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## Form **990-PF**

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service and ending For calendar year 2013 or tax year beginning Name of foundation A Employer identification number 26-1597219 LUCEY CHARITABLE FOUNDATION, INC Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P. O. BOX 806 843-849-8400 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MT. PLEASANT, SC 29465 D 1. Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) \_\_\_ Other (specify) under section 507(b)(1)(B), check here 216,885. (Part I, column (d) must be on cash basis.) **>**\$ Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) expenses per books income ıncome N/A 0. 1 Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 47. 47 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns 10a and allowances Less Cost of goods sold c Gross profit or (loss) 11 Other income 47 47. 12 Total, Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 0. STMT 2 1,045 1,045 b Accounting fees c Other professional fees Administrative 17 Interest STMT 3 1 0. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative SCANNED OCT 1,046 0 1,045. expenses Add lines 13 through 23 24,858 24,858. Contributions, gifts, grants paid Total expenses and disbursements 25,904 0 25,903. Add lines 24 and 25 27 Subtract line 26 from line 12: -25,857 8 Excess of revenue over expenses and disbursements 47 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2013) 20

N/A

c Adjusted net income (if negative, enter -0-)

| Fo               | rm 99 | 00-PF (2013) LUCEY CHARITABLE FOUNDA  |   |                | 1597219 Page 2            |
|------------------|-------|---|---|----------------|---------------------------|
| P                | art   | Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only  | Beginning of year                       | End o          | <del></del>               |
| <u>-</u>         |       | Balance Streets column should be for end-of-year amounts only   | (a) Book Value                          | (b) Book Value | (c) Fair Market Value     |
|                  | 1     | Cash - non-interest-bearing   |   |                |                           |
|                  | 1     | Savings and temporary cash investments  | 242,742.                                | 216,885.       | 216,885.                  |
|                  | 3     | Accounts receivable >   |   | -              |                           |
|                  |       | Less: allowance for doubtful accounts ▶   |   |                | ·····                     |
|                  | 4     | Pledges receivable -  |   |                |                           |
|                  |       | Less: allowance for doubtful accounts   |   |                |                           |
|                  | 5     | Grants receivable   |   |                |                           |
|                  | 6     | Receivables due from officers, directors, trustees, and other   |   |                |                           |
|                  |       | disqualified persons  |   |                |                           |
|                  | 7     | Other notes and loans receivable  |   |                |                           |
|                  | l     | Less; allowance for doubtful accounts   |   |                | ***                       |
| ets              | 8     | Inventories for sale or use   |   |                |                           |
| Assets           | 9     | Prepaid expenses and deferred charges   |   |                |                           |
| ٩                | 1     | Investments - U.S. and state government obligations   |   |                |                           |
|                  | 1     | Investments - corporate stock   |   |                |                           |
|                  | C     | Investments - corporate bonds   |   |                |                           |
|                  | 11    | Investments - land, buildings, and equipment basis  |   |                |                           |
|                  |       | Less accumulated depreciation   |   |                |                           |
|                  | 1     | Investments - mortgage loans  |   |                |                           |
|                  | 13    | Investments - other   |   |                |                           |
|                  | 14    | Land, buildings, and equipment: basis   |   |                |                           |
|                  | }     | Less accumulated depreciation   |   |                |                           |
|                  |       | Other assets (describe ►)   |   |                |                           |
|                  | 16    | Total assets (to be completed by all filers - see the   | 0.40 5.40                               | 016 005        | 046 005                   |
| _                | ļ     | instructions. Also, see page 1, item 1)   | 242,742.                                | 216,885.       | 216,885.                  |
|                  | 1     | Accounts payable and accrued expenses   |   |                |                           |
|                  | 18    | Grants payable  |   |                |                           |
| ies              | 19    | Deferred revenue  |   |                |                           |
| Liabilities      | 20    | Loans from officers, directors, trustees, and other disqualified persons  |   |                |                           |
| Ei a             | 21    | Mortgages and other notes payable   |   |                | -                         |
|                  | 22    | Other liabilities (describe )   |   |                |                           |
|                  |       |   | 0                                       | 0              |                           |
| _                | 23    | Total liabilities (add lines 17 through 22)  Foundations that follow SEAS 117, check here   | 0.                                      | 0,             |                           |
|                  |       | I QUITURE TO THE TOTAL OF THE TOTAL |   |                |                           |
| Š                |       | and complete lines 24 through 26 and lines 30 and 31.   |   |                |                           |
| Š                | 24    | Unrestricted  |   | <del></del>    |                           |
| ala              | 25    | Temporarily restricted  |   |                |                           |
| or Fund Balances | 26    | Permanently restricted  Foundations that do not follow SFAS 117, check here   |   |                |                           |
| Ē                |       | · · · · · ·   |   |                |                           |
| ō                | 27    | and complete lines 27 through 31. Capital stock, trust principal, or current funds  | 0.                                      | 0.             |                           |
| Net Assets       | 28    | Paid-in or capital surplus, or land, bldg., and equipment fund  | 0.                                      | 0.             |                           |
| Ass              | 29    | Retained earnings, accumulated income, endowment, or other funds  | 242,742.                                | 216,885.       |                           |
| et/              | 1     | Total net assets or fund balances   | 242,742.                                | 216,885.       |                           |
| Z                | 30    | TOTAL HET ASSETS OF TURIO DATAFICES   | 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 210,003.       |                           |
|                  | 21    | Total liabilities and net assets/fund balances  | 242,742.                                | 216,885.       |                           |
|                  |       |   | <u> </u>                                | 22070001       |                           |
| P                | art   | Analysis of Changes in Net Assets or Fund B   | alances                                 |                |                           |
| 1                | Tota  | net assets or fund balances at beginning of year - Part II, column (a), line  | 30                                      |                |                           |
|                  |       | st agree with end-of-year figure reported on prior year's return)   |   | 1              | 242,742.                  |
| 2                |       | r amount from Part I, line 27a  |   | 2              | -25,857.                  |
| 3                |       | r increases not included in line 2 (itemize)  |   | 3              | 0.                        |
| 4                |       | lines 1, 2, and 3   |   | 4              | 216,885.                  |
| 5                |       | eases not included in line 2 (itemize)  |   | 5              | 0.                        |
| 6                | Tota  | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co  | olumn (b), line 30                      | 6              | 216,885.                  |
|                  |       |   |   |                | Form <b>990-PF</b> (2013) |

| Par                      | (a) List and desc  | ribe the kind(s) of pro         | r Tax on Investmen<br>perty sold (e.g., real estate,<br>stock, 200 shs. MLC Co.) | . moonie                              | ( <b>b)</b> F  | low acquired<br>- Purchase<br>- Donation | acquired (c) Date acquired (d) Da (mo., day, yr.) (mo., c |                               |                     |
|--------------------------|--|---------------------------------|--|---------------------------------------|----------------|--|---|-------------------------------|---------------------|
| 1a                       |  |                                 |  |                                       |                |  |   |                               |                     |
| <u>b</u>                 | NO.  | NE                              | ·  |                                       |                |  |   |                               |                     |
| <u> </u>                 |  |                                 |  |                                       | <b>_</b>       |  |   |                               |                     |
| <u>d</u>                 |  |                                 |  | <del></del>                           | ├              | ·  |   |                               |                     |
| <u>e</u>                 |  | (4) Depresenting                | allowed (=) Co   | st or other basis                     | <del>!</del> _ |  | (b) C   | ain or (loss)                 |                     |
|                          | (e) Gross sales price  | (f) Depreciation<br>(or allowal |  | expense of sale                       |                |  |   | s (f) minus (                 |                     |
| a<br>b                   |  |                                 |  |                                       | _              | <u></u>                                  |   |                               |                     |
| C                        |  |                                 |  |                                       |                |  |   |                               |                     |
| d                        |  |                                 |  |                                       |                |  |   |                               |                     |
| e                        |  |                                 |  |                                       |                |  |   |                               |                     |
| Co                       | omplete only for assets shown  | ng gain in column (h)           | and owned by the foundation  | n on 12/31/69                         |                |  |   | ol. (h) gain                  |                     |
| (                        | i) F.M.V. as of 12/31/69   | (j) Adjusted<br>as of 12/3      |  | col. (j), if any                      |                |  |   | not less than<br>(from col. ( |                     |
| a                        |  |                                 |  |                                       |                |  |   |                               |                     |
| b                        |  |                                 |  |                                       |                |  |   |                               |                     |
| C                        |  |                                 |  |                                       |                | ·  | ****  |                               |                     |
| <u>d</u>                 |  |                                 |  |                                       |                |  |   | <del></del>                   |                     |
| <u>e</u>                 |  |                                 |  |                                       |                |  |   |                               |                     |
| <b>2</b> Ca <sub>l</sub> | oital gain net income or (net ca   |                                 | gain, also enter in Part I, line<br>(loss), enter -0- in Part I, line            |                                       | }              | 2  |   |                               |                     |
| 3 Nei                    | : short-term capital gain or (lo   |                                 |  |                                       |                |  |   |                               |                     |
|                          | aın, also enter ın Part I, line 8,   | •                               | (-)-   |                                       | ] [            |  |   |                               |                     |
|                          | oss), enter -0- in Part I, line 8  |                                 |  | · · · · · · · · · · · · · · · · · · · |                | 3  |   |                               |                     |
| Par                      | <del></del>  |                                 | l940(e) for Reduced  |                                       |                |  | come  |                               |                     |
| (For o                   | otional use by domestic private  | e foundations subject           | to the section 4940(a) tax or  | n net investment ir                   | ncome          | 1.)                                      |   |                               |                     |
| If secti                 | on 4940(d)(2) applies, leave t   | his part blank.                 |  |                                       |                |  |   |                               |                     |
| اد مدادا                 | on force data on bable for the and   | tion 4040 toy on the d          | hatributable amount of any v   | oor in the book pe                    | riod?          |  |   |                               | Yes X No            |
|                          | ie foundation liable for the sec<br>," the <u>fo</u> undation does not qua |                                 |  | •                                     | liour          |  |   |                               | LI TES LALINU       |
|                          | ter the appropriate amount in  |                                 |  |                                       | entries        |  |   |                               |                     |
|                          | (a)  |                                 | (b)  |                                       | (c)            | _  | T   | Dietrih                       | (d)<br>oution ratio |
| Cale                     | Base periód years<br>endar year (or tax year beginni                       | ing in) Adjusted                | d qualifying distributions   | Net value of no                       |                | itable-use asset                         | s   | (col. (b) div                 | ided by col. (c))   |
|                          | 2012   |                                 | 17,949.  |                                       |                | 252,09                                   | 9.  |                               | .071198             |
|                          | 2011   |                                 | 22,695.  |                                       |                | 237,89                                   |   |                               | .095398             |
|                          | 2010   |                                 | 22,335.  |                                       |                | 201,09                                   |   | <u> </u>                      | .111069             |
|                          | 2009   |                                 | 8,674.   |                                       |                | 28,51                                    |   |                               | .304180             |
|                          | 2008   |                                 | 5,139.   | <u> </u>                              |                | 9,64                                     | 4.  |                               | .532870             |
|                          | tal of line 1, column (d)  |                                 |  |                                       |                |  | 2   |                               | 1.114715            |
|                          | erage distribution ratio for the   |                                 |  | , or by the number                    | r of yea       | ars                                      |   |                               |                     |
| the                      | foundation has been in existe  | ence if less than 5 year        | S  |                                       |                |  | 3   |                               | .222943             |
| <b>4</b> En              | ter the net value of noncharita  | ble-use assets for 201          | 3 from Part X, line 5  |                                       |                |  | 4   |                               | 230,542.            |
| <b>5 M</b> u             | iltiply line 4 by line 3   |                                 |  |                                       |                |  | 5   |                               | 51,398.             |
| <b>6</b> En              | ter 1% of net investment incor   | me (1% of Part I, line 2        | 27b)   |                                       |                |  | 6   |                               | 0.                  |
| <b>7 A</b> d             | d lines 5 and 6  |                                 |  |                                       |                |  | 7   |                               | 51,398.             |
|                          |  | m Dark VII. line 4              |  |                                       |                |  |   |                               |                     |
|                          | ter qualifying distributions from  |                                 | Da 130 hai 45 and  | alain ihat                            |                | n/ .ta                                   | 8   | <u> </u>                      | 25,903.             |
|                          | ine 8 is equal to or greater tha<br>e the Part VI instructions.            | n line 7, check the box         | on Part VI, line 15, and com   | piete that part usir                  | ng a 1º        | % tax rate.                              |   |                               |                     |

| Form | 990-PF (2013) LUCEY CHARITABLE FOUNDATION,  | INC                   |                                   |  | <u> 26-</u> | <u> 1597</u> | 219          |      | Page 4   |
|------|---|-----------------------|-----------------------------------|--|-------------|--------------|--------------|------|----------|
| Pa   | rt VI Excise Tax Based on Investment Income (Section 494  | Ю(а),                 | 4940(b), 4940(e),                 | or 49  | 948         | - see i      | nstru        | ctio | าร)      |
| 1a   | Exempt operating foundations described in section 4940(d)(2), check here and e  | enter "N              | V/A" on line 1.                   | l  |             |              |              |      |          |
|      | Date of ruling or determination letter: (attach copy of letter if ne  | cessar                | y-see instructions)               |  |             |              |              |      |          |
| b    | Domestic foundations that meet the section 4940(e) requirements in Part V, check here   | ▶                     | and enter 1%                      | L  | 1           |              |              |      | 1.       |
|      | of Part I, line 27b   |                       |                                   |  |             | ļ            |              |      |          |
| C    | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%  | % of Pa               | art I, line 12, col. (b). 🗦       |  |             | -            |              |      |          |
| 2    | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O   | Others 6              | enter -0-)                        | ļ  | 2           | L            |              |      | 0.       |
| -    | Add lines 1 and 2   |                       |                                   |  | 3_          |              |              |      | 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-  |                       |                                   | ļ  | 5           | ļ            |              |      | 1.       |
|      | Credits/Payments:   | 1.                    | 1                                 |  |             | }            |              |      |          |
|      | 2013 estimated tax payments and 2012 overpayment credited to 2013   | 6a                    |                                   |  |             |              |              |      |          |
|      | Exempt foreign organizations - tax withheld at source   | 6b                    |                                   |  |             | 1            |              |      |          |
|      | Tax paid with application for extension of time to file (Form 8868)   | 6c                    | ·                                 | 1.   |             |              |              |      |          |
|      | Backup withholding erroneously withheld   | _ 6d                  |                                   |  | _           |              |              |      | 1        |
|      | Total credits and payments. Add lines 6a through 6d   |                       |                                   | _  |             | <del> </del> |              |      | 1.       |
|      | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta  | acneo                 |                                   |  | 8           | ļ            |              |      | 0.       |
|      | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |                       |                                   |  | 9<br>10     |              |              |      | <u> </u> |
|      | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   |                       | Refunde                           |  | 11          |              |              |      |          |
|      | Enter the amount of line 10 to be: Credited to 2014 estimated tax ►  rt VII-A   Statements Regarding Activities   |                       | i veraiine                        | u  | - [ ]       |              |              |      |          |
|      | During the tax year, did the foundation attempt to influence any national, state, or local legis  | slation               | or did it participate or int      | ervene                                       | ın          |              |              | Yes  | No       |
|      | any political campaign?   | Diatio.               | or are repaired parts or mit      |  |             |              | 1a           |      | X        |
|      | Did it spend more than \$100 during the year (either directly or indirectly) for political purpo  | oses (s               | ee instructions for the de        | finition)                                    | ?           |              | 1b           |      | X        |
|      | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an  |                       |                                   |  |             |              |              |      |          |
|      | distributed by the foundation in connection with the activities   | •                     | •                                 |  |             |              |              |      |          |
| C    | Did the foundation file Form 1120-POL for this year?  |                       |                                   |  |             |              | 1c           |      | X        |
| đ    | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the  | e year                |                                   |  |             |              |              |      |          |
|      | (1) On the foundation. > \$ 0 . (2) On foundation managers  | s. 🕨 🤅                | \$                                | 0.   |             |              |              |      |          |
|      | Enter the reimbursement (if any) paid by the foundation during the year for political expend  |                       |                                   | า  |             |              |              |      |          |
|      | managers. ▶ \$0 .   |                       |                                   |  |             |              |              |      |          |
| 2    | Has the foundation engaged in any activities that have not previously been reported to the I  | IRS?                  |                                   |  |             |              | 2            |      | _X_      |
|      | If "Yes," attach a detailed description of the activities   |                       |                                   |  |             |              |              |      |          |
|      | Has the foundation made any changes, not previously reported to the IRS, in its governing $$  |                       | ment, articles of incorpora       | ation, or                                    | r           |              |              |      |          |
|      | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change   |                       |                                   |  |             |              | 3            |      | X        |
|      | Did the foundation have unrelated business gross income of \$1,000 or more during the year  | ary                   |                                   |  |             | . / 3        | 4a           |      | X        |
|      | If "Yes," has it filed a tax return on Form 990-T for this year?  |                       |                                   |  | N           | I/A          | 4b           |      | - V      |
|      | Was there a liquidation, termination, dissolution, or substantial contraction during the year'  | 7                     |                                   |  |             |              | 5            |      | X        |
|      | If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e | nithor*               |                                   |  |             |              |              |      |          |
|      | <ul> <li>By language in the governing instrument, or</li> </ul>   | :IIII <del>E</del> 1. |                                   |  |             |              |              |      |          |
|      | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandato.</li> </ul>   | ny dire               | ctions that conflict with th      | atete an                                     | law         |              |              |      |          |
|      | remain in the governing instrument?   | ny uno                | otions that commet with th        | ic state                                     | 144         |              | 6            |      | x        |
|      | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," coi   | molete                | e Part II. col. (c), and P        | art XV                                       |             |              | 7            | X    |          |
| •    | bid the foundation have at least \$6,000 in about at any time during the year.  |                       | 0 / 2 / 1 / 1 / 20 / (0), 2 / 2 / |  |             |              | <u> </u>     |      |          |
| 8a   | Enter the states to which the foundation reports or with which it is registered (see instruction  | ons)                  | •                                 |  |             |              |              |      |          |
|      | SC  |                       |                                   |  |             |              |              |      |          |
| b    | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A   | Attorne               | ey General (or designate)         |  |             |              |              |      |          |
|      | of each state as required by General Instruction G? If "No," attach explanation   |                       |                                   |  |             |              | 8b           | X    |          |
| 9    | Is the foundation claiming status as a private operating foundation within the meaning of se  | ection                | 4942(j)(3) or 4942(j)(5)          | for caler                                    | ndar        |              |              |      | _        |
|      | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," of   |                       |                                   |  |             |              | 9            |      | X        |
| 10   | Did any persons become substantial contributors during the tax year? if "Yes," attach a sched   | dule listir           | ng their names and addresses      | <u>.                                    </u> |             |              | 10           |      | X        |
|      |   |                       |                                   |  |             | Fori         | ո <b>990</b> | -PF  | (2013)   |

10-10-13

| Forn | 1990-PF (2013) LUCEY CHARITABLE FOUNDATION, INC 26-159   | 7219            | ı            | Page <b>5</b> |
|------|--|-----------------|--------------|---------------|
| Pa   | 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              |              | <u>X</u>      |
| 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>400</u>   |               |
|      | Located at ► 415 MILL STREET, MT. PLEASANT, SC ZIP+4 ►2  | 9454            |              |               |
| 15   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  |                 | , . <b>.</b> |               |
|      | and enter the amount of tax-exempt interest received or accrued during the year  |                 | /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,   | 1               | Yes          | No            |
|      | securities, or other financial account in a foreign country?   | 16              |              | <u> </u>      |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign   |                 | ĺ            |               |
| Pa   | country ► 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            |
| 18   | 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?   | 1               | ŀ            |               |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |                 | l            |               |
|      | a disqualified person?   |                 | ŀ            |               |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | ]               | ļ            |               |
|      | (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  |                 | ļ            |               |
|      | for the benefit or use of a disqualified person)?  | 1               |              |               |
|      | (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.)  Yes X No                      |                 |              |               |
| ,    | termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations |                 |              |               |
|      | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A   | 1b              | -            |               |
|      | Organizations relying on a current notice regarding disaster assistance check here   | 1.5             |              |               |
|      | E 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?  | 1c              |              | 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)):  |                 | İ            |               |
| ä    | 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   |                 |              |               |
|      | before 2013?   |                 |              |               |
|      | If "Yes," list the years >   |                 |              |               |
| ł    | 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)  N/A            | 05              |              |               |
|      | statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.                                    | 2b              |              |               |
|      |  |                 |              |               |
| 3:   | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  |                 |              |               |
| •    | during the year?   |                 |              |               |
| ı    | o If "Yes," did it have excess business holdings in 2013 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,   |                 |              | '<br>         |
|      | Form 4720, to determine if the foundation had excess business holdings in 2013.)  N/A  | 3ь              |              |               |
| 4    | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 4a              |              | X             |
| ١    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that   |                 |              |               |
|      | had not been removed from jeopardy before the first day of the tax year beginning in 2013?   | 4b              |              | X             |
|      | · · · · · · · · · · · · · · · · · · ·  | Form <b>990</b> | )-PF         | (2013)        |

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| orm 990-PF (2013) LUCEY CHARITABLE FOUNDAT  |  | Required (contin                                | 26-1597   | 219       | Page 6                               |
|---|--|---|---|-----------|--------------------------------------|
| <ul> <li>5a During the year did the foundation pay or incur any amount to: <ol> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section).</li> <li>(2) Influence the outcome of any specific public election (see section 4955); any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes.</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unsection 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption to expenditure responsibility for the grant?</li> <li>If "Yes," attach the statement required by Regulations section 53 4946.</li> <li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?</li> </ol> </li> </ul> | on 4945(e))?  or to carry on, directly or indirectly or described in section.  If the exceptions described actions?  There from the tax because it maintantantantantantantantantantantantantan | Ye   Ye     Ye                                  | es X No                               | 5b        |                                      |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a  | personal benefit contract?   |   |   | 6Ь        | <u> </u>                             |
| If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax b. If "Yes," did the foundation receive any proceeds or have any net income attrib  | utable to the transaction?   |   | es X No<br>N/A  | 7b        |                                      |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors  | tees, roundation Ma  | inagers, riigni                                 | <b>y</b>  |           |                                      |
| List all officers, directors, trustees, foundation managers and their   |  | (a) Componention                                | (d) Contributions to  | 1 .       | \                                    |
| (a) Name and address  | (b) Title, and average<br>hours per week devoted<br>to position  | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plan<br>and deferred<br>compensation | acc<br>al | ) Expense<br>ount, other<br>lowances |
| JUSTIN O'T LUCEY  | PRESIDENT/SEC  | RETARY  |   |           |                                      |
| 415 MILL STREET   | 0.00   | 0.  | 0   |           | 0                                    |
| MT PLEASANT, SC 29464 DIANE JURAS   | VICE PRESIDEN  | · · · · · · · · · · · · · · · · · · ·           | 0   | +         | 0.                                   |
| 415 MILL STREET   | VICE FREDIDER  | <b>" </b>                                       |   |           |                                      |
| MT PLEASANT, SC 29464   | 0.00   | 0.  | 0   |           | 0.                                   |
| LORCAN LUCEY  | TREASURER  |   |   |           |                                      |
| 415 MILL STREET   | ]  |   |   |           |                                      |
| MT PLEASANT, SC 29464   | 0.00   | 0.  | 0   | •         | 0.                                   |
|   | 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<br>employee benefit plan<br>and deferred<br>compensation | s acc     | Expense ount, other lowances         |
| NONE  | -  |   |   |           |                                      |
|   |  |   |   |           |                                      |
| Total number of other employees paid over \$50,000  |  |   |   | 000       | 0                                    |

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|---|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)  | lation Managers, Highly                      |                  |
| 3 Five highest-paid independent contractors for professional services. If none, ent   | er "NONE."                                   |                  |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service                          | (c) Compensation |
| NONE  |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   | <del>- </del>                                |                  |
|   |  |                  |
|   |  |                  |
| Total number of others receiving over \$50,000 for professional services  |  | ▶ 0              |
| Part IX-A Summary of Direct Charitable Activities   |  |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant states number of organizations and other beneficiaries served, conferences convened, research papers pr | istical information such as the oduced, etc. | Expenses         |
| 1 DONATE TO ORPHANAGES, LIBRARIES AND COMMUNI   | TY SERVICE                                   |                  |
| ORGANIZATIONS   |  |                  |
|   |  | 24,858.          |
| 2   |  | 4                |
|   |  | -                |
| 2   |  |                  |
| 3   |  |                  |
|   |  |                  |
| 4   |  |                  |
|   |  |                  |
| Det IV D. C. D. Late d. L.  |  |                  |
| Part IX-B   Summary of Program-Related Investments  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   | minos rana 2.                                | Tunount          |
| I N/A   |  | 1                |
|   |  | 7                |
| 2   |  |                  |
|   |  | _                |
|   |  |                  |
| All other program-related investments. See instructions.  |  |                  |
| 3   |  | -                |
|   |  | 1                |

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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25,903.

4

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013                           |
|--|---------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2013 from Part XI, line 7   |               |                            |             | 11,526.                               |
| 2 Undistributed income, if any, as of the end of 2013  |               |                            |             |                                       |
| a Enter amount for 2012 only   |               |                            | 0.          |                                       |
| b Total for prior years:   |               |                            |             |                                       |
|  |               | 0.                         |             |                                       |
| 3 Excess distributions carryover, if any, to 2013:   |               |                            |             |                                       |
| a From 2008 4,638.   |               |                            |             |                                       |
| <b>b</b> From 2009 7, 250.   |               |                            |             |                                       |
| c From 2010 12,282.  |               |                            |             |                                       |
| d From 2011 10,801.  |               | •                          |             |                                       |
| e From 2012 5,345.   |               | •                          |             |                                       |
| f Total of lines 3a through e  | 40,316.       |                            |             |                                       |
| 4 Qualifying distributions for 2013 from   |               |                            |             |                                       |
| Part XII, line 4: ► \$ 25,903.   |               |                            | _           |                                       |
| a Applied to 2012, but not more than line 2a   |               |                            | 0.          |                                       |
| <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.            |                            |             | 44 506                                |
| d Applied to 2013 distributable amount   | 4.4.055       |                            |             | 11,526.                               |
| e Remaining amount distributed out of corpus   | 14,377.       |                            |             |                                       |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))   | 0.            |                            |             |                                       |
| 6 Enter the net total of each column as indicated below  |               |                            |             |                                       |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 54,693.       |                            |             |                                       |
| <b>b</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   |               |                            |             | <u> </u>                              |
| 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  | 4,638.        |                            |             |                                       |
| 9 Excess distributions carryover to 2014.  | E             |                            |             |                                       |
| Subtract lines 7 and 8 from line 6a  | 50,055.       |                            |             |                                       |
| Analysis of line 9:  |               |                            |             |                                       |
| a Excess from 2009 7, 250.   | ì             |                            | 1           |                                       |
| b Excess from 2010 12, 282.  | ]             |                            |             |                                       |
| c Excess from 2011 10,801.   |               |                            |             |                                       |
| d Excess from 2012 5, 345.   |               |                            |             |                                       |
| e Excess from 2013 14,377.   |               |                            | <del></del> | Form <b>990-PF</b> (2013)             |

| Form 990-PF (2013) LUCEY CH   | ARITABLE I              | OUNDATION,                  | INC  |                              | 597219 Page 10       |
|---|-------------------------|-----------------------------|--|------------------------------|----------------------|
| Part XIV Private Operating For  |                         |                             | II-A, question 9)                                | N/A                          |                      |
| 1 a If the foundation has received a ruling or de   |                         |                             |  |                              |                      |
| <del>-</del>  |                         |                             | ▶ ∟  |                              |                      |
| <b>b</b> Check box to indicate whether the found <u>ati</u>   | on is a private operati | ing foundation described    |  | 4942(j)(3) or 4              | 942(j)(5)            |
| 2 a Enter the lesser of the adjusted net  | Tax year                |                             |  |                              | 4                    |
| income from Part I or the minimum   | (a) 2013                | (b) 2012                    | (c) 2011   | (d) 2010                     | (e) Total            |
| 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   |                         |                             |  |                              |                      |
| •   |                         |                             |  |                              |                      |
| ` <del> -</del>   |                         |                             |  |                              |                      |
| 3 9   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
| alternative test relied upon:   |                         |                             |  |                              |                      |
| <del>-</del>  |                         |                             |  |                              |                      |
| ` '   |                         |                             | <del>                                     </del> |                              |                      |
| under section 4942(j)(3)(B)(i)  |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
| shown in Part X, line 6 for each year listed  |                         |                             |  |                              |                      |
| c "Support" alternative test - enter:   |                         |                             |  |                              |                      |
| (1) Total support other than gross  |                         |                             |  |                              |                      |
| investment income (interest,  |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              | 1                    |
|   | <u> </u>                |                             |  |                              |                      |
| and 5 or more exempt  |                         | 1                           |  |                              |                      |
|   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
| Part XV   Supplementary Inform  | nation (Comple          | ete this part only          | if the foundation                                | n had \$5,000 or m           | ore in assets        |
| at any time during the  | year-see inst           | tructions.)                 |  |                              |                      |
| 1 Information Regarding Foundation  | Managers:               |                             |  | <del></del>                  |                      |
|   |                         | e than 2% of the total co   | ntributions received by t                        | he foundation before the cl  | ose of any tax       |
| year (but only if they have contributed mor   | e than \$5,000). (See   | section 507(d)(2).)         |  |                              |                      |
| JUSTIN O'T LUCEY  |                         |                             |  |                              |                      |
| b List any managers of the foundation who   | own 10% or more of t    | the stock of a corporation  | or an equally large po                           | rtion of the ownership of a  | partnership or       |
|   |                         |                             |  |                              |                      |
| NONE  |                         |                             |  |                              |                      |
|   | n. Grant. Gift. Loar    | n. Scholarship, etc., I     | Programs:  |                              | -                    |
| Check here X if the foundation only   | makes contributions     | s to preselected charitable | e organizations and doe                          | s not accept unsolicited red | quests for funds. If |
| the foundation makes gifts, grants, etc. (se  | e instructions) to ind  | ıvıduals or organizations   | under other conditions,                          | complete items 2a, b, c, a   | nd d.                |
| 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  2 a Enter the lesser of the adjusted net income from Part to the minimum investment return from Part to 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.  Subtract line 2d from line 2c  3 Complete 3a, b, or c for the alternative test - enter:  (1) Value of assets qualifying under section 4942(i)(3)(8)(i)  b Endowment' alternative test - enter:  (2) Value of assets qualifying under section 4942(i)(3)(8)(i)  b Endowment' alternative test - enter:  (3) Total year (3)(3)(8)(i)  b Endowment' alternative test - enter:  (1) Total (4) 2010  (e) Total  (e) Total  (e) Total  (e) Total  (e) Total  (f) 2010  (e) Total  (e) Total  (f) 2010  (e) Total  (f) 2010  (e) Total  (f) 2010  (e) Total  (f) 2010  (e) Total |                         |                             |  |                              |                      |
| <b>2</b> 770 12.110, 2021000, 2021  |                         |                             |  |                              |                      |
| <b>b</b> The form in which applications should be   | submitted and inform    | ation and materials they    | should include:                                  | * ***                        |                      |
| c Any submission deadlines:   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |
| d Any restrictions or limitations on awards,  | such as by geographi    | cal areas, charitable field | s, kinds of institutions, o                      | or other factors:            |                      |
|   |                         |                             |  |                              |                      |
|   |                         |                             |  |                              |                      |

| art XV Supplementary informatio                           | TT (Continued)   |                       |   |                                       |
|---|--|-----------------------|---|---------------------------------------|
| 3 Grants and Contributions Paid During the                |  | Payment               |   |                                       |
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of  | Purpose of grant or contribution        | Amount                                |
| Name and address (home or business)                       | or substantial contributor   | recipient             |   | · · · · · · · · · · · · · · · · · · · |
| a Paid during the year                                    |  |                       |   |                                       |
| BURKE HIGH SCHOOL LIBRARY                                 | N7 / 3   |                       | LIBRARY                                 |                                       |
| 244 PRESIDENT STREET                                      | N/A  |                       | LIBRARI                                 |                                       |
| CHARLESTON, SC 29403                                      |  |                       |   | 500.                                  |
| CHARDESTON, SC 23403                                      |  |                       |   |                                       |
| CHICORA SCHOOL OF COMMUNICATIONS                          | N/A  |                       | PROMOTE STUDENT                         |                                       |
| 3795 SPRUILL AVENUE                                       |  |                       | READING                                 | 500                                   |
| NORTH CHARLESTON, SC 29405                                |  |                       |   | 500.                                  |
| COASTAL CONSERVATION ASSOCIATION 3021-10 MCNAUGHTON DRIVE | N/A  |                       | CONSERVATION                            |                                       |
| COLUMBIA, SC 29223  |  |                       | <u> </u>                                | 800.                                  |
|   |  |                       |   |                                       |
| COASTAL CONSERVATION LEAGUE                               | N/A  |                       | PROTECTION OF NATURAL                   |                                       |
| P.O BOX 1765  |  |                       | RESOURCES AND<br>TRADITIONAL LANDSCAPES |                                       |
| CHARLESTON, SC 29402                                      |  |                       | OF THE COAST                            | 500.                                  |
|   | ,  |                       |   |                                       |
| CRISIS MINISTRIES   | N/A  |                       | HELP FOR THE HOMELESS                   |                                       |
| P.O. BOX 20038  |  |                       | ;LISTTOTAL 1000                         |                                       |
| CHARLESTON SC 29413                                       | NTINUATION SHEE  | <u>।</u><br>'ग' ( ८ ) | <b>▶</b> 3a                             | 1,250,                                |
| Total SEE CC  b Approved for future payment               | MIINOMITON SHEE  |                       | Ja Ja                                   | 24,858,                               |
|   |  |                       |   |                                       |
| NONE  |  |                       |   |                                       |
|   |  |                       |   |                                       |
|   |  |                       |   |                                       |
|   |  |                       |   |                                       |
|   |  |                       |   |                                       |
|   |  |                       |   |                                       |
|   |  |                       |   |                                       |
| Total   |  | <u> </u>              | <b>▶</b> 3b                             | 0.                                    |

| nter gross amounts unless otherwise indicated.   | Unrelated  | business income        |  | by section 512, 513, or 514  | (e)                               |
|--|--|------------------------|--|------------------------------|-----------------------------------|
| Dearway pages and the second   | (a)<br>Business                                  | ( <b>b)</b><br>Amount  | Exclu-<br>sion                                   | (d)<br>Amount                | Related or exempt function income |
| Program service revenue:   | code   |                        | code   |                              | 101101101111001110                |
|  |  |                        | +  |                              |                                   |
|  |  | <del>_</del> .         | +  |                              |                                   |
|  | 1 1  |                        | +  |                              |                                   |
|  |  |                        | 1  |                              |                                   |
|  | _  |                        | +  |                              |                                   |
| Francisco de la contracta forma de la contra | -  |                        | + +  |                              |                                   |
| Fees and contracts from government agencies  |  |                        |  |                              |                                   |
| Membership dues and assessments  | <del></del>                                      |                        |  |                              |                                   |
| nterest on savings and temporary cash<br>nvestments  |  |                        | 14   | 47.                          |                                   |
| Ivestifients Dividends and interest from securities  |  |                        | 114  | 4/•                          |                                   |
| let rental income or (loss) from real estate:  | <del>                                     </del> |                        | +++  | <del></del>                  |                                   |
| Debt-financed property   |  |                        | +  | <del></del>                  |                                   |
| Not debt-financed property   |  |                        | +  |                              | <del></del>                       |
| let rental income or (loss) from personal  | <del></del>                                      |                        | <del>                                     </del> |                              |                                   |
| property   |  |                        |  |                              |                                   |
| Other investment income  | -  |                        | +  |                              |                                   |
| Gain or (loss) from sales of assets other  | <del></del>                                      |                        | +  |                              |                                   |
| han inventory  |  |                        |  |                              |                                   |
| Net income or (loss) from special events   |  |                        | +  |                              |                                   |
| Gross profit or (loss) from sales of inventory   |  |                        |  |                              | <del>_</del>                      |
| Other revenue:   |  | <del></del>            |  |                              |                                   |
| 1  |  |                        |  | <b>\</b>                     |                                   |
| b  |  |                        | 1 1  |                              |                                   |
|  | ) )  |                        |  |                              | -                                 |
| d  | i I  |                        |  |                              |                                   |
| e  |  | ···········            |  |                              |                                   |
| Subtotal. Add columns (b), (d), and (e)  |  | 0                      |  | 47.                          |                                   |
| Total. Add line 12, columns (b), (d), and (e)  | •  |                        |  | 13                           | 4                                 |
| worksheet in line 13 instructions to verify calculations.  | )  |                        |  |                              |                                   |
| art XVI-B Relationship of Activities   |  | mplichment of F        | Evemnt [   | Durnoses                     |                                   |
| Relationship of Activities   | S to tile Accor                                  | inprismment of t       | -xempt i   | - ui poses                   |                                   |
| e No. Explain below how each activity for which in   | come is reported in                              | column (e) of Part XVI | -A contribute                                    | ed importantly to the accomp | olishment of                      |
| ▼ the foundation's exempt purposes (other the  | an by providing fund                             | is for such purposes). |  |                              |                                   |
|  |  |                        |  |                              |                                   |
|  |  |                        |  |                              |                                   |
|  |  |                        |  |                              |                                   |
|  |  |                        |  |                              |                                   |
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|  |  |                        |  |                              |                                   |
|  |  |                        |  |                              |                                   |
|  |  |                        |  |                              |                                   |
|  |  |                        | *****  |                              |                                   |
|  |  |                        |  |                              |                                   |

323621 10-10-13

we examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of pe May the IRS discuss this return with the preparer Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true Sign shown below (s Here X Yes PRESIDENT Signature of officer or trustee Title Date Check [ ıf Print/Type preparer's name Preparer's signature self- employed BETSY M. WILLIAMS, **Paid** P00333811 CPA **Preparer** Firm's EIN ► 57-0776381 Firm's name ► WEBSTERROGERS **Use Only** Firm's address ▶ 1411 SECOND LOOP ROAD FLORENCE, SC 29505 Phone no. 843-665-5900

Form **990-PF** (2013)

| Part XV Supplementary Information                  |  |                      |                                  |        |
|--|--|----------------------|----------------------------------|--------|
| 3 Grants and Contributions Paid During the         | <del></del>  |                      |                                  |        |
| Recipient News and address (hours and houseast)    | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)                | or substantial contributor   | recipient            |                                  |        |
|  |  |                      |                                  |        |
| LOWCOUNTRY FOOD BANK<br>2864 AZALEA DRIVE          | N/A  |                      | MEALS FOR THE NEEDY              |        |
| CHARLESTON, SC 29405                               |  |                      |                                  | 1,000  |
|  |  |                      |                                  |        |
| MOULTRIE MIDDLE SCHOOL                             | N/A  |                      | LIBRARY                          |        |
| 1560 MATHIS FERRY ROAD                             |  |                      |                                  |        |
| MT PLEASANT, SC 29464                              |  |                      |                                  | 500    |
| NORTH CHARLESTON HIGH SCHOOL                       | N/A  |                      | LIBRARY                          |        |
| 1087 EAST MONTAGUE AVENUE                          | N/A  |                      | DI DIANT                         |        |
| NORTH CHARLESTON, SC 29405                         |  |                      |                                  | 500    |
|  |  |                      |                                  |        |
| PATTISON'S ACADEMY                                 | N/A  |                      | LIBRARY                          |        |
| 2383 HWY 41  |  |                      |                                  | 0.500  |
| MT PLEASANT, SC 29466                              |  |                      |                                  | 2,500  |
|  |  |                      | }                                |        |
| SC ENVIRONMENTAL LAW PROJECT 430 HIGHMARKET STREET | N/A  |                      | COMMUNITY SUPPORT                |        |
| GEORGETOWN SC 29440                                |  |                      |                                  | 500    |
|  |  |                      |                                  |        |
| SWAMP FESTIVAL                                     | N/A  |                      | COMMUNITY PROGRAMS               |        |
| P.O. BOX 125                                       |  |                      |                                  |        |
| JAMESTOWN, SC 29453                                |  |                      |                                  | 500    |
|  |  |                      |                                  |        |
| THE POST & COURIER GOOD CHEER FUND 134 COLUMBUS ST | N/A  | •                    | HELP FOR THE NEEDY               |        |
| CHARLESTON SC 29403                                |  |                      |                                  | 1,000  |
|  |  |                      |                                  |        |
| WANDO HIGH SCHOOL LIBRARY                          | N/A  |                      | LIBRARY                          |        |
| 1000 WARRIOR WAY MT PLEASANT SC 29466              |  |                      |                                  | 500    |
| 11 FILENSKII, 3C 27400                             |  |                      |                                  | 300    |
| SURF DAWGS BASEBALL PROGRAM                        | N/A  |                      | CHILD DEVELOPMENT                |        |
| 295 SEVEN FARMS DRIVE, SUITE C-275                 |  |                      |                                  |        |
| DANIEL ISLAND, SC 29492                            |  |                      |                                  | 500    |
|  |  |                      |                                  |        |
| SPECIAL OLYMPICS SC                                | N/A  |                      | SPECIAL NEEDS                    |        |
| 1276 ASSEMBLY STREET COLUMBIA, SC 29201            |  |                      |                                  | 500    |
| Total from continuation sheets                     |  |                      |                                  | 21,308 |

| Name and address (home or business)  Shan or start of the | cipient is an individual,<br>ow any relationship to<br>y foundation manager<br>substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------|----------------------------------|--------|
| UF AUBURN UNIVERSITY SCHOLARSHIP N/A   | y foundation manager<br>substantial contributor  |                                | t COMPROMENT :                   | AMOUNT |
| JND  |  | Templerit                      | oona ibadon                      |        |
|  |  |                                | EDUCATION                        |        |
|  |  |                                |                                  |        |
| 51 HEISMAN DRIVE<br>UBURN, AL 36849  |  |                                |                                  | 6,208  |
|  |  |                                |                                  |        |
| HARLESTON ANIMAL SOCIETY N/A   |  |                                | ANIMAL WELFARE                   |        |
| 455 REMOUNT ROAD   |  |                                |                                  |        |
| ORTH CHARLESTON, SC 29406  |  |                                |                                  | 100    |
| ERRY ZUCKER CHARLESTON RIDE FOR HOPE N/A   |  |                                | HEALTH                           |        |
| 591 HOME FARM ROAD   |  |                                |                                  |        |
| F PLEASANT, SC 29464   |  |                                |                                  | 500    |
| ENTER FOR HEIRS PROPERTY N/A   |  |                                | FUNDING SUPPORT FOR              |        |
| RESERVATION  |  |                                | LEGAL AND EDUCATIONAL            |        |
| 335 SAM RITTENBERG BOULEVARD, SUITE D  |  |                                | SERVICES TO LOW-INCOME           |        |
| HARLESTON, SC 29407  |  |                                | HEIRS PROPERTY OWNERS            | 5,000  |
| CLU OF SOUTH CAROLINA N/A  |  |                                | CIVIL RIGHTS SUPPORT             |        |
| O. BOX 20998   |  |                                |                                  |        |
| HARLESTON, SC 29413  |  |                                |                                  | 500    |
| HARLESTON MOVERS N/A   |  |                                | FUNDING TO SUPPORT               |        |
| O. BOX 21625   |  |                                | SAFETY REGULATIONS FOR           |        |
| HARLESTON, SC 29401  |  |                                | PEDESTRIANS AND BIKERS           |        |
|  |  |                                | IN THE AREA                      | 1,000  |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
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|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
| Total from continuation sheets   |  |                                |                                  |        |

| FORM 990-PF INTEREST ON SAV  | INGS AND TEM        | PORARY CASH 1 | NVESTMENTS                  | STATEMENT 1                     |  |  |
|------------------------------|---------------------|---------------|-----------------------------|---------------------------------|--|--|
| SOURCE                       | (A<br>REVE<br>PER B | NUE NET 1     | (B)<br>INVESTMENT<br>INCOME | (C)<br>ADJUSTED<br>NET INCOME   |  |  |
| INTEREST                     |                     | 47.           | 47.                         |                                 |  |  |
| TOTAL TO PART I, LINE 3      |                     | 47.           | 47.                         |                                 |  |  |
| FORM 990-PF                  | ACCOUNTI            | NG FEES       |                             | STATEMENT 2                     |  |  |
| DESCRIPTION                  |                     | NET INVEST-   |                             | (D)<br>CHARITABLE<br>E PURPOSES |  |  |
|                              | 1,045.              | 0.            |                             | 1,045.                          |  |  |
| TO FORM 990-PF, PG 1, LN 16B | 1,045.              | 0.            |                             | 1,045.                          |  |  |
| FORM 990-PF                  | TAXES               |               | STATEMENT 3                 |                                 |  |  |
| DESCRIPTION                  |                     | NET INVEST-   |                             | (D)<br>CHARITABLE<br>E PURPOSES |  |  |
| EXCISE TAX                   | 1.                  | 0.            |                             | 0.                              |  |  |
| TO FORM 990-PF, PG 1, LN 18  | 1.                  | 0.            | -                           | 0.                              |  |  |

| Form 88  | 58 (Rev. 1-2014)   |               |  |                              |   | Page 2           |  |
|--|--|---------------|--|------------------------------|---|------------------|--|
|  | are filing for an Additional (Not Automatic) 3-Month E               | xtension.     | complete only Part II and check thi  | s box                        |   | ▶ 🗓              |  |
|  | ily complete Part II if you have already been granted an             |               |  |                              | 8868.                                   |                  |  |
|  | are filing for an Automatic 3-Month Extension, comple                |               | The state of the s |                              |   |                  |  |
| Part II  |  |               |  | al (no c                     | opies nee                               | ded).            |  |
| ( , 4, 4 , 4   |  |               | <del></del>  |                              |   | see instructions |  |
| Type or  | Name of exempt organization or other filer, see instru               | ections       | Enterning  |                              |   |                  |  |
|  | Name of exempt organization of other lifer, see instit               | JULIONS       |  | Linbidye                     | imployer identification number (EIN) or |                  |  |
| print  | THEEV CHAPTER DIE BOINDARTON   | TATO          |  |                              | 26-1597219                              |                  |  |
| File by the due date for   | LUCEY CHARITABLE FOUNDATION  |               | Augus  | Constan                      |   |                  |  |
| filling your Thursder, and footh of solite flo if a P O box, see instructions. |  |               | Social se  | Social security number (SSN) |   |                  |  |
| return See<br>instructions   | P. O. BOX 806  | <del></del>   |  | L                            |   |                  |  |
|  | City, town or post office, state, and ZIP code. For a                | oreign add    | iress, see instructions.   |                              |   |                  |  |
|  | MT. PLEASANT, SC 29465   |               |  |                              |   |                  |  |
|  |  |               |  |                              |   | (ATT)            |  |
| Enter the  | Return code for the return that this application is for (fil         | e a separa    | te application for each return)  |                              | ,                                       | 0 4              |  |
|  |  | <del>.,</del> |  |                              |   |                  |  |
| Applicat   | ion  | Return        | Application  |                              |   | Return           |  |
| te For   |  | Code          | Is For   |                              |   | Codu             |  |
| Form 990   | or Form 990-EZ   | 01            |  |                              |   |                  |  |
| Form 990   | )-BL   | 02            | Form 1041-A  |                              |   | 08               |  |
| Form 472   | (inclividual)  | 03            | Form 4720 (other than individual)  |                              |   | 09               |  |
| Form 990   | )-PF   | 04            | Form 5227  |                              |   | 10               |  |
| Form 990   | FT (sec. 401(a) or 408(a) trust)                                     | 05            | Form 6069  |                              |   | 11               |  |
| Form 990   | )-T (trust other than above)   |               |  |                              |   | 12               |  |
| STOPI D  | o not complete Part II if you were not stready grante                | d an outor    | natic 3-month extension on a prev  | iously fik                   | d Form 885                              | 8.               |  |
|  | JUSTIN LUCEY   |               |  |                              |   |                  |  |
| • The bo   | ooks are in the care of > 415 MILL STREE                             | T - M'        | r. PLEASANT, SC 29   | 454                          |   |                  |  |
|  | none No ▶ 843-849-8400   |               | Fax No ▶   |                              |   |                  |  |
|  | organization does not have an office or place of busines             | s in the Ur   |  |                              |   | <b>D</b>         |  |
|  | is for a Group Return, enter the organization's four ritigat         |               |  | f this is fo                 | r the whole o                           | roup, check this |  |
| box ►  |  |               | ich a list with the names and EINs of  |                              |   |                  |  |
|  |  |               | BER 15, 2014   | 410 11 - OFFEE               |   |                  |  |
|  | calendar year 2013, or other tax year beginning                      | TIO VIIII     | , and endin  |                              |   |                  |  |
|  | ne tax year entered in line 5 is for less than 12 months, or         | abook roos    |  | Final                        | return                                  | <del></del> '    |  |
| 6 If ti  | <del></del>  | ingen icas    | on maaretan  |                              | Clairi                                  |                  |  |
|  | Change in accounting period  |               |  |                              |   |                  |  |
|  | te in detail why you need the extension DITIONAL TIME IS NEEDED TO   | CAMUE         | D THEODMANTON NECE   | CCADV                        | ייים דיד                                | r.tr A           |  |
|  |  | CHILD         | K THEORNALLOW MECE   | OOAKI                        | 10 F1.                                  | DE A             |  |
| <u>CC</u>  | MPLETE AND ACCURATE RETURN.  |               |  |                              |   |                  |  |
|  |  |               |  |                              | F                                       |                  |  |
|  | nis application is for Forms 990-BL, 990-PF, 990-T, 4720             | , or 6069,    | enter the tentative tax, less any  |                              | l _                                     | •                |  |
|  | refundable credits. See instructions.                                |               |  | 8a                           | \$                                      |                  |  |
|  | nis application is for Forms 990-PF, 990-T, 4720, or 6069            |               |  | - 1                          |   |                  |  |
| tax  | payments made. Include any prior year overpayment a                  | lowed as a    | a credit and any amount paid   | ļ                            | Į                                       | •                |  |
| _  | wlously with Farm 8868.  |               |  | d8                           | 8                                       | <u> </u>         |  |
| c Bal  | ance due. Subtract line 8b from line 8a Include your pa              | ayment wit    | h this form, if required, by using   | - 1                          |   | _                |  |
| EF   | PS (Electronic Federal Tax Payment System) See instr                 | uctions       |  | 8c                           | \$                                      | <u>1.</u>        |  |
|  |  |               | st be completed for Part II o  |                              |   |                  |  |
| Under pen  | alties of perjury, I declare that I have examined this form, include | ting accomp   | panying schedules and statements, and to   | the best o                   | f my knowledg                           | je and belief,   |  |
| it is true, c  | orrect, and complete, and that I am authorized to prepare this is    | 7 A           |  |                              | al.                                     | ( tot            |  |
| Signaturo  | × Maron (1 bhus Title >  | <u> (341</u>  |  | Date                         | ▶ 8/1 <sup>1</sup>                      | F114-            |  |
|  |  | T             |  |                              | Form 8                                  | 888 (Rev 1 2014) |  |
|  |  | 1             |  |                              |   |                  |  |

Form **8868** (Rev. January 2014)

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

OMB No. 1545-1709

Department of the Treasury

► 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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part !! unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or orint 26-1597219 LUCEY CHARITABLE FOUNDATION, INC Fee by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions filing your P. O. BOX 806 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions MT. PLEASANT, SC 29465 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application Code is For Code is For Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 80 02 Form 1041-A Form 990 BL 03 Form 4720 (other than individual) 09 Form 4720 (individual) 10 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JUSTIN LUCEY The books are in the care of ► 415 MILL STREET - MT. PLEASANT, SC 29454 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) If this is for the whole group, check this box > \_\_\_\_\_. If it is for part of the group, check this box > \_\_\_\_\_ and attach a list with the names and EINs of all members the extension is for I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until , to file the exempt organization return for the organization named above. The extension AUGUST 15, 2014 is for the organization's return for. ➤ X calendar year 2013 or , and ending tax year beginning Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь 0. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

Form 8868 (Rev 1-2014)

LHA 323841 12-31-13

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

| Form 8868 (Rev. 1-2014)   |            |                                       |               |  | Page 2            |  |
|---|------------|---------------------------------------|---------------|--|-------------------|--|
| If you are filing for an Additional (Not Automatic) 3-Month Ex  | tension. o | complete only Part II and check this  | box           |  | ▶ X               |  |
| Note, Only complete Part II if you have already been granted an a   |            |                                       |               | 3868                                   | - —               |  |
| If you are filing for an Automatic 3-Month Extension, complet   |            |                                       |               |  |                   |  |
| Part II Additional (Not Automatic) 3-Month E  | xtensio    | n of Time. Only file the origin       | al (no c      | opies nee                              | ded).             |  |
|   |            | Enter filer's                         | identifyir    | g number, s                            | see instructions  |  |
| ·   |            |                                       |               | mployer identification number (EIN) or |                   |  |
| print   |            |                                       |               |  |                   |  |
| File by the LUCEY CHARITABLE FOUNDATION   | INC        |                                       |               | 26-1597219                             |                   |  |
| e date for Number, street, and room or suite no. If a P.O. box, see instructions.   |            |                                       | Social se     | curity numbe                           | er (SSN)          |  |
| return See P. O. BOX 806  |            |                                       |               |  |                   |  |
| City, town or post office, state, and ZIP code For a form MT • PLEASANT, SC 29465   | reign add  | ress, see instructions.               |               |  |                   |  |
|   |            |                                       |               |  |                   |  |
| Enter the Return code for the return that this application is for (file   | a separa   | te application for each return)       |               |  | 0 4               |  |
| 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 granted   | an auton   | natic 3-month extension on a prev     | iously file   | <u>d Form 886</u>                      | 8                 |  |
| JUSTIN LUCEY  |            | . DI ERCANO CO 20                     | A E A         |  |                   |  |
| • The books are in the care of   415 MILL STREET  | . – M      |                                       | 454           |  |                   |  |
| Telephone No ► 843-849-8400   | 44 1 1     | Fax No.                               |               |  | <b>.</b> .        |  |
| If the organization does not have an office or place of business  |            |                                       | f thus us for | tha whala a                            | roup check this   |  |
| <ul> <li>If this is for a Group Return, enter the organization's four digit (box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► If it is for part of the group, check this box ► If it is for part of the group is /li></ul> |            | ich a list with the names and EINs of |               |  |                   |  |
|   |            | BER 15, 2014                          | an inemo      | CIS THE EXTER                          | 13101113 101      |  |
| 5 For calendar year 2013, or other tax year beginning   | TO V LITT  | , and ending                          | a             |  |                   |  |
| 6 If the tax year entered in line 5 is for less than 12 months, of  | heck reas  |                                       | Final r       | eturn                                  |                   |  |
| Change in accounting period   |            |                                       |               | - 1-11                                 |                   |  |
| 7 State in detail why you need the extension  |            |                                       |               |  |                   |  |
| ADDITIONAL TIME IS NEEDED TO  | SATHE      | R INFORMATION NECE                    | SSARY         | TO FI                                  | LE A              |  |
| COMPLETE AND ACCURATE RETURN.   |            |                                       |               |  |                   |  |
|   |            |                                       |               |  |                   |  |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,  | or 6069,   | enter the tentative tax, less any     | 1             |  |                   |  |
| nonrefundable credits. See instructions   |            |                                       |               | \$                                     | 1.                |  |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069   | , enter an | y refundable credits and estimated    | <b>\</b>      |  |                   |  |
| tax payments made Include any prior year overpayment all  | owed as a  | a credit and any amount paid          | <u> </u>      |  |                   |  |
| previously with Form 8868   |            |                                       | 8b            | \$                                     | 0.                |  |
| C Balance due. Subtract line 8b from line 8a. Include your pa   |            | th this form, if required, by using   |               |  | _                 |  |
| EFTPS (Electronic Federal Tax Payment System) See instru  |            |                                       | 8c            | \$                                     | <u>1.</u>         |  |
|   |            | st be completed for Part II o         | _             |  |                   |  |
| Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo   | rm.        |                                       | o the dest o  | i iny knowledi                         | ge and belief,    |  |
| Signature ▶ Title ▶ I   | PRESI      | DENT                                  | Date          |  |                   |  |
|   |            |                                       |               | Form 8                                 | 868 (Rev. 1-2014) |  |