06/03/2013	96 35	60 29	5 76
SELL	HIGH COST	39,809	03/15/2011	06/03/2013	1,009.28	875 00	134 28
SELL	HIGH COST	76.763	07/15/2011	06/03/2013	1,946.17	1,883 00	63.17
SELL	HIGH COST	98.499	12/06/2011	06/03/2013	2,497 24	2,100 00	397 24
SELL	HIGH COST	2.263	12/08/2011	06/03/2013	57.37	46.74	10 63
SELL	HIGH COST	6.703	12/08/2011	06/03/2013	169 94	138 41	31 53
SALE DATE TOTAL		427.570	VARIOUS	06/03/2013	10,840.16	9,128.09	1,712.07
Long-Term Noncovered Total	ered Total				57,767.62	46,851.07	10,916.55
Noncovered Total					69,091.82	57,189.92	11,901.90
Total					100,423.68	87,111.53	13,312.15

FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SECU	URITIES	S'	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	(A) REVENUE PER BOOKS	NET :	(B) INVEST- INCOME	(C) ADJUST NET INC	
DEUTSCHE BANK #3065 DIVIDENDS DEUTSCHE BANK	6,054.		0.	6,054	·	6,054.		
#3065 DIVIDENDS DEUTSCHE BANK	146.		0.	146	·	146.		
#5261 DIVIDENDS DEUTSCHE BANK	2,502.		0.	2,502	2.	2,502.		
#5261 INTEREST OTHER INTEREST	216.		0.	216	·	216.		
INCOME	<528.	> 	0.	<528 	- -	<528.	>	
TO PART I, LINE 4	8,390.		0.	8,390	). <del>-</del>	8,390.		
FORM 990-PF		RENTAL	TNCOME			CI	TATEMENT	
KIND AND LOCATION O		LLE			ACTI' NUMI		GROSS ENTAL INC ————————————————————————————————————	
TOTAL TO FORM 990-P						<del></del>	169,2	
FORM 990-PF	I	RENTAL E	EXPENSE	ES		S	PATEMENT	
DESCRIPTION			ACTIV NUME		AMOUNT		TOTAL	
DEPRECIATION LIABILITY INSURANCE LEGAL FEES						749. 39. 138.		
		BTOTAL -	-	1			35,9	
TOTAL RENTAL EXPENS						==	35,9	
NET RENTAL INCOME T	O FORM 990-1	PF, PART	I, LI	NE 5B			133,3	48

FORM 990-PF	OTHER	INCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
ADMINISTRATIVE FEES COLLECTED	-	138.	138.	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	138.	138.	
FORM 990-PF	LEGA	L FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
LEGAL FEES	138	. 138	•	0.
TO FM 990-PF, PG 1, LN 16A	138	. 138	•	0.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
ACCOUNTING FEES	2,750	. 1,375	•	0.
TO FORM 990-PF, PG 1, LN 16B	2,750	1,375	•	0.
FORM 990-PF C	THER PROFE	SSIONAL FEES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	2,830	2,830	•	0.
TO FORM 990-PF, PG 1, LN 16C	2,830	2,830	•	0.

FORM 990-PF		TAX	ES 			STATEMENT	8
DESCRIPTION	(A) EXPENS PER BO	ES	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID EXCISE TAX	2,	81. 915.		81.			0.
TO FORM 990-PF, PG 1, LN 18	2,	996.		81.			0.
FORM 990-PF	ОТН	ER E	XPENSES			STATEMENT	9
DESCRIPTION	(A) EXPENS PER BO	ES	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
NY FILING FEES		250.		0.			0.
TO FORM 990-PF, PG 1, LN 23		250.		0.			0.
FORM 990-PF	CORP	ORAT	E STOCK			STATEMENT	10
DESCRIPTION				вос	K VALUE	FAIR MARKE VALUE	т
DEUTSCHE BANK GOLUB CAPITAL			-		312,076. 131,858.	413,7 131,8	
TOTAL TO FORM 990-PF, PART II	I, LINE	10в	=		443,934.	545,5	75.
FORM 990-PF DEPRECIATION C	OF ASSET	S HE	LD FOR IN	/ESTN	IENT	STATEMENT	11
DESCRIPTION			ST OR R BASIS		CUMULATED PRECIATION	BOOK VAL	UE
AT&T MOORESVILLE BUILDING AT&T MOORESVILLE LAND	_	1	,394,217. 597,522.		108,737.	1,285,4 597,5	
TOTAL TO FM 990-PF, PART II,	LN 11	1	,991,739.		108,737.	1,883,0	02.

FORM 990-PF OTI	HER LIABILITIES		STATEMENT	12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	ı
ESCROW ACCOUNT: CAM ESCROW ACCOUNT: PROPERTY TAXES	<del>-</del>	9,054. 7,087.	15,0 3,5	
TOTAL TO FORM 990-PF, PART II, LI	NE 22	16,141.	18,5	74.