

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2015

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	For ca	alenda	ır year 2015, or ta	ax year beginning	, 2015	, and ending		,	
		f founda					Α	Employer identification nur	nber
			FOUNDATION	If mail is not delivered to street a	nddraee)	Room/suite	В	20-8083138	ueteen)
			ACE DE JULI		uuless)	Roomysuite	-	Telephone number (see instruction (843) 992-566	
	City or t	own, sta	te or province, country,	and ZIP or foreign postal code		<u> </u>			
	FLO	RENC	E		SC	29501	С	If exemption application is	pending, check here . >
	G C	neck a	II that apply	Initial return	Initial return of a forme	er public charity	D	1 Foreign organizations, che	ck here ► □
				Final return	Amended return		_		
				Address change	Name change			2 Foreign organizations mee here and attach computation	
	н с		pe of organization		(c)(3) exempt private for			nore and attach computation	"····
		Se	ection 4947(a)(1) r	nonexempt charitable trus			Е	If private foundation status	was terminated
			et value of all assets a	. '	ounting method X C	ash Accrual		under section 507(b)(1)(A)	, check here
	•		'II, column (c), line 16,	´   Џ	Other (specify)		F	If the foundation is in a 60-	
		\$			column (d) must be on c	ash basis )		under section 507(b)(1)(B)	, check here
	Part		nalysis of Re		(a) Revenue and	(b) Net investment	t	(c) Adjusted net	(d) Disbursements
		C	clumns (b), (c), an	total of amounts in id (d) may not neces-	expenses per books	income		income	for charitable purposes
		S	anly equal the amo	ounts in column (a)					(cash basis only)
		(5	See instructions) )	n ale recovered (attach set - 2.11-)	<u> </u>			<u> </u>	
9		2		s, etc, received (attach schedule) ndation is not required to attach Sch B				<u>-</u>	
<b>7019</b>		~	A la trie tour	nuation is from required to attach SCN B		<u> </u>		-	
Le		3	-	emporary cash investments					
<b>a</b>		4		m securities	10,213.	10,21	.3 <b>.</b>		
			<b>b</b> Net rental income					<del> </del>	, -
MAN	_	-	or (loss)	le of assets not on line 10 •	16,257.	T C- 'C1 É			
	R E		<b>b</b> Gross sales price for	all 147 704	10,237.	L-6a Stmt		<del>.  </del>	-
Ū	V	7	assets on line 6a • • • • • • • • • • • • • • • • • •	me (from Part IV, line 2) · · ·				,	
3	E N	8	Net short-term capita			,			
	U	9							-
SCANNED	E	10	a Gross sales less returns and						,
(CI)			allowances b Less Cost of						
		1	goods sold					,	
				ch schedule)				<del> </del>	-
		''	Carer meomo (attaon	isonoquity 1.1.1.1.1.1					[ , · . ]
		12	Total Add lines 1 t	hrough 11	26,470.	10,21	.3.		ĭ
		13		cers, directors, trustees, etc	,			FORCE	MED
		14	Other employee sal	laries and wages				REUE	
		15		oyee benefits				5	9
	4			hedule)				MAY 1	\$ 2016   S
	Ñ	η		ach sch)	700.	70	0.0		<u>e</u>
	0 !	1	-	ch sch)	}			luma remains	- 200
	O I	17		see instrs) FOREIGN TAXES PAID.		10	36.		
	Ř	₹   40			100.	10	0.		
		`  .		tion					-
	N V		· ·						
		1 7:		and meetings					
	A E	22	• .			<del></del>			
		-	See Line 23 Str	•	4,181.	4,18	31.		
	E 5	24	Total operating and	l administrative					
	\$			13 through 23 · · · · · ·	5,067. 20,202.	5,06	57.		00.000
		25		·	20,202.	- 1			20,202.
		26		I disbursements	25,269.	5,06	57		20,202.
		27			23,203.	3,00	<u> </u>		20,202.
		1	a Excess of revenue	over expenses		1		2.5	- <b>!</b> ;
					1,201.			<u> </u>	
				ome (if negative, enter -0-)		5,14	16.	1	<del> </del>
			C Adjusted net Incom	ne (if negative, enter -0-)	l '			<u></u>	<u> </u>

Page 2

Par	+ 11	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4				
	1 _	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts			
Š	8	Inventories for sale or use			
S S E T	9	Prepaid expenses and deferred charges			
Š	10:	a Investments — U S and state government obligations (attach schedule)	562,179.	563,380.	377,653.
		b Investments — corporate stock (attach schedule)		000,000.	37770001
		c Investments — corporate bonds (altach schedule)			
	1	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	` <u> </u>			
	' '	Less accumulated depreciation			
		(attach schedule)			
	15 16	Other assets (describe  Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	562,179.	563,380.	377,653.
	17	Accounts payable and accrued expenses.	302,179.	203,360.	3/1,033.
ı	18	Grants payable			
A B	19	Deferred revenue			
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted	562,179.	563,380.	
TN	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A E L		Foundations that do not follow SFAS 117, check here . Fand complete lines 27 through 31.			į
E L	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund		- · · · · · · · · · · · · · · · · · · ·	
O E	29	Retained earnings, accumulated income, endowment, or other funds	-		
RS	30	Total net assets or fund balances (see instructions)	562,179.	563,380.	
	31	Total liabilities and net assets/fund balances (see instructions).	562,179.	563,380.	-
Par	t III	Analysis of Changes in Net Assets or Fund Balance	es		· · · · · · · · · · · · · · · · · · ·
1	Total	I net assets or fund balances at beginning of year – Part II, column (a of-year figure reported on prior year's return)	a), line 30 (must agree wi	th	5.62 170
2		r amount from Part I, line 27a			562,179. 1,201.
3				<b></b>	1,201.
4		lines 1, 2, and 3			563,380.
-	D				
6	Total	l net assets or fund balances at end of year (line 4 minus line 5) – Pa	art II, column (b), line 30		563,380.
			, ,,	<u> </u>	

2-story brick warehou	pe the kind(s) of property sold (e g , real use, or common stock, 200 shares MLC (	estate, Company)	) How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo day, yr)
1a					
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
a					
<u>b</u>					
С					
<u>e</u>					
	ving gain in column (h) and owned by the	e foundation on 12/31/69		(I) Gains (Col	(h)
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		an minus col (k), b an -0-) or Losses (fr	
а					
b					
С					
d					
e			_		
2 Capital gain net income or (ne	et capital loss) If gain, also e	enter in Part I, line 7 or -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and	d (6)	-		
	e 8, column (c) (see instructions). If (loss		3		
	ler Section 4940(e) for Reduce			L	
Yes, the foundation does not qua	ction 4942 tax on the distributable amountify under section 4940(e). Do not compline each column for each year; see the in	ete this part		· · · · Tyes	No
			entities.	(4)	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	s (col	(d) Distribution (b) divided by co	
2014	19,647.				//
2013					
2040	17,819.				
2012	17,819.				
2012	17,819.				
	17,819.				
2011 2010	17,819.		2		
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the state of the st	he 5-year base period — divide the total of	on line 2 by 5, or by the			
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the number of years the foundation	the 5-year base period — divide the total on has been in existence if less than 5 ye	on line 2 by 5, or by the ars	3		
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the number of years the foundation  4 Enter the net value of nonchain	the 5-year base period — divide the total on has been in existence if less than 5 yearstable-use assets for 2015 from Part X, I	on line 2 by 5, or by the ars	4		
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the number of years the foundation.  4 Enter the net value of nonchains.  5 Multiply line 4 by line 3	the 5-year base period — divide the total on has been in existence if less than 5 yearitable-use assets for 2015 from Part X, I	on line 2 by 5, or by the ars	4		
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the number of years the foundation.  4 Enter the net value of nonchains.  5 Multiply line 4 by line 3	the 5-year base period — divide the total on has been in existence if less than 5 yearstable-use assets for 2015 from Part X, I	on line 2 by 5, or by the ars	4		371,988
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the number of years the foundation  4 Enter the net value of nonchar  5 Multiply line 4 by line 3  6 Enter 1% of net investment income.	the 5-year base period — divide the total on has been in existence if less than 5 yearitable-use assets for 2015 from Part X, I	on line 2 by 5, or by the ars	3 4 5		371,988
2011 2010  2 Total of line 1, column (d) .  3 Average distribution ratio for the number of years the foundation  4 Enter the net value of noncharts  5 Multiply line 4 by line 3  6 Enter 1% of net investment ince  7 Add lines 5 and 6	the 5-year base period — divide the total on has been in existence if less than 5 ye ritable-use assets for 2015 from Part X, I	on line 2 by 5, or by the ars	3 4 5 6 7		371,988

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instr	uction	s)		<u> </u>
1 8	Exempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)					
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			ı	51.
	check here . ► X and enter 1% 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-)					0.
3	Add lines 1 and 2	3				51.
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			Ĺ	51.
6	Credits/Payments:					
ā	2015 estimated tax pmts and 2014 overpayment credited to 2015 6a 67 .					
t	Exempt foreign organizations — tax withheld at source 6 b					
c	Tax paid with application for extension of time to file (Form 8868) 6 c		i			
c	Backup withholding erroneously withheld	- N.	-			
7	Total credits and payments Add lines 6a through 6d	7			•	67.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				16.
_11	Enter the amount of line 10 to be Credited to 2016 estimated tax • Refunded •	11			]	16.
Par	tivil: A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			1 a	es	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1 b		X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities					
d	Did the foundation file Form 1120-POL for this year?			1 c		X
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		Į			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		1	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If 'Yes,' attach the statement required by General Instruction T				اک	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV				$\mathbf{x}^{\dagger}$	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
			_			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		ļ	8 b		
_	·				X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part X	(5)	4	9		v
		v			-+	_X_
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		v
BAA		<u> </u>		<u>10                                    </u>	F (20	X 015)
					\ <b>-</b> \	/

Pa	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
14	Website address	992	-5 <u>6</u> 6	4
15	Located at \$\ 1316 PLACE DE JULIEN FLORENCE SC ZIP + 4 \$\ 29501 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - Check here		. <b></b> -	
16		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pa	Statements Regarding Activities for Which Form 4720 May Be Required	<del>'</del> !		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	:	,-	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	;		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	-	· i	
ŧ	o If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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)?	1 b		٠
	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 2015?	1 c		Х
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)):		4	
ā	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If 'Yes,' list the years ► 20 , 20 , 20		-	
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  all years listed, answer 'No' and attach statement — see instructions.)	2 b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20 _ , 20 _ , 20 _ , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
t	b If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
t	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 2015?	4 b		X
BAA		rm 990	-PF (2	

Part VII B Statements Regarding Activit	ies for Which Form	<u>1 4720 May Be Req</u>	uired (continued)	
5 a During the year did the foundation pay or incur a				
(1) Carry on propaganda, or otherwise attempt t			Yes X	No
<ul><li>(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio</li><li>(3) Provide a grant to an individual for travel, stu</li></ul>	n drive?			No No
			Yes X	ING ING
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a charitable, etc, organi	zation described	· · · · Yes X	No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	of cruelty to children or ar	nımals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b
Organizations relying on a current notice regardi	ng disaster assistance ch	neck here	▶ _	
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	ility for the grant?		· · · · Yes	] No
If 'Yes,' attach the statement required by Regular	•	•		
6 a Did the foundation, during the year, receive any on a personal benefit contract?				No Maria
b Did the foundation, during the year, pay premium	is, directly or indirectly, o	n a personal benefit con	tract?	6b X
<ul><li>If 'Yes' to 6b, file Form 8870.</li><li>7 a At any time during the tax year, was the foundation</li></ul>	an a narti ta a arabibitas	l tay aboltor transaction?	□ves [v	
b If 'Yes,' did the foundation receive any proceeds				, , , , , , , , , , , , , , , , , , , ,
Part VIII Information About Officers, D and Contractors				
List all officers, directors, trustees, foundation	n managers and their c	ompensation (see inst	ructions).	
- List all officers, an octors, it actors, fourtains	(b) Title, and average	(c)Compensation	(d)Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
WILLIAM JARRELL				
1316 PLACE DE JULIAN	PREIDENT			
FLORENCE SC 29501	0.00	0.	0.	0.
2 Compensation of five highest-paid employee		luded on line 1 – see ir	nstructions). If none, e	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	İ			
			<del></del>	
				<del> </del>
Total number of other employees paid over \$50,000 .				'l None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services (see instructions). 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	None
Part M-A Summary of Direct Charitable Activities	
Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DONATION HIGHLAND PARK METHODIST CHURCH	
2 DONATION BOYS AND GIRLS CLUB	10,002.
2 DONATION DOTS AND GIRLS COOD	
	2,500.
3 PEE DEE AREA BBBS	
	0.700
4 MERCY MEDICINE	2,700.
· Harci Hartina	
	5,000.
Part X-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
	•
2	0.
•	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	None
RAA	Form 990-PF (2015)

Forn	1990-PF (2015) JARRELL FOUNDATION	20-8083138	Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. I see instructions.)	oreign foundation	ns,
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	1 a	277 652
	P Average of monthly cash balances		377,653.
	Fair market value of all other assets (see instructions)		
	d Total (add lines 1a, b, and c)		377,653.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		311,000.
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d		377,653.
			377,033.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	5,665.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		371,988.
6	Minimum investment return. Enter 5% of line 5		18,599.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope and certain foreign organizations check here	rating foundations	;
	Minimum investment return from Part X, line 6		10 500
			18,599.
	Tax on investment income for 2015 from Part VI, line 5	51.	
	Add lines 2a and 2b		<b>5</b> 3
	Distributable amount before adjustments Subtract line 2c from line 1		51.
3			18,548.
4	Recoveries of amounts treated as qualifying distributions		
5		L	18,548.
6	Deduction from distributable amount (see instructions)		
	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	18,548.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes  Expenses, contributions, gifts, etc — total from Part I, column (d), line 26		
	Program-related investments – total from Part IX-B		20,202.
	· ·	<b>———</b>	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes		
3	Amounts set aside for specific charitable projects that satisfy the  Suitability test (prior IRS approval required)	3 a	
ı	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	20,202.
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 (see instructions)	5	51.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	<u> </u>	20,151.
_		L	20,101.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	tne roundation	

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
Distributable amount for 2015 from Part XI, line 7				10.510
2 Undistributed income, if any, as of the end of 2015				18,548.
a Enter amount for 2014 only			20 202	
<b>b</b> Total for prior years 20 13 . 20 12 . 20 11		54,225.	20,202.	
3 Excess distributions carryover, if any, to 2015		J4,22J.	·	· · · · · · · · · · · · · · · · · · ·
a From 2010				
<b>b</b> From 2011 0 .				
<b>c</b> From 2012 0 .				
<b>d</b> From 2013 17,819.				
e From 2014				
f Total of lines 3a through e	37,533.			
4 Qualifying distributions for 2015 from Part	37,333.			
XII, line 4 \$ 20,202.				
a Applied to 2014, but not more than line 2a		ļ		
			· · · · · · · · · · · · · · · · · · ·	
Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	20,202.			
5 Excess distributions carryover applied to 2015	20,202.			
(If an amount appears in column (d), the				
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				-
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	57,735.			
b Prior years' undistributed income. Subtract line 4b from line 2b		54 225		
C Enter the amount of prior years' undistributed		54,225.	· · · · · · · · · · · · · · · · · · ·	
income for which a notice of deficiency has				i
been issued, or on which the section 4942(a) tax has been previously assessed				
ļ l				
d Subtract line 6c from line 6b Taxable amount – see instructions		54,225.		•
<b> </b>		54,225.		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions			20,202.	
			20,202.	
f Undistributed income for 2015. Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2016			+	18,548.
7 Amounts treated as distributions out of				10,540.
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)				
8 Excess distributions carryover from 2010 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	57,735.			
10 Analysis of line 9  a Excess from 2011	j			
		İ		
C Excess from 2013			İ	
d Excess from 2014 19,714.	1			
e Excess from 2015				·

Part শ্রেস Private Operating Foundat	i <b>ons</b> (see instru	ctions and Part \	/II-A, question 9	)	N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the ruli	ermination letter that	ıt ıs a private operati	ing foundation, and	the ruling	
<b>b</b> Check box to indicate whether the foundation	_			4942(J)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	_	
income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
each year listed	X./				
<b>b</b> 85% of line 2a					
C Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities.  Subtract line 2d from line 2c					,
Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	•				
RankXV Supplementary Information assets at any time during the	(Complete this e year – see in	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Manag					
a List any managers of the foundation who have close of any tax year (but only if they have co	e contributed more t intributed more than	han 2% of the total c \$5,000) (See sectio	ontributions received in 507(d)(2))	d by the foundation b	efore the
WILLIAM JARRELL					
b List any managers of the foundation who owr	10% or more of the	stock of a corporation	on (or an equally larg	ge portion of the own	ership of
a partnership or other entity) of which the fou	ndation has a 10% o	or greater interèst.			
NONE					
2 Information Regarding Contribution, Gran		• • • •			
Check here X If the foundation only ma requests for funds. If the foundation makes gromplete items 2a, b, c, and d.	kes contributions to ifts, grants, etc (see	preselected charitable instructions) to indivi	le organizations and duals or organization	does not accept uns ns under other condit	olicited ions,
a The name, address, and telephone number of	r e-mail address of t	he person to whom a	applications should b	e addressed.	
WILLIAM JARRELL					
1316 PLACE DE JULIAN					
FLORENCE	SC 29501			_	
b The form in which applications should be sub	mitted and informati	on and materials the	y should include:	-	
VERBAL REQUEST					
c Any submission deadlines.					
NONE					
d Any restrictions or limitations on awards, such	as by geographical	areas, charitable fie	lds, kinds of institution	ons, or other factors	
NONE	, googiapinoa		instituti	23 <sub>1</sub> 31 31101 100013	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Pa	id Dur			ure Paymen	t	_
Recipient			If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or	busine	ss)	substantial contributor	recipient		
a Paid during the year						
HIGHLAND PARK METHODIS	ST CI	HURCH				
1316 PLACE DE JULIAN						
FLORENCE	SC	29501		N/A	GENERAL USE	10,002.
BOYS AND GIRLS CLUB						,
1316 PLACE DE JULIAN						
FLORENCE	SC	29501		N/A	GENERAL USE	2,500.
PEE DEE BBBS						_,,
1316 PLACE DE JULIAN						
FLORENCE	SC	29501		N/A	GENERAL USE	2,700.
MERCY MEDICINE CLINIC				,		2,
500 SOUTH COLT STREET						
FLORENCE		29501		N/A	GENERAL USE	5,000.
1 DONEMOE		2,001		117,11	CENERALE ODE	3,000.
		j				
Total						20,202.
<b>b</b> Approved for future payment						
		1				
				1		

# Pari XVII-A Analysis of Income-Producing Activities

gross amounts unless otherwise indicated	<del> </del>	d business income	Excluded by	section 512, 513, or 514	(e)
Program conven revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	( <b>d)</b> Amount	Related or exemply function income (See instructions
Program service revenue	<b>—</b>		code		
	<del>                                     </del>		<del>                                     </del>		
	+	<u> </u>	1		
	<del>- </del>	<del></del>			
	1				
			1		· · · · · · ·
Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities					10,2
Net rental income or (loss) from real estate		-			
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					10,5
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.			الا إلى الأول		. 2 . 9
	1			+	
Total. Add line 12, columns (b), (d), and (e)				13	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation					
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WIFE Relationship of Activities to the No.   Explain below how each activity for which income the columns in the columns in the columns in the columns.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  WWIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  No.   Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  WWIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  WWIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  Wiff Relationship of Activities to the columns of the columns	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WWIED Relationship of Activities to the column of the column	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  Wiff Relationship of Activities to the columns of the columns	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  Wiff Relationship of Activities to the columns of the columns	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WWIED Relationship of Activities to the column of the column	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculation  WYFE Relationship of Activities to the columns of the columns	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  WWIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  WWIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  WWIFE Relationship of Activities to the No. Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  No.   Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7 20,7 hections)
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  No.   Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  No.   Explain below how each activity for which income.	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Subtotal Add columns (b), (d), and (e)	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	is )  le Accompli	ishment of Exem	npt Purpos	ses	20,7

# Part:XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de	escribed	rganization directly o d in section 501(c) of o political organizatio	the Code (other									Yes	No
a Transfers from the reporting foundation to a				nonchari	table exem	pt organizat	ion of				- Carrie	TOTAL STREET	
(1	) Cash	1				· • • • • •	. <b></b> .				1 a (1)		Х
(2	) Othe	r assets									1 a (2)		X
ÞΟ	ther tra	nsactions											
(1	) Sale:	s of assets to a nonc	haritable exem	pt organi	zation		. <b></b> .				1 b (1)		Х
(2	) Purc	hases of assets from	a noncharitabl	le exemp	t organizati	ion	. <b></b>						X
(3	) Rent	al of facilities, equipn	nent, or other a	ssets .							1 b (3)	1	X
		bursement arrangen									1 b (4)	l · · · · · ·	$\frac{\lambda}{X}$
(5	•	s or loan guarantees										<del>                                     </del>	
(6	•	ormance of services									1 b (5)		_ <u>X</u> _
•	•		-		_						1 b (6)	-	<u>X</u>
¢ 51	naring o	of facilities, equipmer	it, mailing lists,	otner as	sets, or pai	ia empioyee	S			• • •	1 c		X
th	e aood:	wer to any of the abo s, other assets, or se action or sharing arra	rvices aiven by	the repo	ortina found	lation. If the	foundatio	n received less th	an fair marke	et value i	alue of n		
(a) Line	no	(b) Amount involved	(c) Name (	of nonchari	itable exempt	organization	((	d) Description of tran	isfers, transactio	ons, and s	haring arran	gements	
								-					
										_			
	-  -			_									
							<del>   </del>	· · · · · · · · · · · · · · · · · · ·					
								<del> </del>					
							-						
						<u> </u>	_						
					_								
-						•							
		· ·						<u> </u>					
	-					··· , —, ··· , ·· · · ·	···-						
de	escribed	ndation directly or inc I in section 501(c) of omplete the following	the Code (other	d with, or er than se	r related to, ection 501(d	one or mor c)(3)) or in s	e tax-exer ection 52	npt organizations			. Yes	X	<b></b> -
		Name of organization	·	Γ	(b) Type of	forganization	n	le le	) Description	of relati	onshin		
(a) Hamio of Organization				(2) Type of eigenization				+	, = 00011ptio11	3, 101011			
								<del> </del>	<del></del>				
				-				<del> </del>					
				-			<del></del> -				<del> </del>		
				ļ	_						<del> </del>		
				l									
Sign	Under pe correct, a	nalties of perjury, I declare and complete Declaration of	ad this return, including accompanying schedules and state an taxpayer) is based on all information of which preparer			atements, and to the be er has any knowledge	est of my knowled	ige and be	May the I				
Here								PRESIDENT			preparer : (see instr	shown be	low
	Signati	ure of officer or trustee			Da	ate		Title			, , , , , , ,	Yes	No
		Print/Type preparer's name	9	F	Preparer's signa	ature		Date	Check	l <sub>if</sub>	PTIN		
Paid Preparer		LARRY D. PHI	LLIPS	05/1				05/10/16	self-emplo	ш. І	P00889	400	
				Company Company CD2/C								103	
				Currin & Company, CPA'S,				اللط	Firm's EIN	∠∪-40	22503		
Use O	nly		. O. Box						1_				
		N N	<u>orth Myrt</u>	:le Be	ach		SC 2	9582	Phone no	(843)	249-3	<u>3334</u>	
BAA											Form <b>99</b> 0	0-PF (2	.015)

Name Employer Identification Number JARRELL FOUNDATION 20-8083138 **Asset Information:** Description of Property..... FRK ADJ US GOV SECS ADVS Date Acquired · Various How Acquired . . . Purchased Date Sold . . . 05/13/15 Name of Buyer . . . Sales Price . . \_ \_ 159 . Cost or other basis (do not reduce by depreciation) . . . 160 . Sales Expense . . Valuation Method. . . . 1. Accumulation Depreciation: . . . Total Gain (Loss) . . Description of Property: . . . . ISHS CORE MOD ALLOC ETF Date Acquired . 05/13/15 How Acquired . . . Purchased Date Sold . . . 08/18/15 Name of Buyer. . . . Sales Expense . . Valuation Method: . . . -385. Accumulation Depreciation . . . Total Gain (Loss) . . Description of Property: . . . . PIMCO RAE FDMNTL DVTG P Date Acquired: . 12/30/14 How Acquired . . . Purchased Date Sold . . . 12/04/15 Name of Buyer: . . . Sales Price: . . 9,757. Cost or other basis (do not reduce by depreciation) . . . 10,814. Valuation Method: . . . Sales Expense . . Total Gain (Loss). . . -1,057. Accumulation Depreciation . . . Description of Property . . . . . PRIN HI YLD P How Acquired ... Purchased Date Acquired . Various Date Sold . . . 08/18/15 Name of Buyer. . . . Sales Price: . . 534. Cost or other basis (do not reduce by depreciation) . . . 554. Sales Expense . . Valuation Method: . . . -20 . Accumulation Depreciation . . . Total Gain (Loss): . . Description of Property . . . . . CVS HEALTH CORP Date Acquired . 12/13/99 How Acquired . . . Purchased Date Sold . . . 12/03/15 Name of Buyer . . . Sales Price: . . 18, 956. Cost or other basis (do not reduce by depreciation) . . . 3, 587. Valuation Method: . . . Sales Expense . . Total Gain (Loss): . . \_\_\_\_\_15,369. Accumulation Depreciation . . . Description of Property..... COLUMBIA DIV INC Z Date Acquired. 12/14/12 How Acquired . . . Purchased Name of Buyer . . . Date Sold . . . 05/13/15 Sales Price . . 13,000. Cost or other basis (do not reduce by depreciation) . . . 10,151. Sales Expense . . Valuation Method: . . . Total Gain (Loss). . . 2,849. Accumulation Depreciation. . . . Description of Property . . . . . DEL E/MKT I Date Acquired . 01/13/09 How Acquired ... Purchased Name of Buyer: . . . Date Sold . . . 08/18/15 Sales Price 6,000. Cost or other basis (do not reduce by depreciation) . . . 3,638. Sales Expense: . . Valuation Method: . . . Total Gain (Loss). . . 2,362. Accumulation Depreciation . . . Description of Property. . . . . . See Net Gain or Loss from Sale of Assets Date Acquired . How Acquired. . . . Date Sold . . . Name of Buyer. . . . Sales Price . . \_ Cost or other basis (do not reduce by depreciation) . . . Valuation Method. . . . Sales Expense . . Total Gain (Loss): . . \_\_\_\_ Accumulation Depreciation . . .

Form 990-PF, Part I, Lines 6a

Net Gain or Loss from Sale of Assets

Asset Information:
Description of Property DEUTSCHE SMCP_VAL_S
Business Code Exclusion Code
Date Acquired Various How Acquired . Purchased
Date Sold05/13/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 13,000. Cost or other basis (do not reduce by depreciation) 17,642.
Sales Expense Valuation Method
Total Gain (Loss)4, 642 . Accumulated Depreciation
Description of Property FED KAUFMANN R
Business Code Exclusion Code
Date Acquired 01/19/07 How Acquired . Purchased
Date Sold 05/13/15 Name of Ruyer
Date Sold05/13/15 Name of Buyer
Sales Price 12,974. Cost or other basis (do not reduce by depreciation) 11,827.
Sales Expense Valuation Method  Total Gain (Loss)
Description of Property FPK ADT IIS COVERED ADVE
Description of Property FRK ADJ US GOV SECS ADVS
Business Code Exclusion Code
Date AcquiredVarious How Acquired . Purchased
Date Sold05/13/15 Name of Buyer
Sales Price11,928. Cost or other basis (do not reduce by depreciation) 12,224.
Sales Expense Valuation Method Valuation Method
Total Gain (Loss)
Description of Property HARBOR INTL I
Business Code Exclusion Code
Date Acquired01/19/07 How Acquired . Purchased
Date Sold08/18/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 4,000. Cost or other basis (do not reduce by depreciation) 3,666.
Sales Expense Valuation Method
Total Gain (Loss)
Description of Property PIMCO CMDTY PLS STR P
Business Code Exclusion Code
Date Acquired 07/15/13 How Acquired . Purchased
Date Sold 02/18/15 Name of Buyer.
Check Box, if Buyer is a Business
Sales Price 7,000. Cost or other basis (do not reduce by depreciation) 9,714.
Sales Expense Valuation Method
Total Gain (Loss)2,714. Accumulated Depreciation
Description of Property PIMCO RAE FDMNTL ADVTG P
Business Code Exclusion Code
Date Acquired Various How Acquired
Date Sold 12/04/15 Name of Buyer
Check Box, if Buyer is a Business L
Sales Price 6,243. Cost or other basis (do not reduce by depreciation) 7,854.
Sales Expense Valuation Method
Total Gain (Loss)1, 611. Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

## Net Gain or Loss from Sale of Assets

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
ACCOUNT MANAGEMENT FEES	4,079.	4,079.		
OFFICE EXPENSES	102.	102.		

Total <u>4,181.</u> 4,181.