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# EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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

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

2016

		dar year 2016 or tax year beginning	· · · · · · · · · · · · · · · · · · ·	, and ending		
		foundation			A Employer identification i	number
M.	TCI	HAEL J. MUNGO FOUNDATIO	N		13-42034 <u>29</u>	
		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
		WESTERN LANE			808 407-45	34
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	nding, check here
-		o, sc 29063				
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations,	check here
		Final return	Amended return		2 Foreign organizations mee check here and attach con	ting the 85% test,
		Address change	Name change		1	
H_C		type of organization: X Section 501(c)(3) ex			E If private foundation state	
<u>L</u>		011011 10 11 (a)( 1) 11011 11 11 11 11 11 11 11 11 11 11 11	Other taxable private founda		under section 507(b)(1)(	
			ng method: X Cash	Accrual	F If the foundation is in a 6 under section 507(b)(1)(	
		Part II, col. (c), line 16)	ther (specify)	nasis )	under Section 307(b)(1)(	D), check here
Do	ু irt I		1	(b) Net investment	(c) Adjusted net	(d) Disbursements
Pa	III I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	2,801,113.		N/A	
	2	Check If the foundation is not required to attach Sch B	2/002/220			<u>&gt;</u>
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	410,651.	410,651.		STATEMENT 1
	5a	Gross rents				3
	b	Net rental income or (loss)	, ,			*
ø	6a	Net gain or (loss) from sale of assets not on line 10	356,224.			7
eun	b	absolite on limite to	, « *	356,224		, <u>4</u>
Revenue	7	Capital gain net income (from Part IV, line 2)		330,224		, , , , , , , , , , , , , , , , , , ,
_	8	Net short-term capital gain	***			*
Ç.	100	Income modifications Gross sales less returns				1/2
SCANNED	10a	and allowances Less Cost of goods sold				
<b>Z</b>	1	Gross profit or (loss)				*
ሽ		Other income				
		Total Add lines 1 through 11	3,567,988.	766,875		7 00 000
AON	13	Compensation of officers, directors, trustees, etc	33,000.	0	The Printer of the Paris of the	
	14	Other employee salaries and wages			S NUV 1 7 201	7 8
.≥3 . v		Pension plans, employee benefits			1 1 201 1 7 201 A	1.0
= Sesu	16a	Legal fees	8,150.	0	OGUEN UT	8,150.
sesuedx∃ ¥7017	.  b	Accounting fees STMT 2	0,130.	0	. 000214, 01	0,230
_	1	: Other professional fees Interest				
Administrative	17	Taxes STMT 3	11,023.	883		0.
Istra	19	Depreciation and depletion				
Ē	20	Occupancy				
Adi	21	Travel, conferences, and meetings	4,796.	0	•	4,796.
and	22	Printing and publications				1 267
		Other expenses STMT 4	72,771.	71,404	•	1,367.
Operating	24	Total operating and administrative	100 740	72 207		47,313
Spe		expenses Add lines 13 through 23	129,740.		•	837,337
J	25		837,337.			03,,337,
	26	Total expenses and disbursements	967,077.	72,287		884,650
_	07	Add lines 24 and 25 Subtract line 26 from line 12	757,077	, , , , , , , , , , , , , , , , , , , ,		•
	•	2 Excess of revenue over expenses and disbursements	2,600,911.			
		b Net investment income (if negative, enter -0-)		694,588		
		c. Adjusted net income (if pegative enter -0-)			N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

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Department of the Treasury

_	The state of the s		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1	
	(must agree with end-of-year figure reported on prior year's return)	1	15,721,631.
2	Enter amount from Part I, line 27a	2	2,600,911.
3	Other increases not included in line 2 (itemize)   SEE STATEMENT 5	3	163,650.
4	Add lines 1, 2, and 3	4	18,486,192.
5	Decreases not included in line 2 (itemize) ▶	5	0.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	18,486,192.
Ť			- 000 DE

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	Part IV   Capital Gains ar	nd Losses for Tax on In	vestment	Income				
	(3) List and describ 2-story brick ware	e the kind(s) of property sold (e g house; or common stock, 200 shs	., real estate, s. MLC Co )		(b) How acquire P - Purchase D - Donation	1 1	c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)
_	a MERRILL LYNCH (				P			
_!	MERRILL LYNCH (	SEE ATTACHED)	<del></del> ,.		P			
_								ļ <del>-</del>
_		<del></del>						
	<u>e                                     </u>	(A) Degraciation allowed	(-) Can	ut as ather have	1		(h) Coin or (loo	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	xpense of sale			(h) Gain or (los (e) plus (f) minus	s (g)
_				<u>4,485,68</u>				-17,847.
_	4,592,251.			4,218,18	0.			374,071.
_								
	d	<del></del>						
	Complete only for assets showing	dain in column (b) and owned by	the foundation	on 12/31/69		/I) (	Counce (Col. (b), gov	
_	Complete only for assets showing	(j) Adjusted basis	<del></del>	cess of col. (I)	-	col (I	Gains (Col. (h) gai k), but not less th	an -0-) <b>or</b>
	(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any		Ì	Losses (from col	(h)) '
_	a							-17.847.
_	b							-17,847. $374,071$ .
_	c							
_	d							
	e							
_	0	tal loss) $ \begin{cases} If gain, also enter \\ If (loss), enter -0. \end{cases} $	ın Part I, line	7	}   .			256 224
2	Capital gain net income or (net capi	tal loss), enter -0-	- in Part I, line	7	J 2		<del></del>	356,224.
3	Net short-term capital gain or (loss)		nd (6):					
	If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8	olumn (c)			) 3		N/A	4
П	Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Investmen	t Inco		<u> </u>
(F	or optional use by domestic private for	oundations subject to the section 4	1940(a) tax on	net investment inc	come.)			
			` ,		, ••••			
IT	section 4940(d)(2) applies, leave this	part diank						
W	as the foundation liable for the section	n 4942 tax on the distributable am	nount of any ye	ear in the base peri	od?			Yes X No
	"Yes," the foundation does not qualify				<del></del>			
1	Enter the appropriate amount in ear	<del></del>	nstructions bet	fore making any er				(4)
	Base periód years	(b) Adjusted qualifying dis	tributions	Net value of nor	(c) acharitable-use :	assets	Distr	(d) ibution ratio ivided by col. (c))
-	Calendar year (or tax year beginning 2015	""/	8,625.		16,862,			• 052697
-	2014		7,359.		16,583,		<del></del>	.057127
	2013		2,306.		$\frac{10,305,}{11,434,}$			.020316
_	2012		8,750.		4,489,		<del></del>	.021998
-	2011		8,200.		3,082,			.051317
					<u> </u>			
2	Total of line 1, column (d)						2	203455
3	Average distribution ratio for the 5-	year base period - divide the total (	on line 2 by 5,	or by the number	of years			
	the foundation has been in existenc	e if less than 5 years					3	.040691
4	Enter the net value of noncharitable	-use assets for 2016 from Part X,	line 5				4	17,982,507.
							1	504 506
5	Multiply line 4 by line 3						5	731,726.
_	<b>5</b>	//// //D					1 _	C 04C
6	Enter 1% of net investment income	(1% of Part I, line 2/b)					6	6,946.
_	Add loop Ford C						,	720 672
1	Add lines 5 and 6						7	738,672.
8	Enter qualifying distributions from F	Part XII, line 4					8	884,650
	If line 8 is equal to or greater than li See the Part VI instructions		1b, and comp	lete that part using	g a 1% tax rate			

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	m 990-PF (2016) MICHAEL J. MUNGO FOUNDATION 1	13-4	<u>4203</u>	429		Page 4
	art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<del>)48 -</del>	see ir	<u>nstru</u>	ctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.	-				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► 🗓 and enter 1%	1			6,9	46.
	of Part I, line 27b	ļ				
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1				
	( ), ( ), ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	2				<u>0.</u>
	<del>-</del>	3			6,9	46.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
		5			6,9	46.
	i i i					
	a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 31,921.	ļ				
	b Exempt foreign organizations - tax withheld at source 6b					;
	c Tax paid with application for extension of time to file (Form 8868)	ļ				
	d Backup withholding erroneously withheld	1		_		0.4
	Total credits and payments Add lines 6a through 6d	7		3	1,9	21.
	Enter any penalty for underpayment of estimated tax. Check here 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				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		2	4,9	75.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax > 24,975. Refunded >	11				0.
	art VII-A Statements Regarding Activities				V	Na
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	n	}	*	res	No
	any political campaign?	_	}	1a		X
Đ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		ŀ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	∍a or				.A./
	distributed by the foundation in connection with the activities			.		""
	c Did the foundation file Form 1120-POL for this year?		ĺ	1c		X
a	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		ļ	*		,
_	(1) On the foundation. ► \$ 0. (2) On foundation managers ► \$ 0.		ĺ			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 • —			*	\$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities		Ī			
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
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A [	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state to	law				
	remain in the governing instrument?		,	6	<u>X</u>	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			_7_	<u>X</u>	<u> </u>
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
	SC					
D	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)			٠. ا	v	
•	of each state as required by General Instruction G? If "No," attach explanation	udo.	}	<u>8b</u>	X	<del></del>
9		uar	}			- V
10	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	гмт	8	9 10	X	X
IU	Did any persons become substantial contributors during the lax year? If "Yes " attach a schedule listing their names and addresses ST	LTII				(2016)

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Pa	art VII-A Statements Regarding Activities (continued)			
	•	Ì	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section \$12(b)(13)? If "Yes," attach schedule (see instructions)	11	'	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pri	vileges?		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ BETH DERIDDER Telephone no ▶	803 407-4	534	
	Located at ► 2033 KENNERLY ROAD, IRMO, SC	ZIP+4 ▶29063		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	15   N	[/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			j
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		,	*
		X No		}
	· · · · ·	▼ u <sub>a</sub>		
		X No	y45,	1 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available		,	
		X No	ľ ·	ĺ
	(6) Agree to pay money or property to a government official? (Exception Check "No"		48	<u> </u>
	If the foundation agreed to make a grant to or to employ the official for a period after	[	, ,	
		X No	2	4
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			,
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	<b>▶</b>	<u> </u>	1
e	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2016?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	19		
_	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
•		X No		
	If W/a = II liet the common			[
h	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	j		]
ŭ	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions )	N/A 2b		1
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	20,11		
٠		1		ł
3-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			Ì
Jd		X No		1
	• If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
U	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis			[
	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,	puse		
		N/A 3b		[
١.	Form 4720, to determine if the foundation had excess business holdings in 2016.)		<del> </del>	Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose it.	that	<del>  </del>	^

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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Part VIII Information About Officers, Directors, Trustees, Foundation Mar Paid Employees, and Contractors (continued)	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
' (a) Name and address of each person paid more than \$50,000	(b) Type of service (c) Comp	ensation
NONE		
	•	
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informal number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the Expenses	
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2. Amount	
1 <u>N/A</u>		
2		·
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Form <b>990-P</b>	<b>F</b> (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this	part Foreign four	ndations,	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.			
а	Average monthly fair market value of securities	ļ	1a	16,885,001.
b	Average of monthly cash balances	ĺ	1b	1,371,351.
С	Fair market value of all other assets		1c	
ď	Total (add lines 1a, b, and c)	{	1d	18,256,352.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	18,256,352.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	273,845.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	Į.	5	17,982,507.
6_	Minimum investment return Enter 5% of line 5		6	899,125.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations organizations check here ▶ ☐ and do not complete this part.)	ating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	899,125.
2a	Tax on investment income for 2016 from Part VI, line 5	6,946.		
b	Income tax for 2016 (This does not include the tax from Part VI ) 2b			
C	Add lines 2a and 2b		2c	6,946.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	892,179.
4	Recoveries of amounts treated as qualifying distributions	ĺ	4	0.
5	Add lines 3 and 4	ĺ	5	892,179.
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	892,179.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	884,650.
b	Program-related investments - total from Part IX-B	ļ	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	ļ	. 3	
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)	,	3b	<del></del>
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		4	884,650.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income Enter 1% of Part I, line 27b		5	6,946.
6	Adjusted qualifying distributions Subtract line 5 from line 4	Į	6	877,704.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the foundation of	iualifies fo	or the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	- <u> </u>			
line 7				892,179.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			51,519.	
b Total for prior years:				
g rotal is: pitel years		0.		
3 Excess distributions carryover, if any, to 2016				
a From 2011				
b From 2012	•			
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 884,650.				
a Applied to 2015, but not more than line 2a			51,519.	
b Applied to undistributed income of prior				
		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
	0.		,	
(Election required - see instructions)				833,131.
d Applied to 2016 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))			3	
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				50.040
be distributed in 2017				59,048.
7 Amounts treated as distributions out of				•
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				<u> </u>
may be required - see instructions)	0			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0	•		
9 Excess distributions carryover to 2017				
Subtract lines 7 and 8 from line 6a	0	•		
10 Analysis of line 9				
a Excess from 2012				
b Excess from 2013			1	
c Excess from 2014				
d Excess from 2015				
e Excess from 2016		<u> </u>		Form 990-PF (2016)
- ·				Larm UULL_PF (2016)

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	J MUNGO_		/// A (1)		203429 Page 10
Part XIV   Private Operating F			<del></del>	N/A	
1 a If the foundation has received a ruling o			)		
foundation, and the ruling is effective fo			· · · ▶ └──	1.0.101.101	210()(5)
b Check box to indicate whether the found		iting foundation describe		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2016	(b) 2015	Prior 3 years (c) 2014	(d) 2013	(a) Total
income from Part I or the minimum	(a) 2010	(0) 2013	(6) 2014	(0) 2013	(e) Total
investment return from Part X for					
each year listed			<del>  </del>	<u> </u>	
<b>b</b> 85% of line 2a		<u> </u>			<del> </del>
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		
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					<u> </u>
3 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>b</b> "Endowment" afternative test - enter			<del></del>		
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)			ľ		
(2) Support from general public	<del></del>				
and 5 or more exempt	_				
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			<del> </del>		<del></del>
an exempt organization					
(4) Gross investment income	<u> </u>	<del> </del>		<del></del>	
Part XV Supplementary Info	rmation (Comp	lete this part only	v if the foundation	n had \$5,000 or m	ore in assets
at any time during t			y ii tiio rouridatioi		010 111 000010
1 Information Regarding Foundation	<del></del>	<del>'</del>			
a List any managers of the foundation wh	<del>-</del>	re than 20% of the total co	ntributions received by th	e foundation before the cl	nea of any tay
year (but only if they have contributed n	nore than \$5.000) (See	e section 507(d)(2).)	initibutions received by th	e louridation before the ch	JSE OI ally lax
NONE	, , ,	. ( // //			
b List any managers of the foundation wh	o own 10% or more of	the stock of a cornoration	n (or an equally large port	ion of the owners hip of a	nart norchin or
other entity) of which the foundation has			i (or air equally large port	ion of the owner Strip of a	Dai ti lei Ship Oi
NONE	<b>5</b>				
	on Cront Cift Lon	n Cabalavahus ata	Drograma.		
2 Information Regarding Contribute Check here ► X if the foundation of the foundation makes gifts, grants, etc.	inly makes contribution	s to preselected charitab	e organizations and does		
	<del>```</del>				u u.
a The name, address, and telephone num	uer or e-mail address o	ii iiie person to whom ap	plications should be addre	essed.	
The form of the state of the st	and the state of t		abanda nahi da		
<b>b</b> The form in which applications should b	e submitted and inforn	nation and materials they	snould include		
c Any submission deadlines:		· · · <del>· ·</del> · · · · · · · · · · · · · ·			·····
d Any rectrictions or limitations on accordi	e quah aa hu aaaasa-t-	igal argae, abasisable field	s kinds of institutions	other feeters	<del></del>
d Any restrictions or limitations on awards	s, such as by geograph	icai areas, charnadie field	s, kinus oi mstitutions, of	omer factors	
623601 11-23-16					Form 990-PF (2016)

3 Grants and Contributions Paid During the Y	If recipient is an individual,	Fayment		
Recipient  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				
CTS METRO	NONE	PC	SCHOOL SUPPLIES FOR	
21 HUNTER VILLAGE, SUITE E			LOW INCOME CHILDREN	1,000
MERICAN HEART ASSOCIATION	NONE	PC	OPERATING COSTS	
190 KNOX ABBOT DRIVE, WEST COLUMBIA			SUPPORT	1,500
AMERICAN RED CROSS 2751 BULL ST COLUMBIA, SC 29201	NONE	PC	CONTRIBUTION TOWARDS OPERATING COSTS	11,000
ASHLAND UNITED METHODIST CHURCH 2600 ASHLAND ROAD	NONE	PC	CRISIS MINISTRY SUPPORT	
COLUMBIA, SC 29201				15,600
ASSOCIATION FUND RAISING PROFESSIONALS PO BOX 7421	NONE	PC	CONTRIBUTION TOWARDS	
COLUMBIA SC 29201	NIMI AMIAMI ON CHEE	VIII / C )		2 500
b Approved for future payment	NTINUATION SHEE	11(5)	<b>▶</b> 3a	837,337
NONE				
Total			<b>▶</b> 3b	m <b>990-PF</b> (201

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CAMP DISCOVERY NONE PC TO HELP BUILD WELCOME 208 CLAUDE BUNDRICK RD CENTER BLYTHEWOOD, SC 29016 25,000. PPERATING COSTS NONE PCCAROLINA WILDLIFE CARE 5551 BUSCH RIVER RD SUPPORT COLUMBIA, SC 29212 1,000. CENTRAL CAROLINA COMMUNITY FOUNDATION NONE PC TO RESTORE MICHAEL'S GARDEN HOME 2711 MIDDLEBURG PLAZA, STE 214 135 000. COLUMBIA, SC 29204 COLUMBIA MUSIC FESTIVAL ASSOCIATION NONE PCOPERATING COSTS 914 PULASKI ST SUPPORT COLUMBIA, SC 29201 1,000. COMMUNITIES IN SCHOOLS NONE PC CONTRIBUTION TOWARDS 2712 MIDDLEBURG DR OPERATING COSTS 3,000. COLUMBIA SC 29204 ED VENTURE NONE PC CONTRIBUTION TOWARDS 211 GERVAIS STREET OPERATING EXPENSES FOR COLUMBIA, SC 29201 CHILDREN'S MUSEUM 40,000. ETV ENDOWMENT PC CONTRIBUTION TOWARDS NONE 401 E KENNEDY ST. B1 OPERATING EXPENSES SPARTANBURG SC 29302 1,000. FREE MEDICAL CLINIC NONE SUPPORT TO HELP THOSE PC 1875 HARADEN ST. WHO CANNOT AFORD HEALT COLUMBIA SC 29204 SERVICES 100,000. GATEWAY BAPTIST CHURCH NONE PC HELP WITH SPECIAL 1651 DUTCH FORK ROAD NEEDS CHILDREN BALLENTINE, SC 29002 1,000. HAMMOND SCHOOL NONE GOV DONATION FOR SCHOLARSHIPS FOR 854 GALWAY LANE COLUMBIA, SC 29209 LOW-TO-MODERATE-INCOME STUDENTS 50,000. Total from continuation sheets 805 737.

#### MICHAEL J. MUNGO FOUNDATION

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor HARVEST HOPE FOOD BANK NONE PC SUPPORT FOR OPERATING COSTS 2220 SHOP ROAD COLUMBIA SC 29201 135,000. HOMEWORKS NONE PC HOMEOWNERS IN NEED 224 WEEPING CHERRY LANE 20,000. COLUMBIA SC 29212 IRMO CHAPIN RECREATION COMMISSION NONE PC SCHOLARSHIP FUNDING 5605 OLD BUSH RIVER RD FOR RECREATIONAL 10,000. COLUMBIA, SC 29212 CENTER ACTIVITIES IRMO HIGH SCHOOL NONE GOV DONATION FOR AFTER 6671 ST. ANDREWS ROAD SCHOOL TUTORING CENTER COLUMBIA, SC 29212 AND IPAD INSURANCE FOR THOSE UNABLE TO PAY 8,000. KATRINA'S KIDS NONE PC FOSTER CARE SUPPORT 300 HERMAN ST 1,000. W. COLUMBIA, SC 29169 KEEP THE MIDLANDS BEAUTIFUL NONE PC CONTRIBUTION TOWARDS DPERATING COSTS 930 RICHLAND STREET 2,000. COLUMBIA, SC 29201 LEXINGTON COUNTY SCHOOL DISTRICT TWO NONE GOV TEACHER OF THE YEAR 715 9TH ST. AWARD COLUMBIA, SC 29169 1,000. LEXINGTON DISTRICT FIVE FOUNDATION NONE GOV CONTRIBUTION TOWARDS PO BOX 129 TEACHER OF THE YEAR BALLENTINE SC 29002 3,000. <u>AW</u>ARD LEXINGTON DISTRICT ONE FOUNDATION NONE GOV EDUCATIONAL SUPPORT PO BOX 1869 LEXINGTON SC 29071 1,500. MIDLANDS FAMILY PROMISE NONE PC OPERATING COSTS 2501 HEYWARD ST SUPPORT FOR TRANSITIONA HOUSING COLUMBIA, SC 29205 FOR THE HOMELESS 5,000. Total from continuation sheets

Part XV Supplementary Inform  3 Grants and Contributions Paid During				<del></del>
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		· · · · · · · · · · · · · · · · · · ·
MIDLANDS HOUSING ALLIANCE	NONE	PC	CONTRIBUTION TOWARDS	
2025 MAIN STREET			HOMELESS SERVICES	
COLUMBIA, SC 29201				26,000
NEW HEIGHTS CHURCH	NONE	D.C.	AVADRADE FOR VIVIANDA	
5501 BROAD RIVER ROAD	NONE	PC	SUPPORT FOR MINISTRY WORK	
COLUMBIA, SC 29212			WORK	1,000
OLIVER GOSPEL MISSION	NONE	PC	CONTRIBUTION TOWARDS	
P.O. BOX 7791			OPERATING COSTS	
COLUMBIA, SC 29202				41,000
PALMETTO HEALTH FOUNDATION	NONE	PC	SUPPORT FOR ANNUAL	
1600 MARION STREET			BREAST CANCER WALK	
COLUMBIA, SC 29201				2,000
PAWMETTO LIFELINE	NONE	PC	CONTRIBUTION FOR	
1275 BOWER PARKWAY			OPERATING EXPENSES	
COLUMBIA, SC 29212				1,000
PALMERINO, DROADER	1007	P.0		
PALMETTO PROJECT 4500 FORT JACKSON BLVD	NONE	PC	CONTRIBUTION FOR CHRISTMAS PRESENTS FOR	
COLUMBIA, SC 29209			FAMILIES IN POVERTY	1,000
PROVIDENCE HOME	NONE	PC	CONTRIBUTION TOWARDS	
P.O. BOX 3166			OPERATING EXPENSES FOR	
COLUMBIA, SC 29230			HOMELESS MEN	5,000
RIVERBANKS ZOO	NONE	PC	CONTRIBUTION TOWARDS	
P.O. BOX 1060			OPERATING EXPENSES	1 000
COLUMBIA, SC 29202				1,000
SAINT MARY'S EPISCOPAL CHURCH	MONE	DC.	COMMUTATION MOUSES	
170 ST. ANDREWS ROAD	NONE	PC	CONTRIBUTION TOWARDS BUILDING FUND FOR	
COLUMBIA, SC 29210			CHURCH IN HAITI	5,000
SALVATION ARMY	NONE	PC	OPERATING COSTS	
3024 FARROW ROAD				
COLUMBIA SC 29169		<u> </u>	<u> </u>	1,000
Total from continuation sheets				<del></del>

#### MICHAEL J. MUNGO FOUNDATION

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient SC OVARIAN CANCER NONE PC CONTRIBUTION TOWARDS 602 MEETING ST SUITE 6B OPERATING EXPENSES W. COLUMBIA, SC 29169 500. SC STATE MUSEUM FOUNDATION NONE PC CONTRIBUTION TOWARDS 301 GERVAIS STRET OPERATING EXPENSES COLUMBIA, SC 29201 1,000. SHARING GOD'S LOVE NONE PC CONTRIBUTION TOWARDS P.O. BOX 1021 CRISIS MINISTRY IRMO, SC 29063 13,000. SISTERCARE NONE PC CONTRIBUTION TOWARDS P.O. BOX 1029 OPERATING EXPENSES FOR COLUMBIA, SC 29202 ABUSED AND BATTERED WOMEN AND CHILDREN 2,000. NONE SPARKLE CAP PROJECT PC TO ASSIST YOUNG 921 PELHAM DR. MOTHERS WITH CANCER SUMTER, SC 29154 1,000. ST. BERNARD PROJECT NONE PC FLOOD RELIEF 8324 PARC PLACE 54,975. CHALMATTE, LA 70043 THE WOMEN'S SHELTER NONE PC OPERATING COSTS 3425 MAIN ST. COLUMBIA, SC 29203 5,000. UNITED WAY OF THE MIDLANDS NONE PC CONTRIBUTION TOWARDS 1800 MAIN STREET OPERATING EXPENSES FOR COLUMBIA, SC 29201 MEMBER AGENCIES 10,000. USC EDUCATION FOUNDATION NONE PC ORGANIZATION SUPPORT 1600 HAMPTON ST COLUMBIA, SC 29201 45,000. WEST COLUMBIA BEAUTIFICATION NONE PC SUPPORT FOR PLANTING FOUNDATION TREES PO BOX 4044 WEST COLUMBIA SC 29171 1,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	<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	Contribution	
MULTIPLE MYEOMA RESEARCH FOUNDATION 383 MAIN AVE, 5TH FLOOR NORWALK, CT 06851	NONE	PC	CONTRIBUTION HONOR OF RB GALLOP	1,000.
ELEVATIONS YOUTH PO BOX 188 EASTOVER, SC 29044	NONE	PC	COMMUNITY BUILDER DONATION	1,000.
INDIAN WATERS COUNCIL-BOY SCOUTS 715 BETSY DRIVE COLUMBIA, SC 29202	NONE	PC	ORGANIZATIONAL SUPPORT	1,000.
YMCA OF COLUMBIA 1079 DUTCH FORK RD IRMO, SC 29063	NONE	PC	DONATION FOR BALLENTINE FACILITY	1,000.
USO OF SOUTH CAROLINA 3250 AIRPORT BLVD WEST COLUMBIA SC 29170	NONE	PC	COMMUNITY BUILDER DONATION	1,000.
ALZHEIMER'S ASSOCIATION OF SC 140 STONERIDGE DR, SUITE 210 COLUMBIA, SC 29210	NONE	PC	COMMUNITY BUILDER DONATION	1,000.
RESTORATION 1529 NUNNAMAKER DR COLUMBIA, SC 29210	NONE	PC	COMMUNITY BUILDER DONATION	1,000.
SC PHILHARMONIC 500 TAYLOR ST, SUITE 300 COLUMBIA, SC 29201	NONE	PC	DONATION FOR OPERATIONAL SUPPORT	1,000.
JUNIOR LEAGUE OF COLUMBIA 2926 DEVINE ST COLUMBIA, SC 29205	NONE	PC	COMMUNITY BUILDER DONATION	1,000.
RAY TANNER FOUNDATION 709 WOODROW ST, PMB 201 COLUMBIA, SC 29205 Total from continuation sheets	NONE	PC	DONATION TO PURCHASE BOOK BAGS	9,462,

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,			
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
	Or Substantial Continution	Tocipient		
HASKELL HEIGHTS FIRST BAPTIST CHURCH	NONE	PC	COMMUNITY BUILDER	
1231 BLUE RIDGE TERRACE COLUMBIA, SC 29203			DONATION	1,000
NATIONAL EATING DISORDERS ASSOCIATION	NONE	PC	COMMUNITY BUILDER	
165 w 46TH ST, SUITE 402 NEW YORK, NY 10036			DONATION	1,000
BSA TROOP 411-LAKE MURRY PRES CHURCH 2721 DUTCH FORK RD	NONE	PC	EAGLE SCOUT PROJECT SUPPORT	
CHAPIN, SC 29036				800
SAINT PAUL COMMUNITY EMPOWERMENT	NONE	PC	AFTER SCHOOL PROGRAM	
CENTER PO BOX 2765				
IRMO, SC 29063				2,500
SANDY RUN AMERICAN LEGION	NONE	PC	COMMUNITY BUILDER	
1700 WADWORTH ST CAYCE SC 29202			DONATION	1,000
GIRL SCOUTS OF SC	NONE	PC	DONATION FOR CAPITAL	
130 PINNACLE POINT CT, SUITE 100 COLUMBIA, SC 29223			CAMPAIGN	10,000
EPISCOPAL CHURCH OF THE GOOD SHEPHERD 1512 BLANDING ST	NONE	PC	ANNUAL DONATION	
COLUMBIA, SC 29201				10,000
Total from continuation sheets		···		

Part XVI-A	Analysis	of Income	-Producina	<b>Activities</b>
I WILNEL A	Allulysis		, roudoing	ACCITICS.

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
Cities grood amounts amous out of wise malacida	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
С					
d	1				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	410,651.	
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					
than inventory			18	356,224.	
9 Net income or (loss) from special events				•	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		,			
a					
b	1				
C	1 1				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	-	(	o.	766,875.	0
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>			13	766,875
(See worksheet in line 13 instructions to verify calculations.	)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

▼ Ille No	the foundation's exempt purposes (other than by providing funds for such purposes).					
<b>V</b>						
_						
—·	· · · · · · · · · · · · · · · · · · ·					

Form 990-PF (2016)

623621 11-23-16

Part XVII		egarding Tran		and Transactions a	nd Relationsh	ips With Noncha		Га	ge 13
	Exempt Organi								_
1 Did the or	ganization directly or indir	ectly engage in any	of the followin	g with any other organization	on described in section	on 501(c) of	1	/es	No
the Code (	(other than section 501(c)	(3) organizations) o	or in section 52	7, relating to political organ	ızatıons?		1 1	ŀ	
<b>a</b> Transfers	from the reporting founda	ition to a noncharita	ible exempt or	ganization of.					
(1) Cash							1a(1)		<u>_X</u>
(2) Other							1a(2)	-	<u>X</u>
<b>b</b> Other tran		blo av.amat					45.43		v
, ,	of assets to a noncharitat						1b(1)		<u>X</u>
` '	nases of assets from a nor al of facilities, equipment, o	•	organizanon				1b(2) 1b(3)		_ <u>X</u>
1 - 1	bursement arrangements	31 Other 4336t3					1b(4)		X
` '	s or loan guarantees						1b(5)		_ <u>X</u>
. ,	rmance of services or mei	mbership or fundrai	ising solicitatio	ns			1b(6)		X
c Sharing o	f facilities, equipment, mai	iling lists, other asse	ets, or paid em	ployees			1c		X
<b>d</b> If the answ	wer to any of the above is '	"Yes," complete the	following sche	dule. Column (b) should alv	vays show the fair ma	arket value of the goods, (	other asse	ts,	
or service	s given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, s	how in		
	I) the value of the goods, o								
(a) Line no	(b) Amount involved	(c) Name of	· · · · · · · · · · · · · · · · · · ·	exempt organization	(d) Description	of transfers, transactions, and	sharing arra	ngeme	nts ——
			N/A	<del></del>		<del></del> _			
			<del></del>	<del></del> ,	<del></del>	·			
						<del></del>			
		<u> </u>			<u>.</u>	<del></del>			
		<u> </u>							
		<del></del>		·					
				<u> </u>	<del></del>				
	<del></del>	<del></del>			<del> </del>				
				<u> </u>					
2a le the four	ndation directly or indirect	the affiliated with or	ralated to one	or more tax-exempt organi	zatrone described	<del></del>		_	
	501(c) of the Code (other	•			zations described	F	Yes	X	مرا [
	omplete the following sche	•	)(0)) or in 500.	1011 021					, 110
	(a) Name of org			(b) Type of organization	((	) Description of relations	hip		
	N/A								
					-1-1				
Sign and be	elief it is true, correct, and con	nplete Declaration of pr	reparer (other tha	g accompanying schedules and n taxpayer) is based on all inform	nation of which preparer	has any knowledge Ma	y the IRS di		
Here	(1. aubita)	In DIR	TANY	V 11-10-17			wn below (s		tr )?
I FA	Talure of difficer or trustee	M. 17019	7000	Date	Title	ARY/TREAS	X Yes		No
	Print/Type preparer's na		Preparer's s			Check If PTIN			
	SHARON C.		/' <b>Y</b>	$\alpha / A \cdot \alpha$	1 18 / / 1	self- employed			
Paid	CPA		Khai	ow Clamb (	19 <del>71</del> 1417	P0	01061	74	
Preparer	Firm's name ► WEB	STERROGEF	S LLP		1	Firm's EIN ► 57-0			
Use Only									
	Firm's address ► 13					· <del></del>			_
	CO	<u>LUMBIA, S</u>	SC 2920	1		Phone no 803-3			
						F	orm <b>990</b> -	-PF	(2016)

# Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

Employer identification number

	MICHAEL J. MUNGO FOUNDATION	13-4203429
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	dation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See instructions
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut any one contributor Complete Parts I and II See instructions for determining a	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/0(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% over EZ, line 1 Complete Parts I and II	line 13, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that recributions of more than \$1,000 exclusively for religious, charitable, scientific, liter of cruelty to children or animals. Complete Parts I, II, and III	
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that recons exclusively for religious, charitable, etc., purposes, but no such contribution ter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization table, etc., contributions totaling \$5,000 or more during the year	ns totaled more than \$1,000 If this box vely religious, charitable, etc,
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file So on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 Elect the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

## MICHAEL J. MUNGO FOUNDATION

13-4203429

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	M. STEWART MUNGO  441 WESTERN LANE  IRMO, SC 29063	\$400,489.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	STEVE W. MUNGO  441 WESTERN LANE  IRMO, SC 29063	\$ 2,400,499.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions )

Name of organization

Employer identification number

## MICHAEL J. MUNGO FOUNDATION

13-4203429

art II	Noncash Property (See instructions) Use duplicate copies of F	Part II if additional space is needed	ıl space ıs needed		
(a) No. from Part I	(b) (c)  Description of noncash property given (See instru		(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

ame of organiza	ation		Employer identification number		
Part III · /	J. MUNGO FOUNDATION  Exclusively religious, charitable, etc., coni	tributions to organizations described	13-4203429 Inn section 501(c)(7), (8), or (10) that total more than \$1,000 fo		
1	the year from any one contributor Complete completing Part III enter the total of exclusively religion	columns (a) through (e) and the follow is charitable etc., contributions of \$1,000 or	WING line entry, For organizations		
(a) No.	Use duplicate copies of Part III if addition	nal space is needed			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	it		
	Torontonial	1710 4	<b>5 .</b>		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(1.) D	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	it .		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		<del></del>			
<del></del>					
(-) NI-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	it		
	Towns for make a series and down	1710 4	<b>5</b>		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<del></del>					
		(e) Transfer of gift	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

FORM 990-PF.	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INC	
MERRILL LYNCH	410,651	•	0.	410,651.	410,651.		
TO PART I, LINE 4	410,651	•	0.	410,651.	410,651.		
FORM 990-PF		ACCOUNTI	NG	FEES	នា	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
WEBSTERROGERS LLP		8,150.		0.		8,1	50.
TO FORM 990-PF, PG 1	, LN 16B =	8,150.		0.		8,1!	50.
FORM 990-PF		TAX	ES		នា	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
FOREIGN TAX	——	883.		883.			0.
EXCISE AND ESTIMATED PAYMENTS	TAX	10,140.		0.			0.
TO FORM 990-PF, PG 1,	, LN 18	11,023.	_	883.			0.
FORM 990-PF		OTHER E	XPE	NSES	SI	PATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
CCM INVESTMENT ADVISOR INSURANCE OFFICE OF A	AMERICA	20,280. 1,367. 74.		20,280. 0. 74.		1,30	0.
ADVISOR FEES BROKERAG	_	51,050.		51,050.			0.
TO FORM 990-PF, PG 1,	, ши 43 =	72,771.	=	71,404.		1,36	o / •

FORM 990-PF, OTHER INCREASES IN NET ASSETS OR FU	IND BALANCES	STATEMENT	5
DESCRIPTION		TRUOMA	
DIFFERENCE IN FMV AND BOOK BASIS FOR DISPOSED ASS	SETS	163,65	50.
TOTAL TO FORM 990-PF, PART III, LINE 3		163,65	50.
FORM 990-PF CORPORATE STOCK		STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKET	r
CORPORATE STOCK	13,289,374.	16,225,00	01.
TOTAL TO FORM 990-PF, PART II, LINE 10B	13,289,374.	16,225,00	01.
FORM 990-PF CORPORATE BONDS		STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKE	r
CORPORATE BONDS	1,960,416.	1,961,5	32.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,960,416.	1,961,63	32.

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FORM 990-PF. LIST	OF SUBSTANTIAL CONTRIB PART VII-A, LINE 10	STAT:	EMENT		
NAME OF CONTRIBUTOR	ADDRESS				
MICHAEL J MUNGO (DECEASED	204 ST ANDREW	S ROAD			
4/11/2010)	COLUMBIA, SC	29210			
M. STEWART MUNGO	441 WESTERN L IRMO, SC 2906				
STEVEN W. MUNGO	441 WESTERN L IRMO, SC 2906				
	- LIST OF OFFICERS, D ES AND FOUNDATION MANA		STAT	EMENT	9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPEN	
ROBERT C. CLAWSON 441 WESTERN LANE IRMO, SC 29063	DIRECTOR 0.00	0.	0.		0.
M. STEWART MUNGO 441 WESTERN LANE IRMO, SC 29063	PRESIDENT & DI 5.00	RECTOR 0.	0.		0.
STEVEN W. MUNGO 441 WESTERN LANE IRMO, SC 29063	VICE-PRESIDENT 0.00	& DIRECTOR 0.	0.		0.
BETH DERIDDER 2033 KENNERLY ROAD IRMO, SC 29063	MANAGER & SEC/ 25.00	TREASURER 33,000.	0.		0.
MATTHEW MUNGO 441 WESTERN LANE IRMO, SC 29063	DIRECTOR 0.00	0.	0.		0.
TOTALS INCLUDED ON 990-PF, 1	PAGE 6, PART VIII	33,000.	0.		0.