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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2016

Department of the Treasury

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

Open to Public Inspection

| | | ide Service Information about Form 950-FF and its se | | | | 19001. | 20 1 Halle Haspeellan |
|-----------------------------------|---|--|----------------------------|--------------|---------------------|---------------------------------------|-------------------------|
| For | calend | dar year 2016 or tax year beginning | , 2016, a | nd endin | Ť | | , 20 |
| | | oundation | | | 1 | identification number | |
| | | LL FOUNDATION, INC. | | | 57-0792 | | |
| Nu | mber a | nd street (or P O box number if mail is not delivered to street address) | Ro | om/suite | 1 | number (see instructions | s) |
| | | <u> 470 </u> | | | (803)32 | 6-6137 | |
| Cit | y or tow | vn, state or province, country, and ZIP or foreign postal code | | | C If exempti | on application is pending | , check here |
| RC | OCK F | HILL, SC 29731-6470 | | | 1 | | |
| G C | heck a | all that apply. Initial return Initial return | of a former public chari | ty | D 1. Foreign | n organizations, check he | ere . • |
| | | Final return Amended ref | turn | | 2. Foreigi | n organizations meeting t | he 85% test. |
| | | Address change Name chang | <u></u> | | | here and attach computa | |
| H_C | heck t | type of organization X Section 501(c)(3) exempt privi | | | E If private | foundation status was ter | minated under |
| | Section | | taxable private foundation | on | section 50 | 07(b)(1)(A), check here | ▶[_] |
| l F | aır ma | rket value of all assets at J Accounting method | Cash X | Accrual | F If the four | idation is in a 60-month te | ermination |
| е | nd of y | rear (from Part II, col (c), Other (specify) | | | under sec | tion 507(b)(1)(B), check | here ► |
| | ne 16) | | e on cash basis) | | <u> </u> | | |
| Pa | rt 1 | Analysis of Revenue and Expenses (The total of | (a) Revenue and | 4.3.34 | | | (d) Disbursements |
| | | amounts in columns (b), (c), and (d) may not necessarily equal | expenses per books | | investment icome | (c) Adjusted net income | for charitable purposes |
| | | the amounts in column (a) (see instructions)) | | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | <u> </u> | | | 1 |
| | 2 | Check ▶ if the foundation is not required to attach Sch_B | |] | | | <u> </u> |
| | 3 | Interest on savings and temporary cash investments | 3 | | 3 | | |
| 20 | 4 | Dividends and interest from securities | 318,215 | | 318,215 | | <u> </u> |
| Ö | 5a | Gross rents | | | | ····· | |
| | b | Net rental income or (loss) | <u></u> | ļ | | | ! |
| 50 | 6a | Net gain or (loss) from sale of assets not on line 10 . | (113,994 |) | | | 1 |
| ANBURNATION | b Gross sales price for all assets on line 6a 4,107,261 | | · | ļ | | | |
| (\$ | 7 | Capital gain net income (from Part IV, line 2) | | | | | ļ |
| ** | 8 | Net short-term capital gain . | | } | | · · · · · · · · · · · · · · · · · · · | ļ |
| \Rightarrow | 9 | Income modifications | | <u> </u> | | | <u> </u> |
| ₩ | 10a | Gross sales less returns and allowances | | | | | |
| හ | b | Less. Cost of goods sold . | | ļ | ~~~~~~~ | | |
| 20 | С | Gross profit or (loss) (attach schedule) | } | } | | | |
| 017 | 11 | Other income (attach schedule) . STM106 | | | 942 | | |
| | 12 | Total. Add lines 1 through 11 | 205,166 | 1 | 319,160 | | |
| 10 | 13 | Compensation of officers, directors, trustees, etc. | | | | | |
| enses | 14 | Other employee salages and wages | | | | | |
| e | 15 | Pension plans, employer benefits . 2017 . Legal fees (attach schedule) | <u> </u> | ├ | | | |
| X | 16a | Legal fees (attach schedule) Accounting fees (attach schedule) | <u> </u> | | | | |
| Operating and Administrative Expo | b | Other professional restrictants chedule) | 33,184 | | 33,184 | | |
| ı≩ | C | | 79 | | 79 | | |
| stra | 17 | Taxes (attach schedule) (see instructions) . STM110 | | | 20,228 | | |
| ž | 18 | | 20,226 | 1 | 20,220 | | |
| 투 | 19 20 | Depreciation (attach schedule) and depletion Occupancy | | | | | |
| Ă | 21 | Travel, conferences, and meetings | | | | | |
| Jug | 22 | Printing and publications | } | | | | |
| <u>ත</u> | 23 | Other expenses (attach schedule) . STM103 | 35 | | 39 | | |
| ž. | 24 | Total operating and administrative expenses. | | 1 | | | |
| era | 24 | Add lines 13 through 23 | 53,530 | | 53,530 | | 0 |
| ဝီ | 25 | Contributions, gifts, grants paid | 570,000 | + | 33,330 | | 570,000 |
| _ | 1 | | 623,530 | | 53,530 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 . | 023,330 |] | 23,33 | | 570,000 |
| | 27 | Subtract line 26 from line 12. | (418,364 | d'x | | | 1 |
| | a | Excess of revenue over expenses and disbursements . | (410, 30 | 1 | 265,630 | | <u> </u> |
| | Ь | Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) | | | 203,030 | · | |
| | | | i . | + | | 1 | 4 |

For Paperwork Reduction Act Notice, see instructions.

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| D. | ırt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | E | ia or yea | ar |
|-------------|--------|--|---------------------|--|------------|---|
| | 111 11 | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | | (c) Fair Market Value |
| | 1. | Cash - non-interest-bearing | 23,406 | 129,90 | 00 | 129,900 |
| | 2 | Savings and temporary cash investments | 141,150 | 95,26 | 57 | 95,267 |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for doubtful accounts ▶ | Ţ | |] | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less allowance for doubtful accounts | | | Ī | |
| | 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 ▶ | | | Ì | |
| ţs | 8 | Inventories for sale or use | | _ | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| Ä | 10a | Investments - U S and state government obligations (attach schedule) | | | _ | |
| | | Investments - corporate stock (attach schedule) . STM137 | 8,652,018 | 8,739,94 | 15 | 9,171,227 |
| | c | | 4,120,322 | 3,565,09 | | 3,528,035 |
| | 11 | Investments - land, buildings, and equipment basis ▶ | 1,120,322 | | | 3,320,033 |
| | ' ' | Less accumulated depreciation (attach schedule) | | | - 1 | |
| | 12 | Investments - mortgage loans | | | + | - |
| | 13 | Investments - other (attach schedule) | | | \dashv | |
| | 14 | Land, buildings, and equipment basis | | | | |
| | '- | Less accumulated depreciation (attach schedule) | | | | |
| | 15 | Other assets (describe STM120 | 22 271 | 20.20 | ,_ | 20 221 |
| | 16 | Total assets (to be completed by all filers - see the | 22,371 | 20,32 | - | 20,321 |
| | 10 | instructions. Also, see page 1, item I) | 10 050 067 | 10 550 50 | | 10 044 750 |
| | 17 | Accounts payable and accrued expenses | 12,959,267 | 12,550,52 | -5 | 12,944,750 |
| | 18 | Grants payable | | | \dashv | |
| es | 19 | Deferred revenue | | | - | |
| ≝ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | - | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| Ë | 22 | Other liabilities (describe | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | | _ | |
| | 23 | | 0 | | 0 | |
| alances | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | | |
| ä | 24 | Unrestricted | | | _ | |
| ğ | 25 | Temporarily restricted | | - · · · · · · · · · · · · · · · · · · · | | |
| B | 26 | Permanently restricted | | | | |
| or Fund | 1 | Foundations that do not follow SFAS 117, check here | | | | |
| L. | | and complete lines 27 through 31. | | | | |
| S | 27 | Capital stock, trust principal, or current funds | ,, | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| Ş | 29 | Retained earnings, accumulated income, endowment, or other funds | 12,959,267 | 12,550,52 | <u> </u> | |
| Net / | 30 | Total net assets or fund balances (see instructions) | 12,959,267 | 12,550,52 | <u> 25</u> | |
| Ž | 31 | Total liabilities and net assets/fund balances (see | | | | |
| |] | ınstructions) | 12,959,267 | 12,550,52 | 25 | |
| | art II | | | | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 (must agree with | | | |
| | end⊣ | of-year figure reported on prior year's return) | • | | 1 | 12,959,267 |
| 2 | Ente | r amount from Part I, line 27a | | | 2 | (418,364) |
| 3 | Othe | r increases not included in line 2 (itemize) ►STM115 | | | 3 | 9,622 |
| 4 | Add | lines 1, 2, and 3 | | | 4 | 12,550,525 |
| 5 | Decr | eases not included in line 2 (itemize) | | | 5 | |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 . | | 6 | 12,550,525 |

57-0792719

| (a) List and describe t 2-story brick wareho | he kind(s) of property sold (e g , real e use, or common stock, 200 shs MLC (| state, Co) | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|--|---|--|--------------------------------------|--|
| 1a PUBLICALLY TRADED | SECURITIES | | P | 12-30-2015 | 12-30-2016 |
| b | | | | | <u> </u> |
| С | | | | - | |
| <u>d</u> | | | | | |
| <u>e</u> | | | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | Gain or (loss) s (f) minus (g) |
| a 4,107,261 | | | 4,221,255 | | (113,994) |
| <u>b</u> | | | | | |
| d d | | | | | |
| e | | · · · · · · · · · · · · · · · · · · · | | | |
| | g gain in column (h) and owned by | the foundation on | 12/31/69 | | |
| | (j) Adjusted basis | | ss of col (ı) | (I) Gains (col (k), but r | Col (h) gain minus not less than -0-) or |
| (i) F M V as of 12/31/69 | as of 12/31/69 | | (j), if any | | (from col (h)) |
| a | | | | | (113,994) |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net c | anital loce) | so enter in Part I, I enter -0- in Part I, I | > | 2 | (113,994) |
| 3 Net short-term capital gain or (los | , , | | | | |
| If gain, also enter in Part I, line 8, | , column (c) (see instructions) If (le | oss), enter -0- ın | 1 | | |
| Part I, line 8 | <u> </u> | | | 3 | _ |
| Part V Qualification Und | der Section 4940(e) for Re | educed Tax o | n Net Investm | ent Income | |
| f section 4940(d)(2) applies, leave the Was the foundation liable for the section of the section | tion 4942 tax on the distributable a | | in the base period? | , | Yes X No |
| 1 Enter the appropriate amount in | each column for each year, see the | e instructions befo | re making any entri | es. | |
| (a) Base period years Calendar year (or tax year beginning i | (b) Adjusted qualifying distribution | ns Net value o | (c) of noncharitable-use a | | (d) istribution ratio b) divided by col (c)) |
| 2015 | 700, | 000 | 13,220, | 829 | 0.052947 |
| 2014 | 716, | 600 | 13,631, | 363 | 0.05257 |
| 2013 | 645, | 000 | 13,279, | | 0.048572 |
| 2012 | 664, | | 13,024, | | 0.051007 |
| 2011 | 519, | 953 | 10,731, | 350 | 0.048452 |
| 2 Total of line 1, column (d) . | | | | 2 | 0.253548 |
| 3 Average distribution ratio for the | | = | r by the | | |
| number of years the foundation I | nas been in existence if less than 5 | 5 years . | | 3 | 0.05071 |
| 4 Enter the net value of nonchanta | ble-use assets for 2016 from Part | X, line 5 | | 4 | 12,700,775 |
| 5 Multiply line 4 by line 3 . | | | | . 5 | 644,056 |
| 6 Enter 1% of net investment incom | me (1% of Part I, line 27b) | | | 6 | 2,656 |
| 7 Add lines 5 and 6 | | | | 7 | 646,712 |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | . 8 | 570,000 |
| If line 8 is equal to or greater that | n line 7, check the box in Part VI, i | ine 1b, and compl | ete that part using a | 1 1% tax rate See t | he |

| Pari | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec | e instr | uctio | ns) | |
|------|---|--|-------|-------------|----------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | Ī | | | |
| • | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | Ī | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | <u> </u> | | 5 | ,313 |
| | here ▶ and enter 1% of Part I, line 27b | | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | 1 | | | |
| | Part I, line 12, col (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 2 | <u> </u> | | | 0 |
| | Add lines 1 and 2 | <u> </u> | | 5 | ,313 |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | - | | | 0 |
| | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | <u> </u> | ····· | 5 | ,313 |
| | Credits/Payments | 1 | | | |
| | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 19,079 | I | | | |
| | Exempt foreign organizations - tax withheld at source . 6b | 1 | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | - | | | |
| | Backup withholding erroneously withheld 6d | 1 | | | |
| | Total credits and payments Add lines 6a through 6d | | | | ,079 |
| | 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 | - | | | 7.00 |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | \vdash | | | ,766 |
| | Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 13,766 Refunded ▶ 11 t VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| | participate or intervene in any political campaign? | ŀ | 1a | 162 | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | F | -14 | | |
| | Instructions for the definition)? | | 1b | ı | х |
| | 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 | | 1 | | |
| | Did the foundation file Form 1120-POL for this year? | į | 1c | i | х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ | | 1 | | |
| | 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 | ı | Х |
| | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | . | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | 4b | L | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | Х |
| | If "Yes," attach the statement required by General Instruction T | | | ļ ; | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | - | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | |
| | conflict with the state law remain in the governing instrument? | . | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | Х | <u> </u> |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | : | ŀ | |
| _ | SC | | 1 | L | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | |
| _ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b | X | } |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | Ė | 1 |
| | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," | | | l | ۱., |
| 40 | complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | l | \ _V |
| | names and addresses | | 10 | i | X |

HOPEWELL FOUNDATION, INC.

Form 990-PF (2016)

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Page 4

| Form | 990-PF (2016) HOPEWELL FOUNDATION, INC. 57-0792 | 719 | í | Page 5 |
|------|--|----------|--------------|----------------|
| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | Ì | 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 | ł | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | - |
| | Website address ► N/A | | 1 | J |
| 14 | The books are in care of ▶ EDWIN L BARNES Telephone no ▶ 803-3 | 26-6 | 127 | |
| | Located at ▶ PO BOX 470, ROCK HILL, SC ZIP+4 ▶ 29733 | | | |
| 15 | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041-Check here | 1-04/ | - | |
| 13 | | | | |
| 16 | · · · · · · · · · · · · · · · · · · · | | T. | Τ |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | <u> </u> | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country > | <u> </u> | | <u> </u> |
| Pa | rt 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) | | ĺ | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes X No | | İ | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | [| |
| | disqualified person? Yes X No | | Ī | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | Ì | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | ŧ | |
| | (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)? Yes X No | | 1 | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | Ī | |
| | foundation agreed to make a grant to or to employ the official for a period after | | 1 | |
| | termination of government service, if terminating within 90 days) Yes X No | | Ī | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | 1 | 1 |
| | Organizations relying on a current notice regarding disaster assistance check here | | \vdash | 1 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | ł | |
| | were not corrected before the first day of the tax year beginning in 2016? | 1c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | l | |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and | | 1 | |
| _ | 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No | | | |
| | If "Yes," list the years | | ‡ | |
| b | Are there any years listed in 2a for which the foundation is not 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 | | 1 | |
| | all years listed, answer "No" and attach statement - see instructions.) | 26 | ŧ | |
| | · | 2b | ļ | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | ŀ | |
| 2- | Did the foundation held more than a 20' disease or under at interest in the | | Ť | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | Į | |
| b | If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or | | ŧ | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | 1 | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of | | 1 | |
| | 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 | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | ŧ | |
| | charitable purpose that had not been removed from jeonardy before the first day of the tax year beginning in 20162 | 1 46 | 1 | Ιv |

| Pa | rt VII-B | Statements Regarding Activities | s for V | Vhich Forn | n 4720 | May Be I | Requir | ed (co | ntinued) | | | |
|----------|-------------|--|--|-------------------------------|--|---------------|-----------|--|---------------------------|------------------|--------------------|------------------|
| 5a | During th | ne year did the foundation pay or incur any am | ount to | | | | _ | _ | | | | |
| | (1) Carr | y on propaganda, or otherwise attempt to influ | ience leg | ıslatıon (sectio | n 4945(e | ≘))? | . [| Yes | X No | | | |
| | (2) Influ | ence the outcome of any specific public electi | on (see s | section 4955), d | or to carr | ry on, | _ | _ | | | | |
| | direc | ctly or indirectly, any voter registration drive? | • | | | | | Yes | X No | | | |
| | (3) Prov | ride a grant to an individual for travel, study, o | r other si | mılar purposes | ? | | [| Yes | X No | | | |
| | (4) Prov | ride a grant to an organization other than a ch | antable, d | etc , organizati | on descr | nbed in | | | | | | |
| | sect | ion 4945(d)(4)(A)? (see instructions) | | | | | . [| Yes | X No | | | |
| | (5) Prov | ride for any purpose other than religious, char | table, sc | ientific, literary | , or educ | ational | | | | | | |
| | purp | oses, or for the prevention of cruelty to childre | en or anır | nals? . | | | Ĺ | _ Yes | X No | | | |
| b | If any an | swer is "Yes" to 5a(1)-(5), did any of the trans | sactions | fail to qualify u | nder the | exceptions of | lescribed | in t | | | | |
| | Regulate | ons section 53 4945 or in a current notice reg | arding di | saster assistan | ice (see | instructions) | ? . | | | 5b | | |
| | Organiza | ations relying on a current notice regarding dis | aster as | sistance check | here | • | | | . ▶ 📙 | | | |
| С | If the an: | swer is "Yes" to question 5a(4), does the foun | dation cl | aım exemption | from the | e tax | _ | _ | _ | | | |
| | because | it maintained expenditure responsibility for the | e grant? | | | | [| Yes | No | | | |
| | If "Yes," | attach the statement required by Regulations | section | 53 4945-5(d). | | | | | | | | |
| 6a | Did the f | oundation, during the year, receive any funds | , directly | or indirectly, to | pay pre | miums | _ | _ | | | | |
| | • | sonal benefit contract? | • | | | | . L | Yes | X No | | | |
| b | Did the f | oundation, during the year, pay premiums, dir | ectly or i | ndirectly, on a | personal | benefit cont | ract? | | • | 6b | | <u>X</u> |
| | If "Yes" | to 6b, file Form 8870 | | | | | _ | - -1 | | | | |
| 7a | | me during the tax year, was the foundation a | • | • | | | L | Yes | X No | | | |
| <u>b</u> | | did the foundation receive any proceeds or h | | | | | | | | 7b | L | |
| Pa | rt VIII | Information About Officers, Dire | ectors, | Trustees, | Found | dation Ma | nager | s, Higi | hly Paid | Empl | oyee | s, |
| | | and Contractors | | | | | | | | | | |
| 1 | List all of | ficers, directors, trustees, foundation man | | | | (see instrue | | Contribut | eno to | | | |
| _ | | (a) Name and address | hou | e, and average rs per week | `´(If n | ot paid, | emplo | yee bene | efit plans | (e) Exp other | ense ad allowar | |
| | 990 O | | | ed to position | | ter -0-) | and det | erred cor | npensation | | | |
| | IN L B | | SECKE | TARY - TRI | f | • | | | 0 | | | 0 |
| | | 0, ROCK HILL, SC 29731-6470 | DIREC | 0.00 | | 0 | | | | | | 0 |
| | ANT G | 0, ROCK HILL, SC 29731-6470 | DIREC | 0.00 |) | 0 | | | 0 | | | 0 |
| | | BARNES JR. | PRESI | | | | | | | | | |
| | | 0, ROCK HILL, SC 29731-6470 | E KEDI | 0.00 | Ì | 0 | | | 0 | | | 0 |
| | | HELMLY | DIREC | | | | | | <u> </u> | | | _ _ _ |
| | | 94, MONCKS CORNER, SC 29461 | | 0.00 | 1 | 0 | | • | 0 | | | 0 |
| | | ation of five highest-paid employees (other | r than th | | on line | | uctions) | . If none | e. enter | | | |
| | "NONE." | anon or mornigmore para empreyers (com- | • | | | | , | | -, | | | |
| | | | | 43.74 | | | | (d) Conf | tributions to | | | |
| | (a) Name | and address of each employee paid more than \$50 | 000,0 | (b) Title, and a hours per v | veek | (c) Comper | sation | employ | ee benefit nd deferred | (e) Expo | ense ac allowar | |
| | | | | devoted to po | osition | | | | ensation | 0.10 | ano war | |
| NON | IE | | | | | | | | | | | |
| | | | | i | | | | l | | | | |
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| | | | | | | 1 | | 1 | | | | |
| | | | | <u> </u> | | <u> </u> | | L | | <u> </u> | | |
| Tota | al number | of other employees paid over \$50,000 | <u>. </u> | <u> </u> | <u></u> - | <u> </u> | | <u>. </u> | | <u></u> | | 0 |
| EEA | | | | | | | | | | Form 9 | 90-PF | (2016) |

HOPEWELL FOUNDATION, INC.

Form 990-PF (2016)

57-0792719

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Form 990-PF (2016)

Total. Add lines 1 through 3

EEA

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign | founda | ations, |
|-----|---|---------|-------------|
| | 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 | 12,778,444 |
| b | Average of monthly cash balances | 1b | 95,423 |
| С | Fair market value of all other assets (see instructions) | 1c | 20,321 |
| d | Total (add lines 1a, b, and c) | 1d | 12,894,188 |
| 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 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 12,894,188 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 193,413 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 12,700,775 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6_ | 635,039 |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for | oundati | ions |
| | and certain foreign organizations check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 635,039 |
| 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.) | | |
| С | Add lines 2a and 2b . , | 2c | 5,313 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 629,726 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 629,726 |
| 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 | 629,726 |
| Pa | rt 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 | 570,000 |
| b | Program-related investments - total from Part IX-B | 1b | 3.0700 |
| 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 | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 570,000 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | + | 2,0,00 |
| - | Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 570,000 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | | |
| | qualifies for the section 4940(e) reduction of tax in those years | | |
| | 3 | | |

| ra | A AIR Undistributed inc | ome (see instructi | ions) | | | |
|----------|--|--------------------|---------------|---------------------------|---|----------------------|
| 1 | Distributable amount for 2016 from | n Part XI, | (a) Corpus | (b) Years pnor to 2015 | (c) 2015 | (d) 2016 |
| | line 7 | | | | | 629,726 |
| 2 | Undistributed income, if any, as of | the end of 2016 | | | | |
| а | Enter amount for 2015 only . | | | | | |
| b | Total for prior years:, | , [| | | | |
| 3 | Excess distributions carryover, if a | | | , - | | |
| а | From 2011 | | | 1 | | |
| b | From 2012 | 3,353 | | 1 | | |
| С | From 2013 . | | | | | |
| d | From 2014 . | 42,453 | | # | | |
| е | From 2015 | 46,825 | | 1 | | |
| f | Total of lines 3a through e . | | 92,631 | | | |
| 4 | Qualifying distributions for 2016 fro | · | 32,031 | | *************************************** | · |
| • | line 4 ▶ \$ 570, | F | | 1 | | |
| а | Applied to 2015, but not more than | | | 1 | | |
| b | Applied to undistributed income of | <u> </u> | _ | | .,- | |
| U | | ` ' | | | | |
| _ | (Election required - see instruction | · | • | | | |
| С | Treated as distributions out of corp | ous (Election | | + | | |
| | required - see instructions) . | · | | | | |
| d | Applied to 2016 distributable amou | ļ | | | ····· | 570,000 |
| е | Remaining amount distributed out | · — | | | | |
| 5 | Excess distributions carryover app | | 59,726 | | | 59,726 |
| | (If an amount appears in column (c | • | | | | |
| | amount must be shown in column | (a)) | | 1 | | |
| 6 | Enter the net total of each colum | nn as | | | | |
| | indicated below: | <u> </u> | | | | |
| а | Corpus Add lines 3f, 4c, and 4e S | Subtract line 5 | 32,905 | _ | ļ | |
| b | Prior years' undistributed income | Subtract | | | | |
| | line 4b from line 2b . | | İ | | | |
| С | Enter the amount of prior years' un | distributed | | | | |
| | income for which a notice of deficie | | | | 1 | |
| | been issued, or on which the section | - | | | | |
| | tax has been previously assessed | ` ′ _ | | | İ | |
| d | Subtract line 6c from line 6b Taxal | <u> </u> | | | | |
| - | amount - see instructions | -10 | | | | |
| е | Undistributed income for 2015 Su | thtract line | | | | |
| · | 4a from line 2a Taxable amount - | | | | ŀ | |
| | instructions | 300 | | j | | |
| f | Undistributed income for 2016 Sul | ntraat linna | | | | |
| ' | | | | } | | |
| | 4d and 5 from line 1. This amount i | must be | | 1 | : | |
| ~ | distributed in 2017 | | ···· | | | 0 |
| 7 | Amounts treated as distributions or | | | [| 1 | |
| | to satisfy requirements imposed by | | | | Ī | |
| | 170(b)(1)(F) or 4942(g)(3) (Election | n may be | | <u>.</u> : | 1 | |
| | required - see instructions) | | | | | |
| 8 | Excess distributions carryover from | | | | ‡ | |
| | applied on line 5 or line 7 (see instr | ructions) | | | | |
| 9 | Excess distributions carryover t | o 2017. | 1 | | | |
| | Subtract lines 7 and 8 from line 6a | | 32,905 | | | |
| 10 | Analysis of line 9. | | | | | |
| а | Excess from 2012 | | | # | # | |
| b | Excess from 2013 | | - | 1 | 1 | |
| С | Excess from 2014 . | | | 1 | # | |
| d | Excess from 2015 | 32,905 | | • | , [| |
| e | Excess from 2016 . | | | 1 | 1 | |
| <u> </u> | | <u></u> . | | <u></u> | | |

| Form 9 | | OUNDATION, INC | | | 57-079271 | 9 Page 10 |
|------------|---|--------------------------|---------------------------|--|-------------------|--------------------|
| Part | XIV Private Operating Four | dations (see inst | tructions and Pai | rt VII-A, question 9 | <u> </u> | |
| 1a | If the foundation has received a ruling or | determination letter tha | at it is a private operat | ting | | |
| | foundation, and the ruling is effective for 2 | 2016, enter the date of | the ruling | | <u> </u> | |
| b | Check box to indicate whether the foundation | ition is a private opera | ting foundation descri | ibed in section | 4942(j)(3) or | 4942(j)(5) |
| 2 a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | income from Part I or the minimum investment return from Part X for | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| | each year listed | | | | | |
| b | 85% of line 2a | | | | | |
| | ì | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | <u> </u> | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| | alternative test relied upon | | | | | |
| а | "Assets" alternative test - enter (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test - enter | | | | | |
| | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) (2) Support from general public | | | | | |
| | and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from an exempt organization . | | | | } | |
| | (4) Gross investment income . | | | | | |
| Part | Supplementary Informa any time during the year | | | the foundation ha | d \$5,000 or more | in assets at |
| | Information Regarding Foundation M | | 7113.1 | | | |
| a | List any managers of the foundation who before the close of any tax year (but only | o have contributed mo | | | | |
| | NONE | | | | | |
| b | List any managers of the foundation wh ownership of a partnership or other enti | | • | | e portion of the | |
| | NONE | | | | | |
| 2 | Information Regarding Contribution, | Grant, Gift, Loan, Sc | holarship, etc., Prog | grams: | | |
| | Check here ► X if the foundation onl unsolicited requests for funds. If the foundations, complete items 2a, b, | ndation makes gifts, gi | | | | |
| a | The name, address, and telephone num | | of the person to whor | m applications should be | addressed: | |
| u | The harris, address, and telephone harr | or or or main address | or the percent to time. | ii applications chodig so | | |
| b | The form in which applications should b | e submitted and inform | nation and materials t | hey should include | | |
| c | Any submission deadlines | | | | | |
| d | Any restrictions or limitations on awards factors | s, such as by geograph | nical areas, chantable | fields, kinds of institution | ns, or other | |
| FFA | | | | | | Form 990-PF (2016) |

Part XV | Supplementary Information (continued)

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

| Name and address (home or business) a Paid during the year MAMERICAN RED CROSS 200 PIEDMONT BLVD ROCK HILL, SC 29732 NONE HEALTH & ELINTON COLLEGE 1029 CRAMFORD ROAD ROCK HILL, SC 29730 NONE HEALTH & WELFARE 15. CLINTON COLLEGE 1029 CRAMFORD ROAD ROCK HILL, SC 29730 NONE EDUCATION 15. FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS TO BOX 4255 ROCK HILL, SC 29731 NONE RELIGIOUS TO BOX 4255 ROCK HILL, SC 29731 NONE RELIGIOUS TO BOX 4255 ROCK HILL, SC 29731 NONE RELIGIOUS TO BOX 651 ROCK HILL, SC 29731 NONE RELIGIOUS & COMMUNITY RELIGIOUS & REL | Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
|--|-------------------------------------|--|----------------------|----------------------------------|----------|
| AMERICAN RED CROSS 200 PIEDMONT BLVD ROCK HILL, SC 29732 NONE HEALTH 25, CHILDREN'S ATTENTION HOME PO BOX 2912 ROCK HILL, SC 29731 NONE HEALTH & WELFARE 15, CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE HABITAT FOR HUMANITY OF YORK COUNTY FO BOX 4255 ROCK HILL, SC 29731 NONE HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION COMMUNITY ROCK HILL, SC 29731 NONE RELIGIOUS & EDUCATION 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION 25, RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE Total | Name and address (home or business) | | recipient | | |
| 200 PIEDMONT BLVD ROCK HILL, SC 29732 NONE HEALTH 25. CHILDREN'S ATTENTION HOME PO BOX 2912 ROCK HILL, SC 29731 NONE HEALTH & WELFARE 15. CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE EDUCATION 15. FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION 25. REREW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE Total NONE BEALTH 25. HEALTH & WELFARE 15. | a Paid during the year | | | | <u> </u> |
| ROCK HILL, SC 29732 NONE HEALTH 25, CHILDREN'S ATTENTION HOME PO BOX 2912 ROCK HILL, SC 29731 NONE WELFARE 15, CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE EDUCATION 15, FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50, HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25, HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE ENHANCEMENT 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE EDUCATION 25, RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE WELFARE 50, Total | AMERICAN RED CROSS | | | | |
| CHILDREN'S ATTENTION HOME PO BOX 2912 ROCK HILL, SC 29731 NONE CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE FELLOWSHIP OF CHRISTIAN ATHLETES 452 LARESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE HISTORIC ROCK HILL FO BOX 651 ROCK HILL, SC 29731 NONE RELIGIOUS COMMUNITY ROCK HILL, SC 29731 NONE RELIGIOUS & COMMUNITY RELIGIOUS & RELIGIOUS & COMMUNITY ROCK HILL, SC 29731 NONE RELIGIOUS & COMMUNITY ROCK HILL, SC 29731 NONE RELIGIOUS & COMMUNITY ROCK HILL, SC 29731 NONE TOTAL TOTAL | 200 PIEDMONT BLVD | | | | |
| PO BOX 2912 ROCK HILL, SC 29731 NONE HEALTH & WELFARE 15. CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE EDUCATION 15. FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE RELIGIOUS & COMMUNITY ENHANCEMENT 25. REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION 25. RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE Total Total | ROCK HILL, SC 29732 | NONE | | HEALTH | 25,00 |
| ROCK HILL, SC 29731 NONE WELFARE 15. CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE EDUCATION 15. FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 COMMUNITY ROCK HILL, SC 29731 NONE ENHANCEMENT 25. REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE EDUCATION 25. RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE WELFARE 50. | CHILDREN'S ATTENTION HOME | | | | |
| CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE EDUCATION 15. FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE ENHANCEMENT 25. REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE EDUCATION 25. RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE WELFARE 50. | PO BOX 2912 | | | HEALTH & | |
| 1029 CRAWFORD ROAD ROCK HILL, SC 29730 NONE FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE Total NONE DOMMUNITY COMMUNITY COMMUNITY COMMUNITY SO. | ROCK HILL, SC 29731 | NONE | | WELFARE | 15,00 |
| ROCK HILL, SC 29730 NONE EDUCATION 15. FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE ENHANCEMENT 25. REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE EDUCATION 25. RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE WELFARE 50. | CLINTON COLLEGE | | | | |
| FELLOWSHIP OF CHRISTIAN ATHLETES 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 NONE RELIGIOUS 50. HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25. HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE ENHANCEMENT 25. REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE EDUCATION 25. RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE WELFARE 50. | 1029 CRAWFORD ROAD | i | | | |
| 452 LAKESHORE PARKWAY, STE 205 ROCK HILL, SC 29730 HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25, HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE COMMUNITY ENHANCEMENT 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION 25, RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE 50, | ROCK HILL, SC 29730 | NONE | | EDUCATION | 15,00 |
| ROCK HILL, SC 29730 HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25, HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE COMMUNITY ENHANCEMENT 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION 25, RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE Total | | | | | |
| HABITAT FOR HUMANITY OF YORK COUNTY PO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25, HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE COMMUNITY ENHANCEMENT 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE 50, | | | | | |
| FO BOX 4255 ROCK HILL, SC 29731 NONE WELFARE 25, HISTORIC ROCK HILL FO BOX 651 ROCK HILL, SC 29731 NONE COMMUNITY ENHANCEMENT 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE 50, | ROCK HILL, SC 29730 | NONE | | RELIGIOUS | 50,00 |
| ROCK HILL, SC 29731 NONE WELFARE 25, HISTORIC ROCK HILL PO BOX 651 ROCK HILL, SC 29731 NONE COMMUNITY ENHANCEMENT 25, REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RELIGIOUS & EDUCATION 25, RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE 50, | | | | | |
| PO BOX 651 ROCK HILL, SC 29731 NONE REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE S0, | | NONE | | WELFARE | 25,00 |
| PO BOX 651 ROCK HILL, SC 29731 NONE REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 NONE RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE S0, | HIGHORIC BOOK HILL | | | | |
| ROCK HILL, SC 29731 REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE ENHANCEMENT RELIGIOUS & EDUCATION 25, COMMUNITY WELFARE 50, | | | | CONGRATA | |
| REFORMED THEOLOGICAL SEMINARY 2101 CARMEL ROAD CHARLOTTE, NC 28226 RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE RELIGIOUS & EDUCATION 25, COMMUNITY WELFARE 50, | | NONE | | 1 | 25.22 |
| 2101 CARMEL ROAD CHARLOTTE, NC 28226 RENEW OUR COMMUNITY (ROC) FO BOX 907 ROCK HILL, SC 29731 NONE RELIGIOUS & EDUCATION 25, COMMUNITY WELFARE 50, | ROCK HILL, SC 23/31 | NONE | | ENHANCEMENT | 25,00 |
| CHARLOTTE, NC 28226 RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE EDUCATION COMMUNITY WELFARE 50, | | | | | |
| RENEW OUR COMMUNITY (ROC) PO BOX 907 ROCK HILL, SC 29731 NONE Total Total | | | | | |
| PO BOX 907 ROCK HILL, SC 29731 NONE COMMUNITY WELFARE 50, Total | CHARLOTTE, NC 28226 | NONE | | EDUCATION | 25,00 |
| ROCK HILL, SC 29731 NONE WELFARE 50, Total | RENEW OUR COMMUNITY (ROC) | | | | |
| Total | PO BOX 907 | | | COMMUNITY | |
| | ROCK HILL, SC 29731 | NONE | | WELFARE | 50,00 |
| b Approved for future payment | Total | | | . ▶ 3 a | |
| | b Approved for future payment | | - | | |
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| Total | | | | | |

Part XV Supplementary Information (continued)

3. Grants and Contributions Paid During the Yea

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|--|--|--------------------------------|----------------------------------|------------------|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | or substantial contributor | | | | |
| a Paid during the year | | | | | |
| SC GOV'S SCH FOR MATH & SCIENCE | | | | | |
| 1201 MAIN STREET, SUITE 2350 | | | | | |
| COLUMBIA, SC 29201 | NONE | | EDUCATION | 25,000 | |
| STEM DEVELOPMENT FDTN | | | | | |
| PO BOX 4846 | | | | | |
| ROCK HILL, SC 29731 | NONE | | EDUCATION | 50,000 | |
| TRIDENT TECH COLLEGE FDTN | | | | | |
| PO BOX 61227 | | | | | |
| NORTH CHARLESTON, SC 29419 | NONE | | EDUCATION | 25,000 | |
| WESTMSTR CATAWBA CHRISTIAN SCH | | | | | |
| 2650 INDIA HOOK ROAD | | j | RELIGIOUS & | | |
| ROCK HILL, SC 29732 | NONE | | EDUCATION | 15,000 | |
| ROCK HIBB, BC 25/52 | NONE | | DOGRITOR | 13,000 | |
| WESTMINSTER MINISTRIES FOUNDATION | | | | | |
| 1320 INDIA HOOK ROAD | | | | 1 | |
| ROCK HILL, SC 29732 | NONE | | RELIGIOUS | 5,000 | |
| YORK TECH COLLEGE FOUNDATION | | | | | |
| 452 S. ANDERSON ROAD | | | 1 | | |
| ROCK HILL, SC 29730 | NONE | | EDUCATION | 25,000 | |
| ROCK 1122, SC 25750 | NONE | | 220CHITON | 23,000 | |
| UPPER PALMETTO YMCA | | | | | |
| 151 S OAKLAND AVENUE | | 1 | <u> </u> | | |
| ROCK HILL, SC 29732 | NONE | | COMMUNITY WELFARE | 25,000 | |
| ST JOHN'S CHRISTIAN ACADEMY | | | | | |
| 204 W MAIN STREET | | | RELIGIOUS & | | |
| MONCKS CORNER, SC 29461 | NONE | | EDUCATION | 10,000 | |
| Total | <u> </u> | | . ▶ 3a | | |
| b Approved for future payment | | | | | |
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| Total | | <u> </u> | . > 3b | | |
| | | | | Fa 000 BE (0046) | |

Part XV | Supplementary Information (continued)

| 3 Grants and Contributions Paid During the | Year or Approve | d for Future I | Payment | |
|--|--|--------------------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | | | |
| a Paid during the year | | | | |
| PALMETTO PARTNERS SCIENCE AND TECH | | Ì | - | |
| PO BOX 25099 | | | | |
| GREENVILLE, SC 29616-0099 | NONE | | EDUCATION | 15,000 |
| ARTS COUNCIL OF YORK COUN TY | | | | |
| 121 E MAIN STREET | | i | 1 | |
| ROCK HILL, SC 29730 | NONE | | COMMUNITY ARTS | 20,000 |
| BOYS AND GIRLS CLUB OF YORK COUNTY | | | | |
| PO BOX 226 | | | COMMUNITY | |
| ROCK HILL, SC 29731 | NONE | | WELFARE/EDUCATION | 25,000 |
| CHRISTIANS TO FEED THE HUNGRY | | | | |
| PO BOX 10042 | | | | |
| ROCK HILL, SC 29731 | NONE | | COMMUNITY WELFARE | 20,000 |
| CLEMSON UNIVERSITY FOUNDATION | | | | |
| PO BOX 1889 | | 1 | | |
| CLEMSON, SC 29633 | NONE | } | EDUCATION | 25,000 |
| LANCASTER COUNTY PARTNERS FOR YOUTH | | | | |
| PO BOX 1023 | | j | | |
| LANCASTER, SC 29721 | NONE | | EDUCATION | 5,000 |
| LANCASTER COUNTY SCHOOL DISTRICT | | | | |
| 300 S CATAWBA STREET | | | | |
| LANCASTER, SC 29721 | NONE | | EDUCATION | 25,000 |
| YMCA OF GREATER CHARLESTON | | , | | |
| 201 REMBERT C DENNIS BLVD | | | | |
| MONCKS CORNER, SC 29461 | NONE | | COMMUNITY WELFARE | 10,000 |
| Total | <u> </u> | | ▶ 3a | |
| b Approved for future payment | | | | |
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| Total | - 1 | | | |

57-0792719

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year ROCK HILL SCHOOL DIST FDTN 660 N ANDERSON ROAD NONE **EDUCATION** 15,000 ROCK HILL, SC 29730 3a 570,000 Total Approved for future payment 3b Total

| Tait A Allary 313 Of Ill Collic-1 Toda Collig 3 | 100111100 | | 1 | | |
|---|--------------|---------------|--------------------|------------|--|
| Enter gross amounts unless otherwise indicated , | (a) Business | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See instructions) |
| 1 Program service revenue | code | | Exclusion code | Allount | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments . | | | | | |
| 3 Interest on savings and temporary cash investments | <u> </u> | | | | |
| 4 Dividends and interest from securities | ļ | | 14 | | |
| 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 | ļ | | | | |
| 7 Other investment income | | | 1.0 | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 10 | | |
| 11 Other revenue a | | • • • | 18 | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e 12 Subtotal Add columns (b), (d), and (e) | | | - | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | <u> </u> |
| (See worksheet in line 13 instructions to verify calculations) | • | | | | |
| Part XVI-B Relationship of Activities to the | Accompl | ishment of Ex | empt Purpo | oses | |
| Explain below how each activity for which inc | | | | | ne |
| Line No. accomplishment of the foundation's exempt p | - | | | | |
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Form 990-PF (2016) HOPEWELL FOUNDATION, INC. 57-0792719 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 1 . Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a nonchantable exempt organization of (1) Cash Х 1a(1) X (2) Other assets 1a(2) Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return ASST SECRETARY Here (see inst)? Signature of officer or trustee Date Print/Type preparer's name Preparer's signature Date PTIN **Paid**

Preparer

Use Only

Firm's name

Firm's address

Firm's EIN

Phone no

List of Officers, Directors, Trustees, and Key Employees

| 1 List all officers, directors, trustees, and key employees for the | year even if they wer | e not compensated | | |
|---|--|---|--|--|
| . (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| THERESA TURNER ASST SEC | - | (ii riot paid, citter -0-7_ | deterred componidation | |
| PO BOX 470, ROCK HILL, SC 29731-6470 | 0.00 | 0 | 0 | 0 |
| JOHN M BARNES JR DIRECTOR | , | | | |
| PO BOX 470, ROCK HILL, SC 29731-6470 | 0.00 | o | o | 0 |
| 10 2011 1707 ROCK HILLEY BC 23731 0170 | 0.00 | | <u> </u> | U |
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| Tender Opporting Construction Tender Opporting Constructio | | | Foders! Su | Staten | | | |
|--|--|-------------------------|-------------------|---------------------|-------|--------------------------------|--|
| FORM 900PF - PART 1 - LINE 23 - OTHER EXPRISES SCHEDULE REVENUE AND EXPRISES 130 130 130 130 130 130 130 13 | | | rederal Su | pporting state | | Funlower Identification Number | |
| REVENUE NET 1 - LINE 23 - OTHER EXPENSES SCHEDULE AND EXPENSES 1 INVESTHENT NET INCOME PURPOSE 39 | me(s) as shown on return EWELL FOUNDATION, INC. | | i | | | 57-0792719 | |
| AND EXPENSES INVESTMENT NET INCOME PURPOSE 39 39 39 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | FORM 990PF - | - LINE 23 | OTHER EXPENSES SCHE | :DULE | STATEMENT #103~ | |
| 39 39 39 | DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | | | | |
| | BANK FEES TOTALS | | 39 | 0 | 0 0 | | |
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| | Federal Supp | Federal Supporting Statements | 2016 PG01 |
|--|---|-----------------------------------|---|
| Name(s) as shown on return HOPEWELL FOUNDATION, INC. | | | Employer Identification Number 57-0792719 |
| | FORM 990PF - PART I - LINE 11 - 0 | - LINE 11 - OTHER INCOME SCHEDULE | STATEMENT #106~ |
| DESCRIPTION CARROLL FINANCIAL | REVENUE NET AND EXPENSES INVESTMENT 942 942 | ADJUSTED NET INCOME 0 | |
| TOTALS | 942 | 0 | |
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| - | | Federal St | Federal Supporting Statements | nents | 2016 PG01 |
|--|-------------------------------|-------------------------------|---|-----------------------|--|
| Name(s) as shown on return HOPEWELL FOUNDATION, INC. | | | | | Employer Identification Number 57-0792719 |
| | FORM 990PF - PART I | 1 | LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE | ES SCHEDULE | STATEMENT #109~ |
| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHAR1TABLE PURPOSE | |
| INVESTMENT FEES - CARROLL FIN INVESTMENT FEES - BERNSTEIN INVESTMENT FEES - HILLIARD LY INVESTMENT FEES - AFS | 15,920 8,907 0 8,357 | 15,920 8,907 0 8,357 | 0000 | 0000 | |
| TOTALS | 33, 184 | 33,184 | 0 | 0 | |
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| | | Federal Su | Federal Supporting Statements | ments | . 2016 | <u> </u> |
|--|-------------------------|----------------------------|-------------------------------|-----------------------|--------------------------------|----------|
| Name(s) as shown on return | | | | | Employer Identification Number | 1 |
| HOPEWELL FOUNDATION, INC. | | | | | 57-0792719 | |
| | FORM 95 | FORM 990PF - PART I - LINE | - LINE 18 - TAXES SCHEDULE | | STATEMENT #110~ | - |
| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHARITABLE PURPOSE | | |
| FOREIGN TAXES WITHHELD ESTIMATED TAXES PAID 2016 | 2,362 | 2,362 | 0 | 0 | | |
| TOTALS | 20,228 | 20,228 | | 0 | | |
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| Federal Supporting St | atements 2016 PG01 | |
|--|--------------------------------|------|
| Name(s) as shown on return | Employer Identification Number | er |
| HOPEWELL FOUNDATION, INC. | 57-0792 | 719 |
| FORM 990PF - PART III <u>OTHER INCREASES SC</u> | | #115 |
| NON DIVIDEND DISTRIBUTIONS | 9,402 | |
| ROUNDING | 220 | |
| TOTAL | 9,622 | |

| , | Federal Supporting Statements | 2016 PG01 |
|----------------------------|-------------------------------|--------------------------------|
| Name(s) as shown on return | | Employer Identification Number |
| HOPEWELL FOUNDATION, | INC. | 57-0792719 |

FORM 990PF - PART II - LINE 15 STATEMENT #120 OTHER ASSETS SCHEDULE

 BOY BOOK
 EOY BOOK
 FMV

 22,371
 20,321
 20,321
 DESCRIPTION ACCRUED INTEREST

TOTAL

22,371 20,321 20,321

| , | Federal Supporting Statements | 2016 PG01 |
|----------------------------|--------------------------------|--------------------------------|
| Name(s) as shown on return | | Employer Identification Number |
| HOPEWELL FOUNDATION, | INC. | 57-0792719 |
| FORM | 1 990PF - PART II - LINE 10(B) | STATEMENT #137 |

INVESTMENTS: CORPORATE STOCK SCHEDULE

| CATEGORY | BOY | BOOK VALUE | EOY FMV |
|-----------------|-----------|------------|-----------|
| CORPORATE STOCK | 8,652,018 | 8,739,945 | 9,171,227 |
| TOTALS | 8,652,018 | 8,739,945 | 9,171,227 |

| | Federal Supporting Statements | 2016 PG01 |
|----------------------------|-------------------------------|--------------------------------|
| Name(s) as shown on return | | Employer Identification Number |
| HOPEWELL FOUNDATION, | INC. | 57-0792719 |

FORM 990PF - PART II - LINE 10(C)
INVESTMENTS: CORPORATE BOND SCHEDULE

STATEMENT #138

| CATEGORY | BOY | BOOK VALUE | EOY FMV |
|-----------------|-----------|------------|-----------|
| CORPORATE BONDS | 4,120,322 | 3,565,092 | 3,528,035 |
| TOTALS | 4,120,322 | 3,565,092 | 3,528,035 |