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Form **990-PF**

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

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

OMB No 1545-0052

| | Dep | artment of the Treasury | Information about Fo | rm 990-PF and its separate | instructions is a | it www.lr | s.gov/form990pf. | Open to Public Inspection |
|-------------|----------------|------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------|-------------------|---------------|-----------------------------------------------------|-------------------------------------------------------------------|
| | | | or tax year beginning | | , and endi | ng | | |
| | Na | me of foundation | | | | | A Employer identificatio | n number |
| | 7 | THE WPW FO | DUNDATION | | | | | |
| | _(| C/O: ARTHU | JR STATE BANK | | | | 58-6338488 | 3 |
| | | • | box number if mail is not delivered to street | t address) | R | om/suite | B Telephone number | |
| | _ | PO BOX 481 | | | | | 864-938-43 | |
| | | | rovince, country, and ZIP or foreign | postal code | | | C if exemption application is | pending, check here . 🏲 |
| | - | CLINTON, S | | 1 11 22 1 2 2 2 2 | | -14. | B 4 Fausian assaulation | |
| | G | Check all that apply: | Initial return | Initial return of a fo | ormer public cha | rny | D 1. Foreign organization | is, check here |
| | | - | Address change | Name change | | | Foreign organizations m check here and attach or | eeting the 85% test, |
| | H 1 | Check type of organi | | exempt private foundation | , | · | 3 | |
| | ï | | 1) nonexempt charitable trust | | ation | | If private foundation stunder section 507(b)(1 | |
| | I F | | ll assets at end of year J Account | | Accrual | | F If the foundation is in a | |
| | | rom Part II, col. (c) |), line 16) | Other (specify) | - | | under section 507(b)(1 | |
| | | \$ | 3,553,174. (Part I, cold | umn (d) must be on cash l | basis.) | | | |
| | Pa | The total of am | Revenue and Expenses sounts in columns (b), (c), and (d) may not ual the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net inves | | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | | 1 Contributions, | , gifts, grants, etc., received | | | | N/A | , |
| | | 2 Check | If the foundation is not required to attach Sch. B | | | | | |
| | | 3 Interest on savin | ngs and temporary | | | | | |
| | | 4 Dividends and | Interest from securities | 86,361. | 86 | <u>,361.</u> | | STATEMENT 1 |
| | | 5a Gross rents | | | | | | |
| | | Net rental incom | | 49,131. | | | | |
| | e | Gross sales price |) from sale of assets not on line 10 e for all 458,978. | 49,131. | | | | |
| | Revenue | g assets on line 6a | income (from Part IV, line 2) | | 49 | ,131. | | |
| | æ | 8 Net short-term | | | | , | | |
| | | 9 Income modifi | | | | | | |
| | | 10a Gross sales less and allowances | returns | | | | | |
| | | b Less. Cost of go | ods sold | | | | | |
| | | c Gross profit or | (loss) TECEIVET | | | | | |
| (No.) | , | 11 Other income | SISTINET | <120. | | < <u>120.</u> | > | STATEMENT 2 |
| 2017 | | 12 Total. Add line | es 1/through 11/1/2. | フレ 135,372. /3 21,187. | | 372. | | |
| res C | | 13 Compensation of | officers directors, trustees, etc. Uj/ | | | 10/ | | 0. |
| N | | 15 Pension nians | ee salaries and wages employee benefits N. U.T. | | | | | |
| > | es | 16a Legal fees | | | | | | |
| 3 | Expenses | b Accounting fee | es STMT 3 | 1,700. | 1 | 700. | | 0. |
| SCANNED MAY | EX | c Other professi | | 22,692. | | 692. | | 0. |
| ¥. | ive | 17 Interest | | | | | | |
| Z | Administrative | | STMŢ 5 | 1,752. | | 0. | | 0. |
| Š | inis | 19 Depreciation a | nd depletion | | | | | |
| Ś | dm) | 20 Occupancy | | } | · | | | |
| | and / | 21 Travel, conference 22 Printing and po | ences, and meetings | | | | | |
| | ä | 23 Other expense | _ | | | | | |
| | Operating | • | s | | | | | |
| | per | | d lines 13 through 23 | 47,331. | 45 | 579. | | 0. |
| | 0 | 25 Contributions, | gifts, grants paid | 175,000. | | | | 175,000. |
| | | 26 Total expense | s and disbursements. | | | | | |
| - | | Add lines 24 a | | 222,331. | 45 | 579. | | 175,000. |
| | | 27 Subtract line 2 | | 0.5.05.5 | | | | |
| | | | e over expenses and disbursements | <86,959. | | 700 | | ļ |
| | | | It income (if negative, enter -0-) NCOME (if negative, enter -0-) | | 89 | 793. | N/A | |
| _ | | v najustaniti | neurite (n negative, enter -0-) | 1 | | 1 | N/A | 1 |

Form 990-PF (2016)

C/O: ARTHUR STATE BANK

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 158,015 162,293. 162,293 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,845. 1,845. 10a Investments - U.S. and state government obligations 493,170 589,715 1,072,999. STMT 6 b investments - corporate stock 218,868 169,711 156,589. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 8 1,527,068. 1,389,542. 2,159,448. 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 2,400,065. 2,313,106. 3,553,174. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons ... 21 Mortgages and other notes payable 22 Other habilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ö 27 Capital stock, trust principal, or current funds 150,633. 150,633 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 2,249,432. 2,162,473 30 Total net assets or fund balances 2,400,065. 2,313,106 2,400,065 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2,400,065. <86,959.> 3 Other increases not included in line 2 (itemize) 0. Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2,313,106. Form 990-PF (2016)

58-6338488

| Form 990-PF (2016) C/O: | ARTHUR STATE B | ANK | Unaana | | | 5≀ | 3-6330 | 3488 | Page 3 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|---------------------------------------|-------------------|----------------------------------|---------------------|------------------------------|---------------------|--------------|
| | nd Losses for Tax on In | | Income | (h) How | acoured 1 | | ———т | 4 13 15 | |
| | e the kınd(s) of property sold (e.g. house; or common stock, 200 shs | | | 1.6-5 | v acquired urchase onation | (c) Date a (mo., da | | (d) Dat (mo., da | |
| | nodo, or common decong 200 cm | | | 0-0 | onation | | | | |
| b SEE ATTACHED | STATEMENT | | | | | | | | |
| C | <u></u> | | | 1 | | | | | |
| d | | | | | | | | | |
| e | | | | 1 | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | in or (loss) (f) minus (g | g) | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| <u>c</u> | | | | | | | | | |
| d 458,978. | | | 409,84 | 7 | | | | 10 | ,131. |
| Complete only for assets showing | gain in column (h) and owned by | the foundation | | | | I) Gains (Co | ol. (h) gain r | | , T 2 T . |
| (i) F.M.V. as of 12/31/69 | (i) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | | i. (k), but n | ot less than from col. (h | -0-) or | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| d | · | | | | | | | | |
| <u>e</u> | | L | | | - 1 | | | 49 | ,131. |
| 2 Capital gain net income or (net capit | ial loss) { If gain, also enter -0: | n Part I, line In Part I, line | 7 7 | } | <u> </u> | | | 49 | ,131. |
| 3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co | | ed (6): | | } | | | NT / 7 | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Unit | der Section 4940(e) for | Reduced | Tax on Net | Inves | tment Inc | come | N/A | | |
| (For optional use by domestic private fo | | | | | | | | | |
| | · | 10 10(u) tan 011 | | ,, | | | | | |
| If section 4940(d)(2) applies, leave this | part blank. | | | | | | | | |
| Was the foundation hable for the section | | | - | riod? | | | | Yes | X No |
| If "Yes," the foundation does not qualify | | | | _4_1_ | | | | | |
| 1 Enter the appropriate amount in each | | istructions be | fore making any e | | | | | (4) | |
| (a) Base period years | (b) Adjusted qualifying dis | tributions | Net value of no | (c) Incharitat | ile-use assets | , | Distribu | (d) ition ratio | (0)) |
| Calendar year (or tax year beginning 2015 | <u>"'/ </u> | 8,901. | | | 03,721 | | col. (b) dıvid | | 52418 |
| 2014 | | 9,432. | | | 81,925 | | | | 60665 |
| 2013 | | 6,000. | | | 52,070 | | | | 46733 |
| 2012 | | 6,000. | | | 79,247 | | | | 47572 |
| 2011 | | 1,000. | | | 37,138 | | | | 51242 |
| | | | | | | | | | |
| | | | | | | 2 | | . 2! | <u>58630</u> |
| 3 Average distribution ratio for the 5-y | | | | | | | | _ | |
| the foundation has been in existence | e if less than 5 years | | | | | . 3 | | . 0 | 51726 |
| 4 Enter the net value of noncharitable- | use assets for 2016 from Part X, | line 5 | | | | 4 | | 3,475 | ,927. |
| 5 Multiply line 4 by line 3 | | | · · · · · · · · · · · · · · · · · · · | | | 5 | | 179 | ,796. |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | 6 | | | 898. |
| 7 Add lines 5 and 6 | | | | | | . 7 | | 180 | ,694. |
| . 8 Enter qualifying distributions from P | art XII, line 4 | | | . | | 8 | | 175 | ,000. |
| If line 8 is equal to or greater than lin See the Part VI instructions. | | | | | ax rate. | | | | |

| | | <u>633848</u> | | Page 4 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|--------------------------------------------------|----------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 |)48 <u>-</u> | see instr | uctio | ns) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 1 | | | |
| Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | } | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | 1,7 | 96. |
| of Part I, line 27b | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | } | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | 0. |
| 3 Add lines 1 and 2 | 3 | | 1,7 | 96. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 1.7 | 96. |
| 6 Credits/Payments: | | | | |
| a 2016 estimated tax payments and 2015 overpayment credited to 2016 | ļ | | | |
| b Exempt foreign organizations - tax withheld at source 6b | ĺ | | | |
| c Tax paid with application for extension of time to file (Form 8868) | - [| | | |
| d Backup withholding erroneously withheld 6d 6d | - [| | | |
| 7 - Total credits and payments. Add lines 6a through 6d | 7 | | 1 Ω | 45. |
| · · · · · · · · · · · · · · · · · · · | 8 | | 1,0 | 45. |
| 8 Enter any penalty 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 | | | 49. |
| 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 P 49 Refunded P Part VII-A Statements Regarding Activities | 11 | | | 0. |
| | | | Voc | No |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | a | - | 165 | + |
| any political campaign? | | . <u>1a</u> | + | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 | ed or | İ | İ | 1 |
| distributed by the foundation in connection with the activities. | | } | 1 | |
| c Did the foundation file Form 1120-POL for this year? | | 10 | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | } | - | } |
| (1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O . | | | } | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | ļ | - | |
| managers. > \$O. | | | | ļ |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| If "Yes," attach a detailed description of the activities. | | | ł | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | Į. | ļ |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| 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? | ŅΛ | /A 4b | | <u> </u> |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T. | | | 1 | 1 |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | 1 |
| 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 legislation. | aw | 1 | j |] |
| 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 | |
| | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | 1 | |
| SC | | | 1 | 1 |
| 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) | | | 1 | |
| of each state as required by General Instruction G? If "No," attach explanation | | 86 | x | } |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend | dar | 00 | ** | |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | 1 | x_ |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | + | X |
| 1 163, attach a Schedule institute in an addresses | | Form 99 | O-PF | |
| | | 1 0000 | - | (2010) |

4a

X

b 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?

| . THE WPW FOUNDATION | | | | | |
|---------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------------------------------------------------------------------|-----------|------------------------|
| Form 990-PF (2016) C/O: ARTHUR STATE BANK | | | 58-63384 | 188 | Page 6 |
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be | Required (contin | nued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | • • | es X No | | į |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indir | | | 1 | { |
| any voter registration drive? | | · · · · —— | es X No | } | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | L_JY | es X No | l | 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | | - [| |
| 4945(d)(4)(A)? (see instructions) | | ** * | es X No | } | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | | | [| 1 | ĺ |
| the prevention of cruelty to children or animals? | | | es X No | - | - 1 |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | | - | 77 / 7 | | l |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | | 5b | |
| Organizations relying on a current notice regarding disaster assistance check t | | | | l | } |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | | 1 1 4 | [| - [|
| expenditure responsibility for the grant? | | √.'₩ | es L No | ł | |
| If "Yes," attach the statement required by Regulations section 53.494 | | | | 1 | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | 1 1 | | | |
| a personal benefit contract? | | LJ Y | es LX No | a. | 7, |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | · · } | 6b | X |
| If "Yes" to 6b, file Form 8870. | -h-/h h 0 | يرا ا | | [| - { |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | sneiter transaction? | Y | es LAL NO | 7. | |
| Part VIII Information About Officers, Directors, Trust | | | | 7b | |
| Paid Employees, and Contractors | ees, roundation wa | magers, ruging | У | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) | Expense ount, other |
| (a) Name and address | hòurs per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | acco | ount, other owances |
| ARTHUR STATE BANK | CO-TRUSTEE | Cinci o j | Compensation | <u> </u> | <u> </u> |
| 205 JACOBS HIGHWAY | COIROBILL | | | 1 | |
| CLINTON, SC 29325 | 10.00 | 11,341. | 0. | | 0. |
| ESTELLE J WOOD | CO-TRUSTEE | | | | |
| PO BOX 5031 | 1 | | | 1 | |
| ANDERSON, SC 29623 | 2.00 | 4,923. | 0. | } | 0. |
| PARNELL WOOD BUHLMAN | CO-TRUSTEE | | | i —— | |
| 41 MURRAY HILL CIRCLE | | | } | i | |
| BALTIMORE, MD 21212-1026 | 2.00 | 4,923. | 0. | | 0. |
| | | | | | |
| | 1 | } | ł |) | |
| |] | | | l | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) | Expense unt, other |
| ta) hame and address of each employee paid more than 450,000 | devoted to position | (C) Compensation | and deferred compensation | allo | owances |
| NONE | } | | | | |
| | <u> </u> | | | | |
| |] | | | | |
| | ļ | | | | |
| - | 1 | | | | |
| | <u></u> | | <u> </u> | | |
| | 1 | } | | | |
| | | | | | |
| | 1 | | | | |
| | | L | <u> </u> | <u> </u> | |
| Total number of other employees paid over \$50,000 . | | | > ! | | 0 |

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|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | Į | |
| | | |
| | 1 | |
| | | |
| | -{ | |
| | | |
| | 1 |) |
| | | |
| | 1 | } |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | . <u> </u> |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic | al information such as the | <u> </u> |
| number of organizations and other beneficiaries served, conferences convened, research papers produc | ced, etc. | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lin | es 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | 1 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | <u>, </u> | 0. |
| | | Form 990-PF (2016) |

THE WPW FOUNDATION C/O: ARTHUR STATE BANK

| Part X Minimum Investm | nent Return (All domestic foundations must complete | this part. Foreign foundat | tions, see instructions.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|
| 1 Fair market value of assets not used (| (or held for use) directly in carrying out charitable, etc., purposes | s. | 1 |
| a Average monthly fair market value of | | 1a | 3,355,893. |
| t the same factor and | | 115 | |
| c Fair market value of all other assets | | 10 | |
| d Total (add lines 1a, b, and c) | | 10 | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| e Reduction claimed for blockage or ot | ther factors reported on lines 1a and | | |
| | 1e | 0. | , |
| The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | | 3 | |
| | vities. Enter 1 1/2% of line 3 (for greater amount, see instructions | · · · · · · | |
| | ets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | |
| 6 Minimum investment return. Enter 5 | | . 6 | 173,796. |
| | ount (see instructions) (Section 4942(j)(3) and (j)(5) private | operating foundations and ce | |
| | k here - and do not complete this part.) | · | |
| 1 Minimum investment return from Par | rt X, line 6 | 1 | 173,796. |
| 2a Tax on investment income for 2016 fi | from Part VI, line 5 2a 2a | 1,796. | |
| b Income tax for 2016. (This does not in | | | 1 |
| c Add lines 2a and 2b | | 20 | |
| 3 Distributable amount before adjustme | ents. Subtract line 2c from line 1 | | 172,000. |
| 4 Recoveries of amounts treated as qua | alifying distributions | 4 | 0. |
| 5 Add lines 3 and 4 | | | 172,000. |
| 6 Deduction from distributable amount | (see instructions) | 6 | 0. |
| 7 Distributable amount as adjusted. St | ubtract line 6 from line 5. Enter here and on Part XIII, line 1 | . 7 | 172,000. |
| Part XII Qualifying Distribu | utions (see instructions) | | |
| | | | |
| | ive expenses) to accomplish charitable, etc., purposes: | | } |
| a Expenses, contributions, gifts, etc t | | <u>1a</u> | 175,000. |
| b Program-related investments - total fr | | <u>1b</u> | 0. |
| | (or held for use) directly in carrying out charitable, etc., purpose | es <u>2</u> | |
| 3 Amounts set aside for specific charita | • • | | |
| a Suitability test (prior IRS approval req | | | |
| b Cash distribution test (attach the requ | uired schedule) | . <u>3b</u> | |
| | a through 3b. Enter here and on Part V, line 8, and Part XIII, line | 4 . 4 | 175,000. |
| | n 4940(e) for the reduced rate of tax on net investment | 1 | |
| income. Enter 1% of Part I, line 27b | | | 0. |
| 6 Adjusted qualifying distributions. Su | | | 175,000. |
| Note: The amount on line 6 will be us 4940(e) reduction of tax in tho | sed in Part V, column (b), in subsequent years when calculating se years. | whether the foundation qualifi | es for the section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2016 from Part XI, | | , | | 172,000. |
| line 7 | | | | 1/2,000. |
| 2 Undistributed income, if any, as of the end of 2016. | | | 0 | |
| a Enter amount for 2015 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | <u> </u> | |
| 3 Excess distributions carryover, if any, to 2016: | 1 | | | i |
| a From 2011 | | | | |
| b From 2012 | { | | | |
| c From 2013 | { | | | |
| d From 2014 41,884. | | | | |
| e From 2015 1-0,913. | | | | |
| f Total of lines 3a through e | 57,895 | | | |
| 4 Qualifying distributions for 2016 from | | | | |
| Part XII, line 4: ▶ \$ 175,000. | | | | |
| a Applied to 2015, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | <u>_</u> | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | - | | | 172,000. |
| | 3,000. | | | 172,000. |
| e Remaining amount distributed out of corpus | | | | 0. |
| 5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | <u> </u> |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 60,895. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | _ | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | 1 | ļ | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | 1 | | 16 |
| be distributed in 2017 | | | | 0. |
| 7 Amounts treated as distributions out of | į | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2011 | | | | |
| not applied on line 5 or line 7 | 5,098. | | | |
| 9 Excess distributions carryover to 2017. | | | | |
| Subtract lines 7 and 8 from line 6a | 55,797. | İ | | h |
| O Analysis of line 9: | | | | |
| a Excess from 2012 | | | | |
| b Excess from 2013 | | | İ | In |
| | ł | | | H |
| c Excess from 2014 41,884. | | | | |
| d Excess from 2015 10,913. | | | | |
| e Excess from 2016 3,000. | | | | |

c Any submission deadlines:

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

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

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C/O: ARTHUR STATE BANK

| Name and address (home or business) a Paid during the year ANDERSON COUNTY HUMANE SOCIETY PO BOX 2262 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 ANDERSON, SC 29626 CALVARY HOME FOR CHILDREN NONE EXEMPT DONATION 110 CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 ACATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALTIMORE BALTIMORE, MD 21201-4421 27 | Part XV Supplementary Information | (continued) | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------|-----------|----------------------------------|----------|
| Show any relationship to any tourisess or substantial contributor substantial contributor a Purpose of grand or contribution a Paid during the year ANDERSON COUNTY HUNANE SOCIETY NONE EXEMPT DONATION ANDERSON COUNTY HUNANE SOCIETY NONE EXEMPT DONATION FO BOX 2262 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29622 ANDERSON SC 29621 ANDERSON SC 29626 ANDERSON SC 29626 ANDERSON SC 29626 ANDERSON SC 29626 CALVARY HOME FOR CHILDREN NONE EXEMPT DONATION 110 CALVARY HOME CIRCLE ANDERSON SC 29621 CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE EXEMPT DONATION APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A APPROVED THE CONTRIBUTION SHEET (S) A | | | Payment | | |
| a Paid during the year ANDERSON COUNTY HUMANE SOCIETY PO BOX 2262 ANDERSON, SC 29622 ANDERSON, SC 29622 ANDERSON MOOSE FAMILY CENTER ANDERSON, SC 29622 ANDERSON MOOSE FAMILY CENTER 3871 HIGHWAY 24 ANDERSON, SC 29626 CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALTIMORE 320 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALTIMORE 320 CATHOLIC CHARITIES OF THE ARCHDIOCESE 320 CATHOLIC CHARITIES OF THE ARCHDIOCESE 321 CATHOLIC CHARITIES OF THE ARCHDIOCESE 322 CATHOLIC CHARITIES OF THE ARCHDIOCESE 3334 TO SEE CONTINUATION SHEET(S) b Approved for future payment | | show any relationship to | status of | Purpose of grant or contribution | Amount |
| ANDERSON COUNTY HUMANE SOCIETY PO BOX 2262 ANDERSON SC 29622 ANDERSON FREE CLINIC PO BOX 728 ANDERSON SC 29622 ANDERSON MOOSE FAMILY CENTER ANDERSON MOOSE FAMILY CENTER ANDERSON MOOSE FAMILY CENTER ANDERSON SC 29626 ANDERSON MOOSE FAMILY CENTER NONE EXEMPT DONATION 3671 HIGHWAY 24 ANDERSON SC 29626 CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIRCLE ANDERSON SC 29621 4 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR BALTIMORE 321 CATHEDRAL STREET, THIRD FLOOR BALTIMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) 3 175 | | or substantial contributor | recipient | | |
| ANDERSON, SC 29622 ANDERSON FREE CLINIC PO BOX 728 ANDERSON, SC 29622 ANDERSON MOOSE FAMILY CENTER NONE 3871 HIGHWAY 24 ANDERSON, SC 29626 CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALITMORE 320 CATHEDRAL STREET, THIRD FLOOR BALITMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) 32 33 175 | | NONE | EXEMPT | DONATION | |
| ANDERSON FREE CLINIC PO BOX 728 ANDERSON SC 29622 ANDERSON MOOSE FAMILY CENTER 3871 HIGHWAY 24 ANDERSON, SC 29626 CALVARY HOME FOR CHILDREN 110 CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 CATHOLIC CHARITIES OF THE ARCHDIOCESE OF BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR BALTIMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) 32 175 | | | | | |
| ANDERSON, SC 29622 ANDERSON MOOSE FAMILY CENTER NONE ANDERSON MOOSE FAMILY CENTER NONE BATT HIGHWAY 24 ANDERSON, SC 29626 CALVARY HOME FOR CHILDREN NONE EXEMPT DONATION 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 4 CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR BALTIMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) Approved for future payment | ANDERSON, SC 29622 | | <u> </u> | | 5,000. |
| 3871 HIGHWAY 24 ANDERSON, SC 29626 CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE OF BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR BALTIMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) b Approved for future payment | PO BOX 728 | NONE | EXEMPŤ | DONATION | 500. |
| 110 CALVARY HOME CIRCLE ANDERSON, SC 29621 CATHOLIC CHARITIES OF THE ARCHDIOCESE NONE OF BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR BALTIMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) b Approved for future payment | 3871 HIGHWAY 24 | NONE | EXEMPT | DONATION | 30,000. |
| OF BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR BALTIMORE, MD 21201-4421 Total SEE CONTINUATION SHEET(S) b Approved for future payment | 110 CALVARY HOME CIRCLE | NONE | EXEMPT | DONATION | 4,000. |
| b Approved for future payment | OF BALTIMORE 320 CATHEDRAL STREET, THIRD FLOOR | NONE | EXEMPT | DONATION | 27,000, |
| | | TINUATION SHEE | T(S) | . ▶ 3a | 175 000. |
| | | | | | |
| | | | | | |
| | | | | | , |
| Total | Total | | | > 3b | 0. |

THE WPW FOUNDATION C/O: ARTHUR STATE BANK

Form 990-PF (2016)

Part XVI-A Analysis of Income-Producing Activities

| | Unrelated | d business income | Evely | ded by section 512, 513, or 514 | |
|-----------------------------------------------------------------------------------------------------------|-----------------|-------------------------|-----------------------|---------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | code | Alliount | code | Aniount | Tunction mounts |
| a | | | ļ | | |
| b | | | ļ <u>.</u> | | |
| C | | | ļ | | · · · · · · · · · · · · · · · · · · · |
| d | <u> </u> | | <u> </u> | | |
| e | | | | | |
| f | <u> </u> | | | | |
| g Fees and contracts from government agencies | - | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | 1 | | ١ | | |
| investments | | | 14 | | |
| 4 Dividends and interest from securities | <u> </u> | | 14 | 86,361. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | <u> </u> | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | ļ | | | | |
| property | | | | | |
| 7 Other investment income | | | 14 | <120. | <u> </u> |
| 8 Gain or (loss) from sales of assets other | ! ! | | | | |
| than inventory | | | 18 | 49,131. | |
| 9 Net income or (loss) from special events | LL | | L | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | l l | | | | |
| a | <u> </u> | | L | | |
| b | | | <u> </u> | ' | |
| c | | | | · | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 135,372. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | , 13 | 135,372. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | the Acco | mplishment of Ex | emp | t Purposes | |
| Line No. Explain below how each activity for which income the foundation's exempt purposes (other than be | | | contrib | uted importantly to the accom | plishment of |
| the realisation a exempt purposes (earlier thair s | y providing fun | ido foi oden parposeoj. | | | |
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Form **990-PF** (2016)

| Part XV | Information Re Exempt Organ | | sfers To | and Transactior | ns and | l Relations | hips With No | ncharitab | le | |
|-------------------|----------------------------------------------------------------------------------------------------|------------------------|------------------|-------------------------------------------------------------|----------------------------|--------------------------------------|---------------------------|---------------------------------------|------------------------|---------------------|
| 1 Did the | e organization directly or indir | | of the follows | ng with any other organ | h noiteri | escribed in sect | ion 501(c) of | | Yes | No |
| | de (other than section 501(c) | | | - | | | 1011 30 1(0) 01 | | 1.50 | ••• |
| | ers from the reporting founda | | | | n garnzar | ons: | | į | 1 | |
| | noh | ation to a nonchanta | יטוב פאפוווףו טו | ganization of. | | | | 1a(1 | | x |
| (1) C | • • • • • • • | | | | | | | | | $\frac{\Lambda}{X}$ |
| | ther assets | | | | ••• | | • • • • | . <u> 1a(2</u> | 4 | ↑ |
| | transactions: | hts | 4 | | | | | 15/1 | | |
| | ales of assets to a noncharital | | | | | | | 1b(1 | | X |
| | urchases of assets from a noi | | organization | | • | | | 1b(2 | | X |
| | ental of facilities, equipment, | | | | | | | 1b(3 | $\neg -$ | X |
| | eimbursement arrangements | | | | | | | 1b(4 | $\overline{}$ | X |
| | oans or loan guarantees 🚬 . | | | | | | | 1b(5 | $\overline{}$ | X |
| | erformance of services or me | | - | | | | | . 1b(6 | | X |
| | g of facilities, equipment, ma | | | | | | | 1 <u>c</u> | | X |
| or sen | answer to any of the above is vices given by the reporting fon (d) the value of the goods, i | oundation. If the four | ndation receiv | ed less than fair marke | | | | | | |
| (a) Line no | (b) Amount involved | (c) Name of | noncharitabl | e exempt organization | | (d) Description | of transfers, transaction | ons, and sharing | arrangem | ents |
| | | | N/A | | | | | | | |
| | | | | | | | | | | |
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| | | _ _ | | | | | | | | |
| ın sect | foundation directly or indirect ion 501(c) of the Code (other complete the following sche | than section 501(c) | | - | _ | | | . L_l Yes | | SJ No |
| | (a) Name of org | anization | | (b) Type of organizat | іоп | | (c) Description of re | elationship | | |
| | N/A | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Here | der penalties of perjury, I deslare d belief, it is true, correct, and bor | thingSt | ovall | ng accompanying scheduler an taxpayer) is based on all i | s and state information | ements, and to the of which preparer | L = 11 | May the IRS return with t shown below | he prepa w (see in: | rer |
| | Signature of officer or trustee | US OFFICER | 4 | Date | | Title | N | <u> </u> | | |
| | Print/Type preparer's fla | WE LKEOMEN! | Preparer's s | signature | Da | te | Check if | PTIN | | |
| . | | | // | × | | _ | self- employed | | | |
| Paid | J. JAY PEA | | 1/1 | / 7 | 7 | 11-17 | | P01370 | <u>)3</u> 89 |) |
| Prepare Use On | | IMBROWN P | W/T | | · — — - | | Firm's EIN ► 5 | | | |
| | Firm's address ▶ P . | O. BOX 29 | 9 | | | | † | | | |
| | | INTON, SC | | 5-0299 | | | Phone po 86 | 4-833-7 | 1450 |) |

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 08/20/15|04/26/16 1a ISHARES GLOBAL FINANCIALS ETF P b POWERSHARES PREFERRED PORT P 05/18/16|08/22/16 P 10/19/16 c ADVANSIX INC 07/26/1304/26/16 P d GECC 4.875-A 06/09/0810/20/16 P e GEN ELEC CAP CRP f INTL BUSINESS MACHINES CORP P 04/26/16 g ISHARES GLOBAL FINANCIALS ETF P 04/26/16 P h ISHARES MSCI ACWI ETF 09/12/08|01/05/16 i SPDR S&P EMERGING MIDDLE EAST P 01/05/16 р 04/26/1004/26/16 JUTILITIES SEL SECT SPDR FUND k m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale <2,550.> 32,063. 29,513. 75,300. 76,473. 1.173. 622. 194. 428. C 52,233 45,961. 6. 272. đ 49,721. 279. 50,000. 47.903. 15.752. 32.151. 6,597. 104,485. 97,888. g h 50,053. 40,602. 9,451. 17,351 16,434. 917. 30,345. 19,533. 10,812. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (1), if any <2,550.> а 1,173. b 428. C 6,272. d 279. 15,752. 6,597. 9,451. 917. 10,812. k m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) . 49,131. 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

C/O: ARTHUR STATE BANK 58-6338488

| Part XV Supplementary Information | | | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------|---------------------------------------|-------------|
| 3 Grants and Contributions Paid During the Y | | <u> </u> | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| CHILDRENS SCHOLARSHIP FUND 1000 ST PAUL ST BALTIMORE, MD 21202 | NONE | EXEMPT | DONATION | 10,000. |
| CHURCH OF THE IMMACULATE CONCEPTION 200 WARE AVE TOWSON, MD 21204 | NONE | EXEMPT | DONATION | 7,500. |
| EMERSON ROSE HEART FOUNDATION PO BOX 935 CLEMSON, SC 29633 | NONE | EXEMPT | DONATION | 10,000. |
| ENOCH PRATT FREE LIBRARY 400 CATHEDRAL ST BALTIMORE, MD 21201 | NONE | EXEMPT | DONATION | 2,500. |
| EVERAS COMMUNITY SERVICES 24K WORLD'S FAIR DRIVE SOMERSET NJ 08873 | NONE | EXEMPT | DONATION | 10,000. |
| GBMC FOUNDATION 6701 NORTH CHARLES ST BALTIMORE, MD 21204 | NONE | EXEMPT | DONATION | 5,000. |
| GILCHRIST HOSPICE 11311 MCCORMICK RD, SUITE 350 HUNT VALLEY, MD 21031 | NONE | EXEMPT | PONATION | 5,000. |
| GOOD NEIGHBOR CUPBOARD 313 S TOWERS STREET ANDERSON, SC 29621 | NONE | EXEMPT | NOITANOQ | 4,000. |
| HABITAT FOR HUMANITY 210 SOUTH MURRAY AVENUE ANDERSON, SC 29624 | NONE | EXEMPT | DONATION | 4,000. |
| IMMACULATE CONCEPTION SCHOOL 112 WARE AVENUE TOWSON, MD 21204 | NONE | EXEMPT | DONATION | 5,000. |
| Total from continuation sheets | | · - · | · · · · · · · · · · · · · · · · · · · | 108 500 |

C/O: ARTHUR STATE BANK

58-6338488

| Part XV Supplementary Information | | | | |
|---------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------|--------------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome or business) | or substantial contributor | recipient | | |
| | | | | |
| MARYVALE PREPARATORY SCHOOL | NONE | EXEMPT | DONATION | |
| 11300 FALLS ROAD LUTHERVILLE MD 21093 | | | | 10,000. |
| HOTHER PROPERTY AND LIVE | | | | |
| MOSS CREEK MARINES INC | NONE | EXEMPT | DONATION | |
| 91 SAW TIMBER DRIVE | | | | |
| HILTON HEAD, SC 29926 | | | | 3,000. |
| | | | | |
| MOVEABLE FEAST | NONE | EXEMPT | DONATION | |
| 901 N MILTON AVENUE | | | | 2.000. |
| BALTIMORE, MD 21205 | | | | 2,000. |
| DD JOON DVINGDY JON THE | NONÉ | TANK DIM | DOMA WITON | |
| PRISON EVANGELISM INC 510 BERING DR, SUITE 300 | NONE | EXEMPT | DONATION | |
| HOUSTON, TX 77057 | | | | 3,000. |
| | | - | | |
| SALVATION ARMY OF ANDERSON | NONE | EXEMPT | DONATION | |
| PO BOX 43 | | | | |
| ANDERSON, SC 29622-0043 | | | + | 3,000. |
| | | | | |
| THE ARC MONMOUTH, INC 1158 WAYSIDE ROAD | NONE | EXEMPT | DONATION | |
| TINTON FALLS, NJ 07712 | | 1 | | 3,500. |
| | | | | |
| THE CHRISTOPHER K BUSBY FOUNDATION | NONE | EXEMPT | DONATION | |
| 4122 CLEMSON BLVD, STE G | | | | |
| ANDERSON, SC 29621 | | | | 15,000. |
| | | | | |
| UNIVERSITY LUTHERAN CHURCH | NONE | EXEMPT | DONATION | |
| BOX 1337 CLEMSON SC 29633 | | 1 | | 3,000. |
| | | | | 3,000. |
| UNIVERSITY OF THE CUMBERLANDS | NONE | EXEMPT | DONATION | |
| 6180 COLLEGE STATION DR | | CABRE I | PORTION | |
| WILLIAMSBURG KY 40769 | | | <u> </u> | 3,000. |
| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |
| | | | | |

| FORM 990-PF | DIVIDENDS | AND INTER | EST | FROM SECU | RITIES S | TATEMENT |
|--------------------------------------------------------------------|--------------------|------------------------------|-------------|-------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | |
| COMMON STOCK/MUTUTAL FUND DIVIDEND INCOME INTEREST INCOME | 73,138. 13,223. | | 0. | 73,138 13,223 | | |
| TO PART I, LINE 4 | 86,361. | | 0. | 86,361 | 86,361. | |
| | | · | == : | 1- | | |
| FORM 990-PF | | OTHER I | NCO. | ME | S | TATEMENT |
| DESCRIPTION | | | RE | | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| OTHER INCOME | | | | <120.> | <120.> | |
| TOTAL TO FORM 990-PF | , PART I, | LINE 11 | | <120.> | <120.> | |
| FORM 990-PF | | ACCOUNTI | NG : | FEES | S | TATEMENT |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) T INVEST- NT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABL PURPOSES |
| TAX RETURN PREP FEE | | 1,700. | | 1,700. | | 0 |
| TO FORM 990-PF, PG 1 | , LN 16B | 1,700. | · | 1,700. | | 0 |

| FORM 990-PF | OTHER PROFES | SIONAL FEES | | STATEMENT 4 | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST MENT INCOM | | | | |
| INVESTMENT ADMIN FEES | 22,692. | 22,69 | 2. | 0. | | |
| TO FORM 990-PF, PG 1, LN 16C | 22,692. | 22,69 | 2. | 0. | | |
| FORM 990-PF | XAT | ES | | STATEMENT 5 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST MENT INCOM | | | | |
| EXCISE TAX FOREIGN TAX | 1,099. 653. | | 0. | 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 1,752. | | 0. | 0. | | |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 6 | | |
| DESCRIPTION | | 1 | BOOK VALUE | FAIR MARKET VALUE | | |
| 1000 SH PEPSICO 1080 SH. PHILIP MORRIS INTL 1108 SH EI DUPONT DE NEMOURS 1400 SH. TEXAS INSTRS 1500 SH. MERCK & CO INC 2000 SH GENERAL ELECTRIC CORD 322 SH. IBM 600 SH. BECTON DICKINSON 636 SH CONOCOPHILLIPS 800 SH. SCHLUMBERGER LTD 924 SH. ALTRIA GROUP 950 SH. HONEYWELL INTERNATION 1800 SH. BB&T CORPORATION STO 1000 SH. JP MORGAN CHASE STOCK | NAL P | | 96,585. 40,325. 42,091. 27,553. 52,080. 0. 0. 38,850. 24,794. 41,007. 15,140. 36,619. 64,561. 63,688. 46,422. | 104,630. 98,809. 81,327. 102,158. 88,305. 0. 0. 99,330. 31,889. 67,160. 62,481. 110,058. 84,636. 86,290. 55,926. | | |

| FORM 990-PF CORPO | ORATE BONDS | | STATEMENT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| 1000 EQUITY COMMONWEALTH RIET 5.75% (25000 BANK OF AMERICA 6.00% 9-1-17 25000 CISCO SYSTEMS INC 4.95% 2/15/19 25000 DIAGEO CAPITAL PLC 4.85% 5/15/25000 GOLDMAN SACHS 6.15% 4-1-18 25000 NATL RURAL UTILS COOP 5.45 4/10 25000 WALMART ST INC 4.125% 2/1/19 50000 GE CAP 5.375% 10-20-16 | 24,596. 23,748. 24,966. 24,703. 22,197. 24,895. 24,606. | 239 25,725 26,725 26,059 26,298 25,283 26,260 | |
| TOTAL TO FORM 990-PF, PART II, LINE | 169,711. | 156,589 | |
| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| 1276 UTILITIES SETOPR TR 1500 SH ISHARES FTSE EPRA REAL | COST | 20,288. | 30,988 |
| ESTATE FD 17887 SH ISHARES MSCI ACWI | COST | 33,742. 632,274. | |
| 1800 SH ISHARES S&P GLOBAL CONS STAPLES 1900 SH ISHARES S&P GLOBAL | COST | 93,204. | 165,744 |
| HEALTHCARE 1900 SH ISHARES S&P GLOBAL IT SECT | COST | 90,242. 86,158. | 180,158 208,772 |
| 2250 SH ISHARES S&P EUR 350 250 ISHARES S&P 500 INDEX 2500 SH ISHARES S&P GLOBAL INFRASTR 2588 SH ISHARES S&P GLOBAL FIN SRVC | COST COST COST COST | 83,604. 27,263. 81,997. | 87,323 56,248 97,600 |
| SECT 357 SH SPDR INDEX EMRG MD EAST & AFRICA | COST | 0. | 0 |
| 5500 SH POWERSHARES GLOBAL WATER PORT 6200 SH ALERIAN MLP ETF | COST | 83,421. 82,038. | |
| 700 SH. ISHARES TRUST S&P SMALLCAP 600 INDEX FUND | COST | 75,311. | 96,264 |
| TOTAL TO FORM 990-PF, PART II, LINE | 13 | 1,389,542. | 2,159,448 |

THE WPW FOUNDATION C/O: ARTHUR STATE BAN

58-6338488

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WPW FOUNDATION ARTHUR STATE BANK, PO BOX 481 CLINTON, SC 293250481

TELEPHONE NUMBER

866-266-5140

FORM AND CONTENT OF APPLICATIONS

BY LETTER OF REQUEST WITH DETAILS FOR USE OF FUNDS, GEOGRAPHIC AREA TO BE SERVED, AND PURPOSE OF GRANT. NO FORMAL APPLICATION IS REQUIRED.

ANY SUBMISSION DEADLINES

DEADLINE FOR LETTER OF REQUEST IS SEPTEMBER 15TH OF EACH YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE