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Return of Private Foundation

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

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OMB No 1545-0052

	1, 2014	, and ending	JUN 30, 2015
Name of foundation			A Employer identification number
THE MARK ELLIOTT MOTLEY FO		C.	
C/O WILLIAM E. CRAVER, II		- Is ; :-	27-0013752
Number and street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number
PO BOX 1014	nootol oodo		843-216-9467
City or town, state or province, country, and ZIP or foreign CHARLESTON, SC 29402	postar code		C If exemption application is pending, check here
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations, check here
Final return	Amended return	minor public onlarity	
Address change	Name change		2. Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: X Section 501(c)(3) 6	exempt private foundation		E If private foundation status was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J Accoun		Accrual	F If the foundation is in a 60-month termination_
(from Part II, col. (c), line 16)	Other (specify)	1	under section 507(b)(1)(B), check here
3,213,094. (Part I, col.			(d) 0-1
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income (d) Disbursements for charitable purposes (cash basis only)
Contributions, gifts, grants, etc., received	6,510.		N/A
2 Check fit is the foundation is not required to attach Sch. B	0,510.		
3 Interest on savings and temporary cash investments	8.	8	. STATEMENT
4 Dividends and interest from securities	88,041.	88,041	STATEMENT 2
5a Gross rents			
b Net rental income or (loss)	1 2 2 2 2		
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	166,397.		
D assets on line 6a		166,397	
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		100,337	•
9 Income modifications			
Gross sales less returns 10a and allowances			
b Less Cost of goods sold			
c Gross profit or (loss)			
11 Other income			
12 Total. Add lines 1 through 11	260,956.	254,446	•
13 Compensation of officers, directors, trustees, etc	0.	0	•
c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits			
	39.	0	
2 1 -	3,515.	0	
c Other professional fees			
9 17 Interest			
b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion			
E 13 Depression and deposition E TAPE A &	2015 S		
20 Occupancy 21 Travel, conferences, and meetings	S S		
21 Travel, conferences, and meetings 22 Printing and publications OGDEN,	ψ τ 		
22 Other expenses STMT 5	27,601.	27,001	•
24 Total operating and administrative			
expenses. Add lines 13 through 23	31,155.	27,001	
25 Contributions, girts, grants paid	165,000.		165,00
26 Total expenses and disbursements.			
Add lines 24 and 25	196,155.	27,001	. 165,00
27 Subtract line 26 from line 12:	EA 001		
a Excess of revenue over expenses and disbursements	64,801.	227,445	
b Net investment income (if negative, enter -0-)		441,445	N/A

LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF(2014) C/O WILLIAM E. CRAVER,	III	27-	001375 <u>2</u> 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	
<u>.</u>	<u> </u>	<u> </u>	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	•	1 1 1 1 1		
	1	Savings and temporary cash investments	17,416.	21,380.	21,380.
	3	Accounts receivable	-		
	١.	Less: allowance for doubtful accounts		•	
	4	Pledges receivable ►	-		
	_	Grants receivable	 		
	5	Receivables due from officers, directors, trustees, and other		· · · · · · · · · · · · · · · · · · ·	-
	•	disqualified persons			
	7	Other notes and loans receivable			
	′	Less: allowance for doubtful accounts	†		
S	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	······································		
As	1	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 7	1,034,596.	1,305,043.	983,218.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		"	· · · · · · · · · · · · · · · · · · ·
	ļ	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	1,432,905.	1,218,850.	2,208,496.
	14	Land, buildings, and equipment; basis	_		
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	0 404 045	0 545 050	2 012 004
		instructions. Also, see page 1, item I)	2,484,917.	2,545,273.	3,213,094.
	l .	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable		· · · · · · · · · · · · · · · · · · ·	
Ë	21	Other liabilities (describe STATEMENT 9)	3,334.	300.	
		Other Habilities (describe Difficulty 1)	3,334.	300.	
	23	Total liabilities (add lines 17 through 22)	3,334.	300.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
lan	25	Temporarily restricted			
or Fund Balances	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31		•	
	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2,481,583.	0.	
et A	29	Retained earnings, accumulated income, endowment, or other funds	2,481,583.	2,544,973. 2,544,973.	
Ž	30	Total net assets or fund balances	2,401,503.	4,544,5/3.	
	21	Total liabilities and net assets/fund balances	2,484,917.	2,545,273.	
=				4,343,413.	
<u>P</u>	art	Analysis of Changes in Net Assets or Fund	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), lin	e 30	[
-		st agree with end-of-year figure reported on prior year's return)		1	2,481,583.
2	•	amount from Part I, line 27a		2	64,801.
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3	<u></u>	4	2,546,384.
		eases not included in line 2 (itemize)		TEMENT 6 5	1,411.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	2,544,973.

423511 11-24-14

2	7	_	0	0	1	3	7	5	2	

Page 3

Part IV Capital Gains a	nd Losses for Tax on In	vestment	t Income	Lii				
(a) List and described 2-story brick war	be the kind(s) of property sold (e.g ehouse; or common stock, 200 shs	ı., real estate, s. MLC Co.)		(b) Ho P - F D - I	w acquired Purchase Donation	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a WELLS FARGO 178	3				P	VARI	ous	12/31/14
b WELLS FARGO 178					P	VARI		12/31/14
c WELLS FARGO 373	1			i	P	VARI		12/31/14
d WELLS FARGO 373					P	VARI		12/31/14
e				İ				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss (f) minus	
a 302,537.			211,49	4.				91,043.
b 36,061.			34,74					1,319.
c 739,451.			665,50					73,946.
d 129,762.			129,67					89.
e								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus
	(i) Adjusted basis	(k) Ex	ccess of col. (I)			òl. (k), but r	not leśs tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses	(from col.	(h))
a					-			91,043.
b								1,319.
C								73,946.
d								89.
e								
			-	$\neg \vdash$	1			•
2 Capital gain net income or (net cap	ortal loss) If gain, also enter If (loss), enter -0	r in Part I, line I- in Part I, line	/ 7	}	2			166,397.
, , ,	`		•	7				
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		na (6):		1				
If (loss), enter -0- in Part I, line 8	omini (c).			1	3		N/A	
	der Section 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	come		•
(For optional use by domestic private	foundations subject to the section.	4940(a) tay on	net investment in	come \				
(i or optional use by domestic private	oundations subject to the section -	TOTO(a) lax on	i net investment in					
If section 4940(d)(2) applies, leave thi	s part blank.							
Was the foundation liable for the section	on 4042 tay on the distributable an	nount of any w	oar in the bace per	Char				Yes X No
If "Yes," the foundation does not qualif			-	lour				L TES LALINO
	y under section 4940(e). Do not co ach column for each year, see the ii			ntries				
(a)		1134 4040113 20	tore making any ci					(d)
Base periód years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) ncharita	able-use asse	ts	Distril	(d) bution ratio
Calendar year (or tax year beginning	9 1117						(col. (b) ul	vided by col. (c))
2013		0,765.			230,92			.046663
2012		7,000.			981,61			.045948
2011		3,000.	-		868,50			.049852
2010		20,000.			878,82			.041684
2009		3,000.		2,	<u>499,55</u>	5.		.041207
						1		
2 Total of line 1, column (d)						2	-	.225354
3 Average distribution ratio for the 5	year base period - divide the total	on line 2 by 5,	or by the number	of year	S			
the foundation has been in existen	ce if less than 5 years					3		.045071
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X,	line 5				4		3,292,424.
5 Multiply line 4 by line 3						5		148,393.
6 Enter 1% of net investment income	(1% of Part 1 line 27h)					6		2,274.
6 Litter 176 Of Het investment income	(176 OF Fait I, IIIIe 270)					0		_4,4/4.
7 Add Inno Fond C						_		150 667
7 Add lines 5 and 6						7		150,667.
O Fatou analytima district to the	Dort VII. Iran 4							165 000
8 Enter qualifying distributions from	,					8		165,000.
If line 8 is equal to or greater than See the Part VI instructions.	ine 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	g a 1%	tax rate.			

_	1 990-PF (2014) C/O WILLIAM E. CRAVER, III Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		0013			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \to \to \tag{3} and enter "N/A" on line 1.	-				
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			2,2	74.
•	of Part I, line 27b					, _ ,
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			2,2	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			2,2	74.
6	Credits/Payments:	'				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	_7_				0.
8	Enter any penalty for underpayment of estimated tax. Check here \(\bigcup X \) if Form 2220 is attached	8				<u>44.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2,3	<u> 18.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax					
	art VII-A Statements Regarding Activities				Vaa	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN	}		res	No
	any political campaign?		ŀ	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		}	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or				
_	distributed by the foundation in connection with the activities					₹.
	Did the foundation file Form 1120-POL for this year?		F	10		<u> </u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
-	If "Yes," attach a detailed description of the activities.		ŀ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r				
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•	İ	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ī	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or		ì			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	•	ļ	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)]			
	SC					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		ļ			
_	of each state as required by General Instruction G? If "No," attach explanation		}	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		_		
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	9		X
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

	THE MARK EDUIOTT MOTLE! FOUNDATION, INC.	7757		
	n 990-PF (2014) C/O WILLIAM E. CRAVER, III 27-001 art VII-A Statements Regarding Activities (continued)	<u> </u>		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	T		
"	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	'' -		
12	If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ►WWW.MOTLEYFOUNDATION.ORG			
14	The books are in care of ► JENNIFER ALPHONSE Telephone no. ►843-2	16-9	467	
•	Located at ► 171 CHURCH STREET, SUITE 120A, CHARLESTON, SC ZIP+4 ►2			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country >			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly);			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	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.)	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2014?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			
	If Was I list the years			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
u	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•	►	ŀ		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2014?	4b		X
	Fe	rm 99 0)-PF	(2014)

THE MARK ELLIOTT MOTLEY			, ,	FO .
Form 990-PF (2014) C/O WILLIAM E. CRAVER, I Part VII-B Statements Regarding Activities for Which I			<u>27-00137</u>	52 Page 6
	romi 4720 Way be i	nequired (contin	uea)	
5a During the year did the foundation pay or incur any amount to:			(-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es 🗶 No	
(2). Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i	for		
the prevention of cruelty to children or animals?		Y6	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru		·	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		. —	s 🗆 No	
If "Yes," attach the statement required by Regulations section 53 494		., 21		
			i	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?		Y6	[
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b X
If "Yes" to 6b, file Form 8870.	_			1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If Yes, did the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive attributed by the foundation receive any net income attributed by the foundation receive attributed by t				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	ınagers, Highly	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
			(-0)	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
· · · · · · · · · · · · · · · · · · ·	to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JENNIFER M. LEE		(If not paid,	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
JENNIFER M. LEE PO BOX 1014	to position CHAIRMAN	(If not paid, enter -0-)		allowances
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402	to position CHATRMAN 0.10	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III	to position CHAIRMAN	(If not paid, enter -0-)		allowances
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014	to position CHAIRMAN 0.10 PRESIDENT/TRE	(If not paid, enter -0-) 0. ASURER	0.	allowances 0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25	(If not paid, enter -0-) O. ASURER	0.	allowances
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE	to position CHAIRMAN 0.10 PRESIDENT/TRE	(If not paid, enter -0-) O. ASURER	0.	allowances 0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN	(If not paid, enter -0-) O. ASURER O. T/SECRETA	0. 0. RY	0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25	(If not paid, enter -0-) O. ASURER	0.	0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN	(If not paid, enter -0-) O. ASURER O. T/SECRETA	0. 0. RY	0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN	(If not paid, enter -0-) O. ASURER O. T/SECRETA	0. 0. RY	0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN	(If not paid, enter -0-) O. ASURER O. T/SECRETA	0. 0. RY	0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA	0. 0. RY	0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA	0. RY 0.	0. 0. (e) Expense account, other
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. 0.
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. (e) Expense account, other
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JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. (e) Expense account, other
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JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. (e) Expense account, other
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. (e) Expense account, other
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. (e) Expense account, other
JENNIFER M. LEE PO BOX 1014 CHARLESTON, SC 29402 WILLIAM E. CRAVER, III PO BOX 1014 CHARLESTON, SC 29402 JENNIFER ALPHONSE PO BOX 1014 CHARLESTON, SC 29402 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position CHAIRMAN 0.10 PRESIDENT/TRE 0.25 VICE PRESIDEN 2.00 cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. ASURER 0. T/SECRETA 0. enter "NONE."	0. RY 0.	0. 0. (e) Expense account, other

Total number of other employees paid over \$50,000

Form 990-PF (2014) C/O WILLIAM E. CRAVER, III		0013752 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti	cal information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produ	Jced, etc.	
1 <u>N/A</u>		
<u> </u>		
2		
^		
3		
		
	· -	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

C/O WILLIAM E. CRAVER, III

27-0013752

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,265,248.
ь	Average of monthly cash balances	1b	3,265,248. 77,314.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,342,562.
е	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,342,562.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	50,138.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,292,424.
6	Minimum investment return Enter 5% of line 5	6	164,621.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certai	
1	Minimum investment return from Part X, line 6	1	164,621.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,274.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	162,347.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	162,347.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	162,347.
<u>P</u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	165,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	165,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	2,274.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	162,726.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				162,347.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			156,081.	
b Total for prior years:			_	
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 165,000.				
a Applied to 2013, but not more than line 2a			156,081.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	:			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				8,919.
e Remaining amount distributed out of corpus	0.	·		
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		<u> </u>		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract		***************************************	•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				153,428.
7 Amounts treated as distributions out of	, , , , ,	<u>, </u>		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	0.	·		
10 Analysis of line 9:				
a Excess from 2010		1		
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14				Form 990-PF (2014)

THE MARK ELLIOTT MOTLEY FOUNDATION, INC. Form 990-PF (2014) C/O WILLIAM E. CRAVER. 27-0013752 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 4942(1)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2014 (b) 2013 (c) 2012(d) 2011 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter; (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🔀 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 10 b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Form **990-PF** (2014)

Form 990-PF (2014) C/O WILLIAM E. CRAVER, III

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3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual.	Fayment		
	show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year		- 		
CHARLESTON HORTICULTURAL SOCIETY	NONE	501(C)(3)	PROMOTE HORTICULTURAL	
46 WINDERMERE BLVD		ORGANIZATION	EDUCATION	
CHARLESTON, SC 29407				5,000.
CHARLESTON SYMPHONY ORCHESTRA	NONE	501(C)(3)	PROMOTE EDUCATION	
756 ST ANDREWS BLVD		ORGANIZATION		
CHARLESTON, SC 29407				5,000.
GOVERNORMA WING		501 (5) (2)		
COURAGEOUS KIDZ 230 OLD DOMINION DR	NONE	501(C)(3) ORGANIZATION	PROVIDES A SAFE HAVEN	
CHARLESTON SC 29418		ORGANIZATION	FOR KIDS WITH CANCER	5,000.
CHARDESTON, SC 25410				3,000.
DEE NORTON LOWCOUNTRY CENTER	NONE	501(C)(3)	PREVENT CHILD ABUSE	
1061 KING STREET		ORGANIZATION		
CHARLESTON, SC 29403				20,000.
GIBSONG ACADEMY OF MUSIC & WORSHIP	NONE	501(C)(3)	PROMOTES THEATER AND	
2176 SAVANNAH HWY STE 119		ORGANIZATION	EDUCATION	
CHARLESTON SC 29407				4,000.
•	NTINUATION SHE	ET(S)	> 3a	165,000
b Approved for future payment				
NONE				
		<u> </u>		·-
		:		
	į.			
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Business code	(b) Amount	Exclu- sion code	(d) Amount	(e) Related or exempt function income
code	Amount		Amount	function income
1 1				
		14	8.	
		14	88,041.	
				·
		18	166,397.	
	0		254,446.	
			13	254,44
			14 14	14 8. 14 88,041. 18 166,397.

Part XVI-B	Relationship	of Activities to	the Accomplishmer	nt of Exempt Purposes
Pail Avi-Di	neiauviisiii	OI WOLLANGE TO	the Accombisinier	IL OF EXCITION PURDOS

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

423621 11-24-14

_	0	0	1	3	7	5	2	Page	13
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rait Avii	Exempt Organ		and transactions a	and Relationships with Noncr	iaritable	•	
1 Did the o		rectly engage in any of the following	no with any other organization	on described in section 501(c) of	T	Yes	No
	=	(3) organizations) or in section 52		• •			
	•	ation to a noncharitable exempt or					
(1) Cast		•	•		1a(1)		X
(2) Othe					1a(2)		X
` '	nsactions:						
(1) Sale	s of assets to a noncharita	ble exempt organization			15(1)		X
(2) Puro	hases of assets from a no	ncharitable exempt organization			1b(2)		
(3) Rent	al of facilities, equipment,	or other assets			1b(3)		X
(4) Rein	nbursement arrangements	i			1b(4)		X X X X X
(5) Loar	ns or loan guarantees				1b(5)		X
(6) Perf	ormance of services or me	embership or fundraising solicitatio	ons		1b(6)		X
c Sharing o	of facilities, equipment, ma	uling lists, other assets, or paid em	ployees		1c		X
d If the ans	wer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alv	ways show the fair market value of the good	s, other asso	ets,	
		oundation. If the foundation receiv other assets, or services received.		e in any transaction or sharing arrangemen	t, show in		
(a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions, a	nd sharing arr	angeme	nts
	•	N/A	-				

ın sectior		tly affiliated with, or related to, one r than section 501(c)(3)) or in sected edule.	·	zations described	Yes	X] No
	(a) Name of org		(b) Type of organization	(c) Description of relatio	nship		
	N/A						
		·					
Sign Here		nplate Declaration of preparer (other tha	in taxpayer) is based on all inform	ation of which preparer has any knowledge	May the IRS direturn with the shown below (prepar	er
	Print/Type preparer's na		Date	Date Check if PTI	N		
	. Time Type proparer 3 lie		A11 000	self- employed	·•		
Paid	R. SCOTT H	OOD, CPA	1 Hod 1/A	1/-29-1	በበይይለ፣	Q 2 <i>C</i>	
Preparer			PAS, LLC		008908 14734		
Use Only	THIN S HAIRE P HOO	о овимирек, С	.באס, שוע	FIGHTS EIN P 20-	T4/24	4 0	
·		6 LOWCOUNTRY BL	עע) פוודשיב 10	0			
		'. PLEASANT, SC		Phone no. 843-	881_1	000	
		· I HIMOMIT, BC	<u> </u>	1 Filolie III. 043	Eorm 99 0		(2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

C/O WILLIAM E. CRAVER,

Employer identification number

27-0013752 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

C/O WILLIAM E. CRAVER, III

27-0013752

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

Name of organization

Employer identification number

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

27-0013752

C/O WILLIAM E. CRAVER, III

art II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form	<u> </u>

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

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

C/O WILLIAM E. CRAVER, III

27-0013752

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient LOWCOUNTRY FOOD BANK NONE 501(C)(3) PROVIDE FOOD TO ORGANIZATION FAMILIES 2864 AZALEA DR CHARLESTON, SC 29405 10,000. LOWCOUNTRY ORPHAN RELIEF NONE 501(C)(3) IMPROVE CHILDREN'S PO BOX 1074 ORGANIZATION DUALITY LIFE CHARLESTON, SC 29402 7,500. MARIGOLD ARTS DEVELOPMENT, INC NONE 501(C)(3) PROMOTES THEATER 1080 E MONTAGUE AVE ORGANIZATION N CHARLESTON SC 29405 2,500. PEACE PASS IT ON NONE 501(C)(3) ANTI-BULLYING PROGRAMS PO BOX 605 **DRGANIZATION** SULLIVAN'S ISLAND SC 29482 5,000. SUMMERHOUSE INC NONE 501(C)(3) IMPROVE DISABLED ADULT 206 5TH ST AND CHILDREN'S QUALITY ORGANIZATION WOODLAND, CA 95695 5,000. OF LIFE TEACHER'S SUPPLY CLOSET NONE 501(C)(3) PROVIDE SCHOOL 1401 SAM RITTENBERG BLVD #11 ORGANIZATION SUPPLIES IN LOW INCOME 4,000. CHARLESTON, SC 29407 SCHOOLS TRIDENT TECHNICAL COLLEGE FOUNDATION NONE 501(C)(3) PROMOTE EDUCATION PO BOX 61227 ORGANIZATION 20,000, CHARLESTON, SC 29419 WINGS FOR KIDS NONE 501(C)(3) KIDS SCHOOL PROGRAMS PO BOX 369 ORGANIZATION SULLIVAN'S ISLAND, SC 29482 5,000. YESCAROLINA NONE 501(C)(3) CAMP FOR KIDS AND ONE CARRIAGE LANE BLDG G ORGANIZATION TEACHERS CHARLESTON, SC 29407 30,000, YOART! INC. NONE 501(C)(3) PROMOTE EDUCATION PO BOX 12397 ORGANIZATION CHARLESTON, SC 29422 5,500. Total from continuation sheets 126 000.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient (home or homeon)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CALL DE DAY OF THE LONGOIDED A		F01/0)/2)		
CHILDREN'S MUSUEM OF THE LOWCOUNTRY 25 ANN ST	NONE	501(C)(3) ORGANIZATION	KIDS PROGRAMS	
CHARLESTON, SC 29403				5,000,
USS YORKTOWN	NONE	501(C)(3)	PROMOTES EDUCATION	
40 PATRIOTS POINT RD MT PLEASANT SC 29464		ORGANIZATION		5,000
THE AMERICAN LUNG ASSOCIATION	NONE	501(C)(3)	PROVIDES HEALTH	
55 W WACKER DRIVE CHICAGO, IL 60601		ORGANIZATION	EDUCATION	2,000,
CAROLINA STUDIOS PO BOX 30934	NONE	501(C)(3) ORGANIZATION	PROMOTES EDUCATION	
CHARLESTON, SC 29417				2,500,
CHARLESTON URBAN SQUASH, INC PO BOX 22731	NONE	501(C)(3) ORGANIZATION	PROMOTES SPORTS	
CHARLESTON, SC 29413				3,000.
HEALING SPECIES	NONE	501(C)(3)	VIOLENCE PREVENTION	
PO BOX 1202 ORANGEBURG, SC 29116		ORGANIZATION		5,000,
HOSPICE & PALLIATIVE CARE FOUNDATION	NONE	501(C)(3)	PROVIDES COMFORT IN	
M CHARLESTON SC 29405		ORGANIZATION	FINAL STAGES OF LIFE	4,000
PARENTS ANONYMOUS OF SC, INC 1285 AVENUE G	NONE	501(C)(3) ORGANIZATION	PROVIDES ASSISTANCE WITH ABUSED CHILDREN	
N CHARLESTON, SC 29405				5,000,
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVI	NGS AND T	EMPORA	RY CASH I	NVESTMENTS	STATEMENT	1
SOURCE		RE	(A) VENUE BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOM	
WELLS FARGO				8.	8.		
TOTAL TO PART I, LI	NE 3			8.	8.		
FORM 990-PF	DIVIDEND	S AND INT	EREST	FROM SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENUE PER BOOKS		(C) T- ADJUST ME NET INC	
WELLS FARGO	88,041	•	0.	88,041	. 88,04	1.	·
TO PART I, LINE 4	88,041	•	0.	88,041	88,04	1.	
FORM 990-PF		LEG	AL FEE	ES .		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOK		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOM		
LEGAL FEES	_	3	9.	0.	-		0.
TO FM 990-PF, PG 1,	LN 16A =	3	9.	0.			0.
FORM 990-PF		ACCOUN	TING F	EES		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) INVEST- UT INCOME	(C) ADJUSTED NET INCOM		
ACCOUTING FEES		3,51		0.			0.
TO FORM 990-PF, PG	1, LN 16B	3,51	 5.	0.			0.

FORM 990-PF	OTHER EXPE	NSES		STATEMENT	5
DESCRIPTION		(B) T INVEST- NT INCOME	(C) ADJUSTEI NET INCOM		
INVESTMENT FEES COMPUTER ASSISTANCE	27,001.	27,001.			0.
TO FORM 990-PF, PG 1, LN 23	27,601.	27,001.			0.
FORM 990-PF OTHER DECREASE	S IN NET ASSET	'S OR FUND	BALANCES	STATEMENT	6
DESCRIPTION				AMOUNT	
FEDERAL TAXES PAID NOT DEDUCT MUTUAL FUND - ACCRUED ADJUSTM					13.
TOTAL TO FORM 990-PF, PART II	II, LINE 5			1,43	11.
	CORPORATE S	TOCK		1,4:	
FORM 990-PF	·		OK VALUE		7
FORM 990-PF DESCRIPTION	·	во	OK VALUE 1,305,043.	STATEMENT FAIR MARKET	7 r
FORM 990-PF DESCRIPTION WELLS FARGO - STOCK	CORPORATE S	ВО		STATEMENT FAIR MARKE' VALUE	7 r
FORM 990-PF DESCRIPTION WELLS FARGO - STOCK TOTAL TO FORM 990-PF, PART II	CORPORATE S	BO	1,305,043.	STATEMENT FAIR MARKET VALUE 983,23	7 T 18.
FORM 990-PF DESCRIPTION WELLS FARGO - STOCK TOTAL TO FORM 990-PF, PART II FORM 990-PF	CORPORATE S	BO	1,305,043.	FAIR MARKET VALUE 983,23	77 18.
FORM 990-PF DESCRIPTION	CORPORATE S I, LINE 10B OTHER INVEST	MENTS ATION HOD BO	1,305,043.	STATEMENT FAIR MARKET VALUE 983,23 983,23 STATEMENT FAIR MARKET	7 r 18.

FORM 990-PF OTHER LIABILITIES		STATEMENT 9
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO ROMO, INC. DUE TO CRYSTAL ENTERPRISES	300. 3,034.	300.
TOTAL TO FORM 990-PF, PART II, LINE 22	3,334.	300.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 10 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

843-216-9467

FORM AND CONTENT OF APPLICATIONS

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

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

ANY SUBMISSION DEADLINES

APPLICATIONS SHOULD GENERALLY BE RECEIVED BY MARCH 1ST.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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