

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



# Form 990-PF

#### **Return of Private Foundation**

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

OMB No 1545-0052

20**16** 

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2016, and ending For calendar year 2016 or tax year beginning A Employer identification number 16408 <u>1000</u> Room/surte B Telephone number C if exemption application is pending, check here ► Initial return of a former public charity D 1. Foreign organizations, check here . Check all that apply: Amended return ☐ Final return 2. Foreign organizations meeting the 85% test. ☐ Address change □ Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . J Accounting method: ☑ Cash ☐ Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), ☐ Other (specify) line 16) ► \$ 1,253,752 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes (cash basis only) income the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 Dividends and interest from securities . . . . 5a Gross rents . . . . . . . . Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . 11 Other income (attach schedule) . . . 12 Total. Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . . . . . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) b Operating and Administrative <del>30</del>5 Other professional fees (attach schedule) . 17 18 Taxes (attach schedule) (see instructions) . . . 19 Depreciation (attach schedule) and depletion . 20 21 Travel, conferences, and meetings . Printing and publications . . Excise To Other expenses (attach schedule) 22 23 Total operating and administrative expenses. Add lines 13 through 23 . . 25 Contributions, gifts, grants paid . . . . . 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)

Cat No 11289X

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

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	<u> </u>
		Should be for end-or-year amounts only (see instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	26,265	11,317	11,317
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable		· 	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		: 	
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶		<u> </u>	
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)	1, 117, 860	1,168,390	_/. 168.390
	C	Investments—corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	69,916	74,045	74,045
	14	Land, buildings, and equipment: basis ▶		- 1	· <b>/</b> · · ·—
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
1	16	Total assets (to be completed by all filers—see the	1 - 1 - 1 - 1 - 1 - 1	1200	
		ınstructions. Also, see page 1, ıtem I)	1,214,041	1.253.752	1. 257.757
	17	Accounts payable and accrued expenses			1 " 1 -
S	18	Grants payable			
Liabilities	19	Deferred revenue			
寰	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)			
	23	Total liabilities (add lines 17 through 22)			
Ses		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted		i	
ෂ	25	Temporarily restricted			
8	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			
់	27	Capital stock, trust principal, or current funds			
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	1 214 041	1 15370	
A	30	Total net assets or fund balances (see instructions)	1 214 041	11253 753	
<u>e</u>	31	Total liabilities and net assets/fund balances (see	1,011,1011	11934 108	
Z		instructions)	1.214041	1.253.752	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	- 1 4 2 1 1 1 2 1 L	11001	
		al net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with	
_		-of-year figure reported on prior year's return)		1	1. 214 041
2					
3	Othe	er amount from Part I, line 27a	zed gains on a	securities 3	CA1402
4	Add	lines 1, 2, and 3	7	4	1,2531755
5		reases not included in line 2 (itemize) ▶	<i>v</i>	5	1-00
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), li		1,253 752
					Form <b>990-PF</b> (2016)

Part	V Capital Gains and	Losses for Tax on Investn	nent Income		·	·
		e kind(s) of property sold (e.g., real estate se, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr )
1a						
b						
c			· · · · · · · · · · · · · · · · · · ·			
d						ļ <u></u>
<u>e</u>		<del></del>				<u> </u>
<del></del>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		ın or (loss) (f) minus (g)
<u>a</u>						
b						
c						
<u>d</u>				_,	<del></del>	<del></del>
<u> </u>				10/01/00	·	···
	Complete only for assets sho	wing gain in column (h) and owned				of (h) gain minus
	(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		ot less than -0-) <b>or</b> from col. (h))
a				··	l <u></u>	
b						
c						
<u>d</u>		·····				
e			L	<del></del>	<del></del>	
2	Capital gain net income or	(not canital loce)	also enter in Pa , enter -0- in Pa		2	$\phi$
3		n or (loss) as defined in sections				7
	<b>-</b>	I, line 8, column (c) (see instru-	ctions). If (loss)	, enter -0- in )		$\phi$
		<u> </u>			3	7
Par		er Section 4940(e) for Redu				
(For c	pptional use by domestic pri	vate foundations subject to the	section 4940(a)	tax on net invest	ment income.)	
If coo	tion 4940(d)(2) applies, leave	a this part blank				
						_
		section 4942 tax on the distribution qualify under section 4940(e).			pase period?	☐ Yes ☐ No
1	Enter the appropriate amo	ount in each column for each ye	ar; see the instr	uctions before m	aking any entries.	
	(a)	(р)		(c)	D:-	(d)
Cal	Base penod years endar year (or tax year beginning in)	Adjusted qualifying distribution	s Net value o	f noncharitable-use a		divided by col. (c))
	2015	53.725	1.	130.101		.048
	2014	45,730		079 ,742		.042
	2013	23: >90	1 6	732:583		-025
	2012	17. 832	i	197.792		-036
	2011	2.000		363, 638		-005
2	Total of line 1, column (d)				. 2	0.156
3	Average distribution ratio	for the 5-year base period - div	ide the total on I	line 2 by 5, or by		
	number of years the found	dation has been in existence if le	ess than 5 years		. 3	0.031
4	Enter the net value of non	charitable-use assets for 2016 f	rom Part X, line	5	. 4 /,	096,333
5	Multiply line 4 by line 3				. 5	33,986
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	o)		. 6	275
7	Add lines 5 and 6				. 7	34,261
8	Enter qualifying distribution	ons from Part XII, line 4			. 8	57,000
		ater than line 7, check the box in				% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ction	ns)		
1a	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)		ŀ			
b						
	here And enter 1% of Part I, line 27b		i			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
•						
2 3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  Add lines 1 and 2		<del></del>			
4	Add lines 1 and 2	2	75			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		-2	_		
6	Credits/Payments:		. 73	<del></del>		
а	2016 estimated tax payments and 2015 overpayment credited to 2016   6a			i		
b	Exempt foreign organizations—tax withheld at source 6b		}			
C	Tax paid with application for extension of time to file (Form 8868) . 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d			-		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	2	75	_		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10					
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11		+			
	VII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<del></del> _	Vaa	Na		
1a	participate or intervene in any political campaign?	-	Yes	No		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a		$\stackrel{\frown}{\sim}$		
	Instructions for the definition)?	1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?	1c		<u>×</u>		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	`	$\overline{\mathcal{X}}$		
	If "Yes," attach a detailed description of the activities.		1			
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		Į,			
		3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<del>//-</del>		
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b	Y	<del>(</del>		
•	If "Yes," attach the statement required by General Instruction T.	<u> </u>				
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		اما			
	conflict with the state law remain in the governing instrument?	6	X			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	$\mathbf{X}$			
8a	Enter the states to which the foundation reports or with which it is registered (see/instructions) ▶		Ì			
L	If the answer is "Yes" to line 7 has the foundation furnished a copylof Form 990-PF to the Attorney General					
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		lu l		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	00	101	<u>rt</u>		
9	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"		1	_		
	complete Part XIV	9	ŀ	X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<u> </u>	<u>-</u> -		
	names and addresses	10	X			
	F	orm <b>99</b>	0-PF	(2016)		

Part	VII-A Statements Regarding Activities (continued)			<u> </u>
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address	13	X	
14	The books are in care of Terni, Pauls  Located at 40.55 Gnarled Oaks La Johns Island SC ZIP+4 > 29			-96
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the year	נבנו האינו	14	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
Dart	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
rart	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):		165	NO
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	a	A
С	Organizations relying on a current notice regarding disaster assistance check here	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			<u> </u>
а	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 before 2016?			
b	If "Yes," list the years 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	n	/A-
c	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 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)	3b	N	//A
4a b	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 that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4a 4b m 990	, DE	X

Part	t VII-B Statements Regard	ng Activities for	or Which Form	47 <u>20 M</u>	lay Be R	equire	<b>d</b> (contin	ued)		
5a	During the year did the foundation (1) Carry on propaganda, or other			n (sectio	n 4945(e)	12	☐ Yes	N/No		
	(2) Influence the outcome of any directly or indirectly, any voter	specific public e	lection (see secti	on 4955)	); or to ca	irry on,	_	DΩ Nο		
	(3) Provide a grant to an individua	•					☐ Yes	No	İ	
	(4) Provide a grant to an organiza section 4945(d)(4)(A)? (see Inst						☐ Yes	/ <b>⋈</b> No		
	(5) Provide for any purpose other purposes, or for the preventior	-			•		□Yes	/ ⊠No		
b	If any answer is "Yes" to 5a(1)–(5), Regulations section 53.4945 or in a							bed in	5b	11/14
	Organizations relying on a current	notice regarding	disaster assistan	ce check	here .			▶ 🗀	100	** Y * *
С	If the answer is "Yes" to question because it maintained expenditure						Yes	<b>∑</b> (No		
60	If "Yes," attach the statement requipiled the foundation, during the year				to pay pre	mulmo		'		
Va	on a personal benefit contract?	•		_			☐ Yes	ΜNo		
b	Did the foundation, during the year	r, pay premiums,	directly or indirect	ctly, on a	personal	benefit	contract?	٠.	6b	<u> </u>
7a	If "Yes" to 6b, file Form 8870. At any time during the tax year, was	the foundation a p	arty to a prohibited	tax shelf	ter transac	tion?	Yes	M No		c/ .A
b	If "Yes," did the foundation receive	e any proceeds o	r have any net inc	come atti	ributable t	o the tr	ansaction	?[.	7b	MI
Par	t VIII Information About Of and Contractors	ficers, Director	rs, Trustees, Fo	oundati	on Mana	igers, l	Highly Pa	aid Er	nploye	es, /
1	List all officers, directors, truste	es, foundation n	nanagers and th	eir comp	ensation	(see in	struction	s).		
	(a) Name and address	1 -	b) Title, and average hours per week devoted to position	(If no	pensation t paid, or -0-)	employ	ontributions yee benefit p rred compen	lans	(e) Exper other a	nse account, Illowances
	ervy A. Youls/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	President -1	P	5		B	ĺ	,	$\phi$
<u></u>	Vathew F Yants 160	roled Oaks	Trustee	7	,		<del>T.</del> —			<del>[</del>
	Vathan A. Paul SI	Lni	1							1
	Telfrey T. Pauls To	has Island	1	1			1	ļ		1
<del>-</del>	1/11/04/11 · Value 5	9455	1	ز		~	+			
	Compensation of five highest-	noid amplayees	(other than the	no inclu	dod on li	20 1 6	oo instru	otions	\ If no	no onto:
2	"NONE."	ald employees	(other than thos	se iliciu	ueu on iii	ie i – 5	ee mstru	Cuons	<i>y.</i> 11 110	me, enter
	(a) Name and address of each employee paid	d more than \$50,000	(b) Title, and a hours per v devoted to po	veek	(c) Comper		(d) Contribut employee b plans and de compensa	enefit eferred	(e) Exper other a	nse account, illowances
	<del>-</del>							ĺ		
	None									
	<del>-</del>									
										<del></del>
	<b>—</b>									
Total	number of other employees paid or	ver \$50,000								

Page 6

Form **990-PF** (2016)

Form 990-PF (2016)

Form	990-PF	(2016)

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Mone	
otal number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	·
Part IX-B Summary of Program-Related Investments (see instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
<b>Fotal.</b> Add lines 1 through 3	
	om <b>990-PF</b> (20

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	gn fo	undations,
	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	1a	1,023,64
b	Average of monthly cash balances	1b	18,119
C	Fair market value of all other assets (see instructions)	1c	2.689
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,114,452
е	Reduction claimed for blockage or other factors reported on lines 1a and		, .,
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,114,450
4	Cash deemed held for charitable activities. Enter $11/2\%$ of line 3 (for greater amount, see		, ,,,
	instructions)	4	18,117
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,096,333
6	Minimum investment return. Enter 5% of line 5	6	154,817
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	ound	ations '
1	Minimum investment return from Part X, line 6	1	54.817
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	1 i	
С	Add lines 2a and 2b	2c	275
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	54,542
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	54.54>
6	Deduction from distributable amount (see instructions)	6_	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	54,542
Part	XII Qualifying Distributions (see instructions)	_	, , , , , , , , , , , , , , , , , , ,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	157,000
b	Program-related investments—total from Part IX-B	1b	7
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:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	57,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<del></del>
	Enter 1% of Part I, line 27b (see instructions)	5	275
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56.725
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation
			Form <b>990-PF</b> (2016)

Part	VIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016
_					37,392
2	Undistributed income, if any, as of the end of 2016:			10003	•
a	Enter amount for 2015 only		<u> </u>	55,723	<del></del>
b	Total for prior years: 20,20,20				<del></del>
3	Excess distributions carryover, if any, to 2016:		ĺ		
а	From 2011				
b	From 2012				
C	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
	line 4: ► \$ 57.000				
а	Applied to 2015, but not more than line 2a .		i [	55,723	
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2016 distributable amount				1 377
e	Remaining amount distributed out of corpus		1		
5	Excess distributions carryover applied to 2016	-		· · · · · · · · · · · · · · · · · · ·	
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)			İ	
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		1	Ì	
b	Prior years' undistributed income. Subtract		<del>                                     </del>	<del></del>	
	line 4b from line 2b		-		
_		<del></del>	<del> </del>		<del></del>
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)		_	ŧ	
	tax has been previously assessed				
	Subtract line 6c from line 6b. Taxable		<del> </del>		
а					
e	Undistributed income for 2015. Subtract line	1		1	
	4a from line 2a. Taxable amount—see			$\mathcal{O}$	
	instructions		ļ		
f	Undistributed income for 2016. Subtract lines		1	1	
	4d and 5 from line 1. This amount must be				\( \frac{1}{2} \) \( \frac{1}{2} \)
_	distributed in 2017	·	<b>_</b>		0 , 1000
7	Amounts treated as distributions out of corpus			Ĭ	•
	to satisfy_requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			İ	
	required—see instructions)				
8	Excess distributions carryover from 2011 not			1	
	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2017.			1	
	Subtract lines 7 and 8 from line 6a				·
10	Analysis of line 9:			T	
а	Excess from 2012				
b	Excess from 2013			1	
C	Excess from 2014			-	
d	Excess from 2015				
е	Excess from 2016		<u>                                      </u>		
					Form <b>990-PF</b> (2016)

Form 99	90-PF (2016)  XIV Private Operating Foundat	ione (see instri	ictions and Part	VII-A guestion 9	<u> </u>	Page 10
	If the foundation has received a ruling	<del></del>			<i></i>	
ıa	foundation, and the ruling is effective for					
b	Check box to indicate whether the foun		-		ction	(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year	Topolaning tourist	Prior 3 years		1 40420,(0
	income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for each year listed	(-/	(4,444	<del>                                     </del>	(-,	<del></del>
b	85% of line 2a		<del>                                     </del>	1 / / A		· · · - · - · - · - · - · - · - · - · -
C	Qualifying distributions from Part XII.		<del></del>	+ <del>//////</del> /		<del></del>
_	line 4 for each year listed			1 <i>1</i> 1/ / <i>1</i> 1/-1		Ì
d	Amounts included in line 2c not used directly			<del> -                                     </del>		<u> </u>
	for active conduct of exempt activities			<i>V</i>	ı	
е	Qualifying distributions made directly	- · · · · · · · · · · · · · · · · · · ·		1 1		
_	for active conduct of exempt activities.					
	Subtract line 2d from line 2c				!	
3	Complete 3a, b, or c for the	·				
	alternative test relied upon:		ļ		ı	
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			1		
ь	"Endowment" alternative test—enter 2/3 of minimum investment return shown in			1 1		
	Part X, line 6 for each year listed					
C	"Support" alternative test-enter:			1 1 i		
	(1) Total support other than gross			}		
	investment income (interest, dividends, rents, payments on			1 1	l	
	securities loans (section					
	512(a)(5)), or royalties)		<del> </del>	<del>  } -</del>	<del> </del>	
	(2) Support from general public and 5 or more exempt					
	organizations as provided in			\ \		
	section 4942(j)(3)(B)(iii)			-	<del>-</del>	
	an exempt organization					
	(4) Gross investment income		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
Part	XV Supplementary Informatio	n (Complete ti	nis part only if	the foundation h	ad \$5.000 or m	ore in assets at
جيدهم	any time during the year-				45,555 57 58	
1	Information Regarding Foundation		······································	<del> </del>	···········	<del> </del>
а	List any managers of the foundation v		uted more than 2	% of the total contr	ibutions received	by the foundation
	before the close of any tax year (but o					•
			N	1 <i>H</i>		
b	List any managers of the foundation					rge portion of the
	ownership of a partnership or other en	itity) of which the	foundation has a	10% or greater into	erest.	
			/\/	117		
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ► 🛛 If the foundation of	only makes cont	ributions to pres	elected charitable		
	unsolicited requests for funds. If the fo	oundation makes	gifts, grants, etc.	. (see instructions) t	o individuals or or	ganızations under

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

other conditions, complete items 2a, b, c, and d.

factors:

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

Part XV Supplementary Information (cont	inued)			
3 Grants and Contributions Paid During t		ed for Futu	re Payment	<del></del>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	100,000	<del> </del>	<del></del>
Selfuelled Schedule				
				4
Total			· · · · · · · · · ·	3a 157.00
<b>b</b> Approved for future payment				
	NIA			
Total				3b

Form **990-PF** (2016)

Da	H VI	/I-A Analysis of Income-Producing Ac	tivitios				
		ss amounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	
		gram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	(e) Related or exempifunction income (See instructions.)
•	а	gram convict fortings.			<del>                                     </del>	<del></del> -	
	b	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del>   </del>		
	С						<del></del>
	d				<del>   </del>	<del></del>	
	е						
	f				† · · · · · · · · · · · · · · · · · ·		
	g	Fees and contracts from government agencies					
2		mbership dues and assessments			<del>                                     </del>		
3		rest on savings and temporary cash investments					
4		dends and interest from securities					
5		rental income or (loss) from real estate:			111	<del></del>	
		Debt-financed property			11/11/		
		Not debt-financed property			<del>                                     </del>		
6		rental income or (loss) from personal property					
7		er investment income					
8		n or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory		<del></del>			
11		er revenue: a					
	b						
	C						
	d						
	e						
12	Sub	ototal. Add columns (b), (d), and (e)			<u> </u>		
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	
		ksheet in line 13 instructions to verify calculation					
_		<b>I-B</b> Relationship of Activities to the A					
Lir	ne No	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo	rted in column	(e) of Part XVI	-A contributed in	mportantly to the
	<u> </u>	accomplishment of the foundation's exempt put	- Control trial	- Dy providing for	ids for such purp		
					<del> </del>		
		<del></del>					
		<del></del>	<del></del>		<del></del>		
				Λ			
			<u>^/-</u>	<del></del>	<del></del> ·		· · · · · · · · · · · · · · · · · · ·
			<del></del>	<del>-                                      </del>			
				<u> </u>		<del> </del>	
			V			<del></del>	
				<del></del>		<del></del>	<del></del>
			<del></del>				
		<del> </del>					
		<del></del>		<del></del>	<del> </del>	<del></del>	<del></del>
		<del></del>		······································			
			<del></del>		,		<del></del>
		<del> </del>		<del></del>	<del></del>		
		<del></del>		<del></del>			
		<del></del>			<del></del>		
		<del> </del>		<del> </del>	<del></del>		
		<del> </del>			<del></del>		
		<del></del>	<del></del>		<del></del>		
				<del></del>	· <del>····</del>	<del></del>	<del></del>

Part	XVII	Information Exempt On			sfers T	o and 1	Fransa	ction	ns and I	Relation	onsh	ips W	ith N	oncha	ritabl		90 10
	in se	he organization d ction 501(c) of the nizations?	lirectly or inc	lirectly e												Yes	No
		sfers from the rep													1a(1)		
		ther assets .													1a(2)		
		r transactions:		• • •		•	•	•		• •			•	• •	10(2)		
		ales of assets to	a nanaharita	blo ovor	not orac	nnization						.Λ			45/41	l	
	(1) 3	ales of assets to	a noncharita	IDIE EXEI	npi orga		1				/1	W:	• •		1b(1)		
	(2) P	urchases of asse ental of facilities,	ets from a no	ncnarita	Die exer	npt orga	anizatio	n.		· ·//	/ 1	H.			1b(2)		
	(3) H	ental of facilities,	, equipment,	or other	assets			• •		'		ļ N.			1b(3)		
	(4) F	eimbursement ar	rangements								. 1				1b(4)		
	(5) L	oans or loan gua	rantees .												1b(5)		
	(6) P	erformance of se	ervices or me	embershi	p or fun	draising	solicita	ations			٠.				1b(6)		
		ing of facilities, e													1c		
		answer to any														fair m	arket
		of the goods, of															
		in any transaction						(a) th				2 22					
(a) Line	no	(b) Amount involved	(c) Nam	e of noncha	arıtable ex	empt orga	nization		(d) Desc	nption of	transfe	ers, trans	sactions	s, and sha	aring arra	angeme	ents
											L						
								i			L						
								T T		_							
	o																
			<u> </u>														
	$\rightarrow$																
								1									
										-							
-			-														
	$\dashv$										├				·		
	$\rightarrow$							}			<u> </u>						
											1						
											$H^-$						
		e foundation dire															
	desc	ribed in section 5	501(c) of the	Code (of	ther tha	n sectioi	n 501(c	)(3)) o	r in secti	on 527	?.			[	] Yes		No
b	If "Ye	es," complete the	following s	chedule.						I							
		(a) Name of organ	ızatıon			(b) Type	of organi	zation				(c) Des	enption	of relatio	nship		
										t			···				
		<del></del>	<del></del>							-				-			
											<u> </u>						
											7						
		er penalties of penury, I											est of m	y knowie	dge and l	oelief, ıt	ıs true,
Sign	Com	ect, and complete. Decl	aration of prepare	er (ouner that	n taxpayer)	is based o	n au inton	mation c	or which bre	parer nas	any Kno	wieage	- [	May the I	RS discu	ss this	return
Here			$\nabla a/ \cup$	/		1 5-6	1-17	•	Sec.	retar	v/1	VEN		with the p			
	l '——	nature of officer or trus	stee	<del> </del>		Date	· · · · ·	Title	100	LVWI	<del>//                                   </del>	1 4	щq	(see instru	ctions)?	∐Yes[	□No
		Print/Type/greparer		· · · · · · · · · · · · · · · · · · ·	Prenare	r's signatu	re			Date	4-	Т			PTIN		
Paid		The special of	J.100110			. Jognatu				Jaie	•		Check	$\sqcup$ $^{\dagger}$	4		
Prepa	arer				<u> </u>								self-em	рюуед			
Use (		Firm's name										Firm's	EIN >				
		Firm's address ▶	- · · · · · · · · · · · · · · · · · · ·									Phone	no.				
														F	om <b>99</b>	0-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.

OMB No. 1545-0047

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

Name o	the organization	uls Fa	mil. F	oundation	Employer identification number,
Organia	zation type (check on	ne):	<del>""                                    </del>	- argusti jorc	71 101002
Filers o	of:	Section:	·		
Form 9	90 or 990-EZ	501(c)(	) (enter numbe	er) organization	
		4947(a)(1) no	onexempt charita	ble trust <b>not</b> treated as a p	rivate foundation
		☐ 527 political	organization		
Form 9	90-PF	<b>™</b> 501(c)(3) exe	empt private foun	dation	
		-		ble trust treated as a privat	e foundation
		_	-	·	
			able private foun	dation	
Note: C instruct	ions.	•			ral Rule and a Special Rule. See
Genera	il Rule				
\$4		or property) from a			vear, contributions totaling \$5,000 See instructions for determining a
Specia	i Rules				
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) a d that received fro	ind 170(b)(1)(A)(vi m any one contri	), that checked Schedule A butor, during the year, total	met the 331/3 % support test of the (Form 990 or 990-EZ), Part II, line contributions of the greater of (1) EZ, line 1. Complete Parts I and II.
	contributor, during to	the year, total cont	tributions of more	than \$1,000 exclusively for	0-EZ that received from any one religious, charitable, scientific, nals. Complete Parts I, II, and III.
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contribut d more than \$1,00 an exclusively relig es to this organiza	tions <i>exclusively</i> 1 00. If this box is c gious, charitable, ation because it re	or religious, charitable, etc hecked, enter here the tota etc., purpose. Don't compl	I contributions that were received ete any of the parts unless the lious, charitable, etc., contributions
990-EZ	, or 990-PF), but it <b>m</b> u	ust answer "No" o	on Part IV, line 2,	of its Form 990; or check the	doesn't file Schedule B (Form 990, ne box on line H of its Form 990-EZ or on its

	(Form 990, 990-EZ, or 990-PF) (2016)		Page <b>2</b>
Name of o	Yaus Family Family	or	Employer Identification number 37-164086
Part I	Contributors (See instructions). Use duplicate copies of	f Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Danglas J. P Terri A. Yauls 4055 Gnarled Oaks Ln. Johns Island, SC 29455	\$ 11,000	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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

	(Form 990, 990-EZ, or 990-PF) (2016)			Page 3
Name of o	Pauls Family Foundation	- <u> </u>		Employer identification number $37-1640862$
Part II	Noncash Property (See instructions). Use duplicate of	opies	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
		<i>-1</i>	\$	
(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
		<u> </u>	\$	
		<u> </u>	Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)			Page <b>4</b>
Name of o	organization Laws Family	Foundat	tion	Employer Identification number $37-164086$
Part III	(10) that total more than \$1,000 fo	or the year from ations completin the year. (Enter t	any one contribute g Part III, enter the to his information once	described in section 501(c)(7), (8), or er. Complete columns (a) through (e) and otal of exclusively religious, charitable, etc., . See instructions.)
(a) No.				
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
			-/ <b>-</b>	
}		(e) T	ransfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relat	tionship 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) T	ransfer of gift	
	Transferee's name, address, o	and ZIP + 4	Relat	tionship of transferor to transferee
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			<del> </del>	
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
		(-) 7		
			ransfer of gift	
ļ	Transferee's name, address, a	and ZIP + 4	Relat	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	······································			
1		(e) T	ransfer of gift	
	Transferee's name, address, :			tionship of transferor to transferee
	***************************************			
			-15	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Form 990-PF
Part 1
Line 16 c - Other professional fees

Longview Capital	Investment services	\$305
Line 23		
U.S. Treasury	Excise tax on investments	\$275

Pauls Family Foundation Schedule of Investments 12/31/2016

Description	31,000 shares BKU (NYSE listed stock, value based on December 31, 2016 closing price)	Investment account at Charles Schwab. Value based on December 31, 2016 account statement
Value	1,168,390	74,045
	Part II, line 10b	Part II, line 13

2016 Form 990-PF Part XV Supplementary Information Grants and Contributions Paid During the Year

Recipient	If Individual, Relationship to Mgr./Contributor	Foundation Status	Purpose	Amount
Pink Vall PO Box 1529 Vall, CO 81658		501c3	Support care for cancer patients near Vail, CO	\$ \$,000
Panzi Hospital and Foundations 2272 Colorado Bivd. #1190 Los Angeles, CA 90041		501c3	Support providing holistic medical care to the women of Congo	1,000
Memorial Sloan Kettering Cancer Center 1275 York Avenue New York, NY 10065		501c3	Support cancer research	1,500
The Cooper Foundation 200 Federal Street, Suite 146 Camden, NJ 08103		501c3	Support medical care in the Camden. NJ area	2,000
The Pugs Foundation 619 S. White Horse Pike Audubon, NJ 08106		501c3	Support scholarship and help for needy families near Pittsburgh, PA	1,500
National MS Society PO Box 4527 New York, NY 10163		501c3	Support efforts in fighting MS	200
OLM Community Outreach PO Box 607 Johns Island, SC 29457		501c3	Support help for needy families on Johns Island, SC	1,000
HALOS 4995 Lacross Rd, Suite 1250 North Charleston, SC 29406		501c3	Providing support and advocacy to abused and neglected children	1,500
United Nations Foundation/Nothing But Nets PO Box 96539 Washington, DC 20090-6539		501c3	Provide bed nets to prevent spread of malaria in Africa	1,000

Autism Speaks 1 East 33rd Street - 4th Floor New York, NY 10016	501c3	Support autism research	1,000
Sea Island Habitat for Humanity 2545 Bohicket Road Johns Island, SC 29455	501c3	Support building communities and improving lives near Johns Island, SC	10,000
College of Charleston Foundation 66 George Street Charleston, SC 29424	501c3	To support research at the College of Charleston	1,500
Folds of Honor Foundation 5800 N. Patriot Drive Owasso, OK 74055	501c3	Support funding of scholarships to spouses and children of soldiers killed or disabled in service to US	1,500
MUSC Foundation 86 Jonathon Lucas Street, MSC 955 Charleston, SC	501c3	Support Hollings Cancer Center patient programs and cancer research	1,000
Clothing Our Kids 33013 Mooring Cove Millsboro, DE 19966	50163	Dedicated to providing clothin for elementsry school children in need	1,500
Nephcure 150 S. Warner Rd, Suite 402 King of Prussia, PA 19406	501c3	To support research to fight the diseases that cause Nephrotic Syndrome	1,000
Fort Miles Historical Association 120 E. Wild Rabbit Run Lewes, DE 19958	501c3	To educate visitors and students and honor the men and women who served at Fort Miles during World War II	200
Trident United Way 6296 Rivers Avenue North Charleston, SC 29406	501c3	To aid the Charleston region in recovery efforts after Hurricane Matthew	5,000
Charleston Collegiate School 2024 Academy Drive John's Island, SC 29455	501c3	Support academic programs	3,400
Colgate University 13 Oak Drive Hamilton, NY 13346	501c3	Support academic programs	2,500

Movember PO Box 1595 Culver City, CA 90232	501c3	Supporting prostate cancer research and prevention	1,500
Good Cheer Fund 134 Columbus Street Charleston, SC 29403-4800	501c3	Helping families in need in the Charleston, SC area	2,500
Darkness to Light 1064 Gardner Road, Suite 210 Charleston, SC 29407	501c3	Support efforts to end the sexual abuse of children	1,500
ServeHaiti, Inc. 999 Peachtree Street, NE Suite 2300 Atlanta, GA 30309	501c3	Support healthcare for the indigent population in Haiti	2,000
Communities in Schools 1090 East Montague Avenue Noth Charleston, SC 29405	501c3	Mentor at-risk children in Charleston area schools	1,100
The V Foundation 106 Towerview Court Cary, NC 27513	501c3	Support cancer research	2,000
Dragon Boat Charleston Box 261, 1634 Savannah Hwy. Charleston, SC 29407	501c3	Promote physical and mental wellness among cancer survivors	1,500
Ronald McDonald House of Charleston, SC 81 Gadsden Street Charleston, SC 29401	501c3	Helping families of children undergoing medical treatment	1,000

57,000