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# Form **990-PF**

# **Return of Private Foundation**

Department	-6 46-	Trans	۱.پ.
Deparment	OITHE	rreas	ury

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

▶ Do not enter social security numbers on this form as it may be made public.

Pation about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

		dar year 2015 or tax year beginning JUL	1, 2015	, and endi		JUN 30, 2016	Open to Public Inspection
		foundation		· · · ·		A Employer identification	
		MARK ELLIOTT MOTLEY FO	UNDATION, INC	2.			
		WILLIAM E. CRAVER, III				27-0013752	<u> </u>
Nun	nber ar	nd street (or P O box number if mail is not delivered to street	address)	R	oom/suite	<b>B</b> Telephone number	
_P	0 I	BOX 1014				843-577-75	557
_		wn, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
_ <u>C</u>	HAI	RLESTON, SC 29402					. $\Box$
G C	Check	all that apply: Initial return	Initial return of a for	mer public cha	rity	D 1. Foreign organizations	s, check here
		Final return	Amended return			Foreign organizations me check here and attach co	eeting the 85% test,
		Address change	Name change			1	
H C	_	type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust	tempt private foundation Other taxable private foundati	tion		E If private foundation sta under section 507(b)(1	
   Ea			ng method: X Cash	Accrua	I	1	• •
		·	ther (specify)	Accida	'	F If the foundation is in a under section 507(b)(1	_
20 <b>16</b> ▼		3,048,759. (Part I, colu		asıs)			(O), oncon nord
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	incom		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	5,000.			N/A	
SEP P	2	Check If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	5.		5.		STATEMENT 1
e ( )	4	Dividends and interest from securities	111,280.	111	,280.		STATEMENT 2
Ē	5a	Gross rents					
Ś	b	Net rental income or (loss)	04 640				
) မွ	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	24,642.				
Revenue	_b	assets on line 6a		2.4	,642.		
Ş.	7	Capital gain net income (from Part IV, line 2)  Net short-term capital gain			,042.		
	8	Income modifications					
	10a	Gross sales less returns and allowances					
		Less Cost of goods sold RECEIVED	101				
	C	Gross profit or (loss)	180				
	11	Other income up a E D 15 2016	191				<u></u>
	12	Total Add lines 1 through 15EF 0 to 2010	121140,927.	135	<u>,927.</u>		
	13	Compensation of officers directors trustees atto	0.		0.		0.
	14	Other employee salaries and wages DEN, U					
S	110	rension plans, employeements					
šuš	loa	Legal fees Accounting fees STMT 3	1,434.	<del></del> -	0.		0.
ă	-  ້	Other professional fees					
ě	17	Interest					
rati	18	Taxes STMT 4	4,598.		0.	,	0.
nist	19	Depreciation and depletion					
<u>=</u>	20	Occupancy					
Α̈́	21	Travel, conferences, and meetings					
anc	22	Printing and publications	25 244		101		
pu	23	Other expenses STMT 5	26,844.	26	,194		0.
erat	24	Total operating and administrative	22 076	26	,194		0.
Operating and Administrative Expenses	0.5	expenses. Add lines 13 through 23	32,876. 155,000.		, 174	•	155,000
	25	Contributions, gifts, grants paid  Total expenses and disbursements.	133,000.			-	133,000
	20	Add lines 24 and 25	187,876.	26	,194		155,000.
	27	Subtract line 26 from line 12:	20,,0,0		· · · · · · ·		
	1	Excess of revenue over expenses and disbursements	<46,949.	>			
		Net investment income (if negative, enter -0-)			733	•	
		Adjusted net income (if negative, enter -0-)				N/A	
5235	501					c. A /	Form 990-PF (201)

11-24-15 LHA For Paperwork Reduction Act Notice, see instructions

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

For	m 99	00-PF (2015) C/O WILLIAM E. CRAVER,	III	013752 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 of	<del></del>	
<u>:</u>		Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing			<del> </del>	
	2	Savings and temporary cash investments	21,380.	43,704.	43,704.	
	3	Accounts receivable				
	]	Less: allowance for doubtful accounts			<del> </del>	
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 6	1,305,043.	435,826.	<u>918,668.</u>	
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other STMT 7	1,218,850.	2,018,494.	2,086,387.	
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation				
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
_		instructions. Also, see page 1, item I)	2,545,273.	2,498,024.	3,048,759.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ŝ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable				
_	22	Other liabilities (describe ► DUE TO ROMO, INC. )	300.	0.		
	1					
	23	Total liabilities (add lines 17 through 22)	300.	0.		
		Foundations that follow SFAS 117, check here				
w		and complete lines 24 through 26 and lines 30 and 31.				
Š	24	Unrestricted				
or Fund Balances	25	Temporarily restricted				
B	26					
Š		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	0.	0.		
¥.	29	Retained earnings, accumulated income, endowment, or other funds	2,544,973.	2,498,024.		
ž	30	Total net assets or fund balances	2,544,973.	2,498,024.		
			2 545 272	2 400 024		
_			2,545,273.	2,498,024.		
P	art	Analysis of Changes in Net Assets or Fund E	Balances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30			
	(mu	St agree with end-of-year figure reported on prior year's return)		1	2,544,973.	
2	Ente	r amount from Part I, line 27a		2	<46,949.>	
3	Othe	er increases not included in line 2 (itemize)		3	0.	
		lines 1, 2, and 3		4	2,498,024.	
		reases not included in line 2 (itemize)		5	0.	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,498,024.	

523511 11-24-15

Part IV   Capital Gains a	and Losses for Tax on Ir	nvestment	Income	<del></del>		<del></del>		<del>,</del>
(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sha	., real estate, s. MLC Co.)		( <b>b)</b> H D :	ow acquired Purchase Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a WELLS FARGO 37	31		-		P	VAR	COUS	12/31/15
b WELLS FARGO 37:					P		COUS	12/31/15
c WELLS FARGO 178	33				P	VAR	COUS	12/31/15
d WELLS FARGO 178	33				P	VAR	COUS	12/31/15
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss us (f) minus	
a 437,196.			413,68	7.		-		23,509.
b 11,784.			11,64					138.
c 88,628.			85,59					3,029.
d 12,743.			14,77	7.				<2,034.
e								
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69				Col. (h) gair	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		C	Losse	not less that s (from col.	an -u-) <b>or</b> (h)) 
a								23,509.
b								138.
C			·				·	3,029.
d			<u> </u>					<2,034.
e				[				
2 Capital gain net income or (net ca	, (,,,		7 7	}	2			24,642.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		nd (6):		}			NT / 7	
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) for	Poducod	Tay on Not	Inve	3 ∤ estment lr	come	N/A	<u> </u>
						icome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	icome	.)			
If section 4940(d)(2) applies, leave th	nis part blank.							
								Yes X No
Was the foundation liable for the sect			•	riouz				res No
If "Yes," the foundation does not qual  1 Enter the appropriate amount in 6	each column for each year; see the i			ntries				
(a)		mad delights be	Tore making any c		•			(d)
Base periód years	Adjusted qualifying dis	stributions	Net value of no	(c) nchar	ıtable-use asse	ets	Distri	(d) ibution ratio ivided by col. (c))
Calendar year (or tax year beginnii 2014	<u>ig iii)                                </u>	2,726.			,292,42		(001. (0) 01	.049424
2013		0,765.			, 230, 92			.046663
2012		37,000.			, 981, 61			.045948
2012		13,000.			, 868, 50			.049852
2010		20,000.			, 878 , 82			.041684
2010	1	.0,000.			,010,02			*041004
2 Total of line 1, column (d)						2		233571
3 Average distribution ratio for the	5-vear hase period - divide the total	on line 2 hy 5	or by the number	of ve	ars			
the foundation has been in exister		011 IIII E 0 y 0,	or by the namber	0. 90.	410	3		.046714
the foundation has been in existen	nee ii loos thair o your o							
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5				4	ļ	3,079,451.
5 Multiply line 4 by line 3						5		143,853.
	(40) (D ::: 0=::							
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6	+	1,097.
7 Add lines 5 and 6						7		144,950.
8 Enter qualifying distributions from	n Part XII, line 4					8		155,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ng a 1°	% tax rate.			

THE MARK ELLIOTT MOTLEY FOUNDATION, INC. 27-0013752 Form 990-PF (2015) C/O WILLIAM E. CRAVER, III Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. \_\_ (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 1,097. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 Add lines 1 and 2 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 1,097 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 2,280. a 2015 estimated tax payments and 2014 overpayment credited to 2015 6b b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 2,280. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1,180. 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 60. 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? Х 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1¢ d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ \_\_\_\_\_\_ (2) On foundation managers. ▶ \$ \_\_\_\_\_ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 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 Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 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 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) 8b of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

Form **990-PF** (2015)

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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Form **990-PF** (2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

THE MARK ELLIOTT MOTLEY	FOUNDATION, I		1	•
orm 990-PF (2015) C/O WILLIAM E. CRAVER, I	II	No	<u> 27-00137</u>	52 Page 6
Part VII-B Statements Regarding Activities for Which F	form 4/20 May Be F	sequirea (continu	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:	10.157.110	<u></u>	(F)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		s X No	
any voter registration drive?	n		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	S LALINO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		s X No	
4945(d)(4)(A)? (see instructions)			S LALINO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or r	or	s X No	
the prevention of cruelty to children or animals?			S LALINO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / 7	5b
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	20
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 fr		. —		
expenditure responsibility for the grant?		「∕A	s L No	
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?	aroanal hanafit nantraatO	Ye	[	6b X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?			6b X
If "Yes" to 6b, file Form 8870	holtor transactions		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		7b
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trust		nagore Highly		70
Paid Employees, and Contractors	ees, roundation wa	mayers, riiging	•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
JENNIFER M. LEE	CHAIRMAN	007		
PO BOX 1014	011111111111			
CHARLESTON, SC 29402	0.10	0.	0.	0.
	PRESIDENT/TRE	<del>                                     </del>		
PO BOX 1014				
CHARLESTON, SC 29402	0.25	0.	0.	0.
	VICE PRESIDEN		RY	
PO BOX 1014				
CHARLESTON, SC 29402	2.00	0.	0.	0.
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(-I) 2	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of sach employee paid more than \$60,000	devoted to position	(6) companion	compensation	allowances
NONE				
<u> </u>				
		ļ		
	-			
				1

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

All other program-related investments. See instructions.

Total. Add lines 1 through 3

	1990-PF (2015) C/O WILDIAM E. CRAVER, III	<u> 4 / </u>	0010752 14900
_ <b>P</b> /	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee 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	3,074,537.
b	Average of monthly cash balances	1b	51,809.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,126,346.
	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	3,126,346.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	46,895.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,079,451.
6	Minimum investment return. Enter 5% of line 5	6	153,973.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	153,973.
2a	Tax on investment income for 2015 from Part VI, line 5	]	
b	Income tax for 2015. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	1,097.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	152,876.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	<u> 152,876.</u>
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	<u>152,876</u> .
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		155 000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	155,000.
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		_3a	
b	Cash distribution test (attach the required schedule)	3b	155 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	155,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		4 00-
	income. Enter 1% of Part I, line 27b	5	1,097.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	153,903.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Corpus	rears prior to 2014	2014	2013
line 7				152,876.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			153,428.	
<b>b</b> Total for prior years:				
,,		0.		<u> </u>
3 Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
c From 2012			İ	
<b>d</b> From 2013				
e From 2014	_			
f Total of lines 3a through e	0.		· · · · · · · · · · · · · · · · · · ·	<del></del>
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 155,000.				
a Applied to 2014, but not more than line 2a			153,428.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		<del></del>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			1 570
d Applied to 2015 distributable amount				1,572.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			<u> </u>
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		<del></del>
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract		j		
lines 4d and 5 from line 1. This amount must				151,304.
be distributed in 2016  7 Amounts treated as distributions out of				131,304.
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 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.			-·· <u>-</u>	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012			[	
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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

Form 990-PF (2015) C/O WILLIAM E. CRAVER, III
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	ear or Approved for Future	Payment		
Recipient	If recipient is an individual		D	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recopioni		
CHARLESTON HORTICULTURAL SOCIETY	NONE	501(C)(3)	PROMOTE HORTICULTURAL	
6 WINDERMERE BLVD CHARLESTON SC 29407	NONE	ORGANIZATION	EDUCATION	_5,00
CHARLESTON SYMPHONY ORCHESTRA	NONE	501(C)(3)	PROMOTE EDUCATION	
756 ST ANDREWS BLVD CHARLESTON, SC 29407		ORGANIZATION		5,000
CHARLESTON URBAN SQUASH, INC	NONE	501(C)(3) ORGANIZATION	PROMOTES SPORTS	
CHARLESTON, SC 29413				3,00
CHILDREN'S MUSUEM OF THE LOWCOUNTRY 25 ANN ST CHARLESTON SC 29403	NONE	501(C)(3) ORGANIZATION	KIDS PROGRAMS	5,000
COURAGEOUS KIDZ 230 OLD DOMINION DR CHARLESTON SC 29418	NONE	501(C)(3) ORGANIZATION	PROVIDES A SAFE HAVEN FOR KIDS WITH CANCER	2,50
	NTINUATION SHEE	ET(S)	<b>▶</b> 3a	155 00
b Approved for future payment				
NONE				
		<u> </u>	<b>▶</b> 3b	

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Part XVI-A . Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclus	ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					<u> </u>
b					
C					
d					
e					
f		<u></u>			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				_	
investments			14	5.	
4 Dividends and interest from securities	-		14	111,280.	·
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			-		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1	24 642	
than inventory		· · · · · · · · · · · · · · · · · · ·	18	24,642.	
9 Net income or (loss) from special events		* * * * * * * * * * * * * * * * * * * *			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d		<del></del>			
12 Subtotal. Add columns (b), (d), and (e)		0.		135,927.	0.
13 Total Add line 12, columns (b), (d), and (e)	1	<b>U</b> •	L	13	405.005
(See worksheet in line 13 instructions to verify calculations.)				· · · · · · · · · · · · · · · · · · ·	133,3276
				. 5	
Part XVI-B Relationship of Activities to	o tne Acco	omplishment of Ex	æmp	t Purposes	
Line No Explain below how each activity for which incor	me is reported i	in column (e) of Part XVI-A	contrit	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
		···			
				<del> </del>	
				·	<del> </del>
					·
					<del></del>
	-				······································
	<del></del>				
				·	

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Part X	VII	Information Re Exempt Organ		sfers To a	and T	ransactions a	ind Relations	ships With Nonch	aritable	9	
1 Did t	he ora	anization directly or indir		of the followin	n with a	ny other organizatio	n described in sec	tion 501/c) of		Yes	No
	-	other than section 501(c)				-		11011 30 1(0) 01			
	•	• •					izations,				
		om the reporting founda	ilion lo a nonchanta	nie exempt ort	yanızanı	on or.			10/11		v
	Cash								1a(1)		X
	Other a								1a(2)		
-		actions:	hl	•					45/41		v
		of assets to a noncharital							1b(1)		X
		ises of assets from a noi		organization					1b(2)		X
		of facilities, equipment,							1b(3)		X
		ursement arrangements							1b(4)		X
. ,		or loan guarantees							1b(5)		X
		mance of services or me							1b(6)		X
	-	facilities, equipment, ma							10		X
		•	•	-				market value of the goods n or sharing arrangement		sets,	
		the value of the goods,				man rain market valu		n or onaring arrangomon	., 011011111		
(a) Line no	(	b) Amount involved	(c) Name of	f noncharitable	e exemp	t organization	(d) Description	n of transfers, transactions, ar	nd sharing ar	rangeme	nts
	<b>_</b>			N/A							
	-										
	1			<del></del>		<del></del>					
	-						<u> </u>				
	-										
	1				<u> </u>						
	_						+				
	+										
	+									<del></del>	
2a Is th	e founi	dation directly or indirec	tly affiliated with or	related to one	or mor	e tax-exempt organi	zations described				
		501(c) of the Code (other	•				zations described		Yes	X	] No
		mplete the following sch	,	)(0)) or in 0000							
<u> </u>	03, 00	(a) Name of org			(b) T <sub>1</sub>	pe of organization	ļ	(c) Description of relatio	nship		
		N/A			1	<del> </del>		•••	·		
-				-							
·											
		penalties of perjury, I declare lef, it is true, correct, and cor						or han any knowledge	May the IRS		
Sign   Here		11.01,000 4	( raves 4	^		8-31-16			return with the shown below	v (see ins	str )?
i iei e	Cian	Western 2		n rus			PRESI	DENT	LX Yes	<b>:</b> L	_  No
	Signa	Print/Type preparer's na		Preparer's s		Date	Title Date	Check If PTI	N		
		Printrype preparer 5 na	ille	riepaiei 5 5	olynature			self- employed	N		
Paid		ם ממסחח זי	OOD, CPA	MM	No	I CA	8-17-16	, ,	00890	1226	
Prepa	rer	R. SCOTT H Firm's name ► HOO		IDER CP	ΔC	T.I.C		Firm's EIN ▶ 26 -			
Use C		Tittle Stratue P 100	n or Gener	JULICE CE	AU,	TILC.			T T / J 5	0	
		Firm's address ▶ 85	6 LOWCOUN	TY BLV	D,	SUITE 100	)				
	MOUNT PLEASANT, SC 29464 Phone no. 843-884-1099							1			

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Form **990-PF** (2015)

### 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.lrs.gov/form990

OMB No 1545-0047

Name of the organization

THE MARK ELLIOTT MOTLEY FOUNDATION, INC. C/O WILLIAM E. CRAVER, III

**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 501(c)(3) exempt private foundation Form 990-PF 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),

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

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

Name of organization

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

C/O WILLIAM E. CRAVER, III

Employer identification number

27-0013752

Part I	Contributors (	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	----------------	---------------------	----------------------	-------------------------	------------------

		<del></del>	
(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
(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 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)

Name of organization

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

Employer identification number

C/O WILLIAM E. CRAVER, III

27-0013752

Part II	Noncash Property	(see instructions)	Use duplicate copies of	of Part II if additional space is needed.
---------	------------------	--------------------	-------------------------	---

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization **Employer identification number** THE MARK ELLIOTT MOTLEY FOUNDATION, INC. C/O WILLIAM E. CRAVER, 27-0013752 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

C/O WILLIAM E. CRAVER, III

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	<del></del>	- <del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DEE NORTON LOWCOUNTRY CENTER	NONE	501(C)(3)	PREVENT CHILD ABUSE	
1061 KING STREET CHARLESTON SC 29403		ORGANIZATION		_ 20,000
CHARDESTON, SC 29403				
HOSPICE & PALLIATIVE CARE FOUNDATION	NONE	501(C)(3)	PROVIDES COMFORT IN	
4975 LACROSS ROAD		ORGANIZATION	FINAL STAGES OF LIFE	
N CHARLESTON, SC 29405				5,000
LOWCOUNTRY FOOD BANK	NONE	501(C)(3)	PROVIDE FOOD TO	
2864 AZALEA DR CHARLESTON, SC 29405		ORGANIZATION	FAMILIES	10,000
LOWCOUNTRY ORPHAN RELIEF	NONE	501(C)(3)	IMPROVE CHILDREN'S	
PO BOX 1074		ORGANIZATION	QUALITY LIFE	
CHARLESTON, SC 29402	-			7,500
CUMPAUAUGE THE	NONE	501(C)(3)	IMPROVE DISABLED ADULT	
SUMMERHOUSE INC 206 5TH ST	NONE	ORGANIZATION	AND CHILDREN'S QUALITY	
WOODLAND, CA 95695		<u> </u>	OF LIFE	5,000
	i			
TEACHER'S SUPPLY CLOSET	NONE	501(C)(3)	PROVIDE SCHOOL	
1401 SAM RITTENBERG BLVD #11 CHARLESTON SC 29407		ORGANIZATION	SUPPLIES IN LOW INCOME SCHOOLS	5,000
				<del></del>
THE AMERICAN LUNG ASSOCIATION	NONE	501(C)(3)	PROVIDES HEALTH	
55 W WACKER DRIVE		ORGANIZATION	EDUCATION	
CHICAGO, IL 60601				2,500
WINGS FOR KIDS	NONE	501(C)(3)	KIDS SCHOOL PROGRAMS	
PO BOX 369	NONE	ORGANIZATION	RIDS SCHOOL PROGRAMS	
SULLIVAN'S ISLAND, SC 29482				5,000
YESCAROLINA ONE CARRIAGE LANE BLDG G	NONE	501(C)(3) ORGANIZATION	CAMP FOR KIDS AND TEACHERS	
CHARLESTON, SC 29407		ORGANIZATION -	TEACHERS	20,000
		,		
YOART!, INC.	NONE	501(C)(3)	PROMOTE EDUCATION	
PO BOX 12397		ORGANIZATION		,
CHARLESTON SC 29422 Total from continuation sheets		1		4,500 134,500

3 Grants and Contributions Paid During the	<del></del>	_		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
CHARLESTON STAGE COMPANY, INC	NONE	501(C)(3)	PROMOTE EDUCATION	
PO BOX 356 CHARLESTON SC 29402		ORGANIZATION		5,00
MANUESTON, SC 27402		-		
CAROLINA HOSPICE OF BEAUFORT	NONE	501(C)(3)	FAMILIES THAT ARE	
L605 NORTH ST		ORGANIZATION	DEALING WITH A DEATH	
BEAUFORT, SC 29902				1,00
SC GOVERNORS SCHOOL FOR SCIENCE &	NONE	501(C)(3)	PROMOTES EDUCATION	
HTA		ORGANIZATION		
101 RAILROAD AVE				2.50
HARTSVILLE, SC 29550				2,50
HISTORIC CHARLESTON FOUNDATOIN	NONE	501(C)(3)	PROMOTES EDUCATION	
40 E BAY ST		ORGANIZATION		
CHARLESTON, SC 29401				2,50
FLORENCE CRITTENTON HOME	NONE	501(C)(3)	CHILD WELFARE PROGRAMS	
19 ST MARGARET ST		ORGANIZATION		
CHARLESTON, SC 29403				2,50
		504 (5) (5)		
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD	NONE	501(C)(3) ORGANIZATION	ANIMAL SHELTER	
N CHARLESTON SC 29406		DRGANIZATION		1.00
DORCHESTER CHILDREN'S CENTER	NONE	501(C)(3)	CHILDREN'S CENTER	
303 E RICHARDSON AVE		ORGANIZATION		
SUMMERVILLE, SC 29483				3,00
		F01/63/433		
CHARLESTON AREA THERAPEUTIC 2669 HAMILTON ROAD	NONE	501(C)(3) ORGANIZATION	THERAPY CENTER	
JOHNS ISLAND SC 29455				5,00
ASSOCIATION FOR THE BLIND AND	NONE	501(C)(3)	CENTER FOR BLIND	
VISUALLY IMPAIRED		ORGANIZATION		
1 CARRIAGE LANE CHARLESTON SC 29407				2,50
CHARDESTON, SC 2740/				2,50
CHARLESTON ORPHAN HOUSE INC	NONE	501(C)(3)	ORPHAN HOUSE	
5055 LACKAWANNA BLVD		ORGANIZATION		
N CHARLESTON SC 29405				2,50

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

27-0013752 C/O WILLIAM E. CRAVER, III Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor ROTARY CLUB OF MT PLEASANT NONE 501(C)(3) ROTARY CLUB ORGANIZATION 908 CAVALRY CIRCLE 2,500. MT PLEASANT, SC 29464 TRIDENT TECHNICAL COLLEGE FOUNDATION NONE 501(C)(3) KIDS SCHOOL PROGRAMS ORGANIZATION PO BOX 61227 20,000. CHARLESTON, SC 29419

Total from continuation sheets

FORM 990-PF INTERES	ET ON SAVI	NGS AND TEM	PORARY	CASH I	INVESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
WELLS FARGO		5.		5.			
TOTAL TO PART I, LI		5.		5.			
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SEC	JRITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
WELLS FARGO	111,280	•	0.	111,280	111,28	30.	
TO PART I, LINE 4	111,280	•	0.	111,280	111,28	30.	
FORM 990-PF		ACCOUNTI	NG FEE:	S		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCON		
ACCOUTING FEES		1,434.		0	•		0.
TO FORM 990-PF, PG	1, LN 16B =	1,434.		0	•		0.
FORM 990-PF	TAX	ES			STATEMENT	4	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCON		
FEDERAL TAXES PAID	_	4,598.		0	•	<del></del>	0.
TO FORM 990-PF, PG	- 1, LN 18	4,598.		0	•		0.

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FORM 990-PF	OTHER E	XPENSES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
INVESTMENT FEES COMPUTER ASSISTANCE	26,194. 650.		L94. 0.			0.
TO FORM 990-PF, PG 1, LN 23	26,844.	26,1	194.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE	r
WELLS FARGO - STOCK		_		435,826.	918,6	68.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	=		435,826.	918,6	68.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	r
WELLS FARGO - MUTUAL FUNDS		COST	2	2,018,494.	2,086,3	87.
TOTAL TO FORM 990-PF, PART II	, LINE 13	_		2,018,494.	2,086,3	87.

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

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

843-577-7557

#### 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 PROJECT.
- 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.