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.

|  | nal Revenue Service   ► Information about Formation about For | n 990-PF and its separate i        | , and ending        | JUN 30, 201  | Open to Public Inspection                    |
|--|---|------------------------------------|---------------------|--|--|
|  | me of foundation  | ·····                              |                     | A Employer identificatio                           | n number                                     |
|  | HE MARK ELLIOTT MOTLEY FO   | UNDATION, INC                      | <b>C.</b>           |  |  |
|  | O WILLIAM E. CRAVER, III  |                                    |                     | 27-0013752   | 2  |
|  | nber and street (or PO box number if mail is not delivered to street :  | address)                           | Room/suite          | B Telephone number                                 |  |
|  | O BOX 1014  v or town, state or province, country, and ZIP or foreign po  | notal anda                         |                     | 843-577-75   |  |
|  | HARLESTON, SC 29402   | ostal code                         |                     | C If exemption application is                      | pending, check here                          |
|  | Check all that apply: Initial return  | Initial return of a fo             | rmer public charity | D 1. Foreign organization                          | ns, check here                               |
|  | Final return  | Amended return                     |                     |  |  |
|  | Address change  | Name change                        |                     | Foreign organizations m<br>check here and attach c | computation                                  |
| H (  | Check type of organization: X Section 501(c)(3) exi   |                                    |                     | E If private foundation sta                        |  |
|  |   | Other taxable private founda       |                     | under section 507(b)(1                             | • • • •                                      |
|  | ur market value of all assets at end of year   J Accountur com Part II, col. (c), line 16)  | ng method: X Cash<br>her (specify) | Accrual             | F If the foundation is in a                        |  |
|  | \$ 3,202,079. (Part I, colur  | mn (d) must be on cash b           | pasis.)             | under section 507(b)(1                             | i)(B), check here                            |
|  | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not   | (a) Revenue and                    | (b) Net investment  | (c) Adjusted net                                   | (d) Disbursements                            |
|  | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )  | expenses per books                 | income              | income   | for charitable purposes<br>(cash basis only) |
|  | 1 Contributions, gifts, grants, etc., received  | 6,500.                             |                     | N/A  |  |
|  | 2 Check In the foundation is not required to attach Sch B   |                                    |                     |  |  |
|  | 3 Interest on savings and temporary cash investments  | 11.                                | 11,                 |  | STATEMENT 1                                  |
|  | 4 Dividends and interest from securities  | 79,885.                            | 79,885.             | <u>-</u>   | STATEMENT 2                                  |
|  | 5a Gross rents b Net rental income or (loss)  |                                    |                     |  |  |
|  | 62 Net gain or (loss) from sale of assets not on line 10  | 51,355.                            |                     |  |  |
| ne   | b Gross sales price for all 254,509.  | 3273331                            | <del></del>         | · · · · · · · · · · · · · · · · · · ·              | <del> </del>                                 |
| i∤<br>Revenue                                | 7 Capital gain net income (from Part IV, line 2)  |                                    | 51,355.             |  |  |
| tuz<br>Re                                    | 8 Net short-term capital gain   |                                    |                     |  |  |
| -7<br>-7                                     | 9 Income modifications Gross sales less returns   | ·                                  | <u> </u>            |  |  |
| ₹<br><b>⊝</b>                                | 10a and allowances  |                                    |                     |  |  |
|  | D Less Cost of goods sold   |                                    |                     |  | <del> </del>                                 |
| ö  | c Gross profit or (loss)  11 Other income   |                                    |                     | <del>-</del>                                       |  |
| $\supset$                                    | 12 Total. Add lines 1 through 11  | 137,751.                           | 131,251.            |  |  |
| SCANNED OCI                                  | 13 Compensation of officers, directors, trustees, etc   | 0.                                 | 0.                  | DECENTE  | 0.   |
|  | 14 Other employee salaries and wages  |                                    |                     | INDUITE OF TAKE                                    | 7 00   |
| Ŭ.,  | 15 Pension plans, employee benefits   |                                    |                     | 8 OCT 9 2 201                                      |  |
| ଅଟି କ୍ଷ                                      | 16a Legal fees  |                                    |                     | <u> </u>   | 1 2 1  |
| ্ৰি<br>Operating and Administrative Expenses | b Accounting fees STMT 3  | 2,829.                             | 0.                  | OGDEN, U   | 0.   |
| ē<br>Ē                                       | c Other professional fees 17 Interest   |                                    |                     |  |  |
| ativ   | 18 Taxes  |                                    |                     |  |  |
| nistr  | 19 Depreciation and depletion   |                                    |                     |  |  |
| Ē  | 20 Occupancy  |                                    |                     |  |  |
| Α  | 21 Travel, conferences, and meetings  | <u>-</u>                           |                     |  |  |
| ä  | 22 Printing and publications  |                                    |                     | <del> </del>                                       |  |
| ling   | 23 Other expenses STMT 4  | 25,545.                            | 24,945.             |  | 0.   |
| erat   | 24 Total operating and administrative expenses. Add lines 13 through 23   | 28,374.                            | 24,945.             |  |  |
| o  | 25 Contributions, gifts, grants paid  | 155,000.                           | 24,343.             |  | 155,000.                                     |
|  | 26 Total expenses and disbursements.  |                                    |                     | <del>                                     </del>   | 133,000.                                     |
|  | Add lines 24 and 25   | 183,374.                           | 24,945.             |  | 155,000.                                     |
|  | 27 Subtract line 26 from line 12;   |                                    |                     |  |  |
|  | a Excess of revenue over expenses and disbursements   | <45,623.                           |                     | х  | <b></b>                                      |
|  | b Net investment income (if negative, enter -0-)  |                                    | 106,306.            | <del> </del>                                       |  |
|  | c Adjusted net income (if negative, enter -0-)  |                                    | *                   | N/A  | 1  |

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

| Form 9                  | 90-PF (2016) C/O WILLIAM E. CRAVER,  | III                 | 27-0           | 1013752 Page 2                        |
|-------------------------|--|---------------------|----------------|---------------------------------------|
| Dart                    | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year   | End of         |                                       |
| Part                    | column should be for end-of-year amounts only  | (a) Book Value      | (b) Book Value | (c) Fair Market Value                 |
| $\top$ 1                | Cash - non-interest-bearing  |                     |                |                                       |
| 2                       | Savings and temporary cash investments   | 43,704.             | 55,033.        | 55,033.                               |
| 3                       | Accounts receivable ►  |                     | No. and        |                                       |
|                         | Less: allowance for doubtful accounts  |                     |                |                                       |
| 4                       | Pledges receivable ►   |                     |                | ,,                                    |
|                         | Less: allowance for doubtful accounts ▶  | <u> </u>            |                |                                       |
| 5                       | Grants receivable  |                     |                |                                       |
| 6                       | Receivables due from officers, directors, trustees, and other  |                     |                |                                       |
|                         | disqualified persons   | 1                   |                |                                       |
| 7                       | Other notes and loans receivable   |                     |                |                                       |
| '                       | Less: allowance for doubtful accounts  | 1                   |                |                                       |
| ω 8                     | Inventories for sale or use  |                     |                |                                       |
| <b>7</b>                | Prepaid expenses and deferred charges  |                     |                |                                       |
| ¥ 10                    | a Investments - U.S. and state government obligations  |                     |                |                                       |
|                         | b Investments - corporate stock STMT 5   | 435,826.            | 435,826.       | 1,071,439.                            |
|                         | c Investments - corporate bonds  |                     |                |                                       |
|                         | Investments - land, buildings, and equipment basis   |                     | -              |                                       |
| ''                      | Less accumulated depreciation  | - 1                 | *              |                                       |
| 1,0                     | Investments - mortgage loans   |                     |                |                                       |
| 1                       | CITIZET C  | 2,018,494.          | 1,961,692.     | 2,075,607.                            |
| 13                      | Land, buildings, and equipment: basis  | 2,010,454.          | 1,001,002.     | 2707370071                            |
| 14                      | Less accumulated depreciation  | -                   |                |                                       |
| 145                     | <del></del>  |                     |                |                                       |
|                         | Other assets (describe   |                     |                | · · · · · · · · · · · · · · · · · · · |
| 16                      | Total assets (to be completed by all filers - see the  | 2,498,024.          | 2,452,551.     | 3,202,079.                            |
|                         | instructions. Also, see page 1, item 1)  | 2,498,024.          | 4,454,551.     | 3,202,013.                            |
| - 1                     | Accounts payable and accrued expenses  |                     |                | •                                     |
| 18                      |  |                     |                | *                                     |
| <u>s</u> 19             |  |                     | -              |                                       |
| ₹ 20                    | ·  |                     |                |                                       |
| Liabilities 51          |  |                     | 150            |                                       |
| ے <sub> 22</sub>        | Other liabilities (describe  STATEMENT 7)  | 0.                  | 150.           | *                                     |
|                         |  |                     | 450            |                                       |
| 23                      | Total liabilities (add lines 17 through 22)  | 0.                  | 150.           |                                       |
|                         | Foundations that follow SFAS 117, check here   |                     |                |                                       |
| ,a                      | and complete lines 24 through 26 and lines 30 and 31.  |                     |                | •                                     |
| ğ  24                   | Unrestricted   |                     |                |                                       |
| [ 25                    | Temporarily restricted   |                     |                |                                       |
| <u>m</u> 26             |  |                     |                |                                       |
| Assets or Fund Balances | Foundations that do not follow SFAS 117, check here  |                     |                | •                                     |
| 띤                       | and complete lines 27 through 31.  |                     | _              | \$                                    |
| o 27                    | Capital stock, trust principal, or current funds   | 0.                  | 0.             |                                       |
| ₩ 28                    | Paid-in or capital surplus, or land, bldg., and equipment fund   | 0.                  | 0.             |                                       |
| ¥ 29                    | Retained earnings, accumulated income, endowment, or other funds   | 2,498,024.          | 2,452,401.     |                                       |
| \$ 30                   | Total net assets or fund balances  | 2,498,024.          | 2,452,401.     |                                       |
|                         |  |                     |                |                                       |
| 31                      | Total liabilities and net assets/fund balances   | 2,498,024.          | 2,452,551.     | *                                     |
|                         | t III Analysis of Changes in Net Assets or Fund E  |                     |                |                                       |
|                         |  | - 20                |                |                                       |
|                         | al net assets or fund balances at beginning of year - Part II, column (a), line                                | t 3U                |                | 2 400 024                             |
|                         | ust agree with end-of-year figure reported on prior year's return)   |                     | 1              | 2,498,024.                            |
|                         | er amount from Part I, line 27a  |                     | 2              | <u>&lt;45,623.</u> >                  |
|                         | ner increases not included in line 2 (itemize)   |                     | 3              | 0.                                    |
|                         | d lines 1, 2, and 3  |                     | 4              | 2,452,401.                            |
| -                       | creases not included in line 2 (itemize)   |                     | 5              | 0.                                    |
| <u>6 Tot</u>            | <u>al net assets or fund balances at end of year (line 4 minus line 5) - Part II, (</u>                        | column (b), line 30 |                | 2,452,401.                            |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

THE MARK ELLIOTT MOTLEY FOUNDATION, INC. Form 990-PF (2016) C/O WILLIAM E. CRAVER. 27-0013752 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 1,063. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 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-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 1.063. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 1,120. a 2016 estimated tax payments and 2015 overpayment credited to 2016 ĥа b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 1,120. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 57. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 57. Refunded 0. Enter the amount of line 10 to be: Credited to 2017 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a any political campaign? X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 . (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ Х 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4b b If 'Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 8a Enter the states to which the foundation reports or with which it is registered (see instructions) SC

Form **990-PF** (2016)

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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)

year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

|    | THE MARK ELLIOTT MOTLE! FOUNDATION, INC.   | 753          |              | D F           |
|----|--|--------------|--------------|---------------|
|    | 990-PF (2016) C/O WILLIAM E. CRAVER, III 27-0013   | 154          |              | Page <b>5</b> |
| Pa | rt VII-A Statements Regarding Activities (continued)   |              |              |               |
|    |  |              | Yes          | No            |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                       |              |              |               |
|    | section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11           | _            | _X_           |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?                   |              |              |               |
|    | If "Yes," attach statement (see instructions)  | 12           |              | _X_           |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  | 13           | X            |               |
|    | Website address WWW.MOTLEYFOUNDATION.ORG   |              |              |               |
| 14 | The books are in care of ▶ JENNIFER ALPHONSE  Telephone no. ▶843-57  | 7-7          | 557          |               |
| •• | Located at ► 171 CHURCH STREET, SUITE 120A, CHARLESTON, SC ZIP+4 ►29   |              |              |               |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  |              |              | $\Box$        |
| 10 |  | N            | /A           |               |
|    | · · · · · · · · · · · · · · · · · · ·  | TA           | Yes          | No            |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,                                 |              | 162          |               |
|    | securities, or other financial account in a foreign country?   | 16           | <u> </u>     | <u>X</u>      |
|    | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the   |              |              |               |
|    | foreign country >  |              |              |               |
| Pa | rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required   | <del>,</del> |              |               |
|    | 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);  |              |              |               |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   |              |              |               |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |              |              | ~             |
|    | a disqualified person?   |              |              |               |
|    | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |              |              |               |
|    | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |              |              |               |
|    |  |              |              |               |
|    | (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      |              |              |               |
|    |  |              |              |               |
|    | (6) Agree to pay money or property to a government official? (Exception. Check "No"  |              |              |               |
|    | if the foundation agreed to make a grant to or to employ the official for a period after   | -            |              |               |
|    | termination of government service, if terminating within 90 days.)   |              |              | -             |
| b  | If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations                                |              |              |               |
|    | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  | 1b           |              |               |
|    | Organizations relying on a current notice regarding disaster assistance check here   |              |              |               |
| C  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected                              |              |              |               |
| •  | before the first day of the tax year beginning in 2016?  | 1c           |              | X             |
| 9  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation                             |              |              |               |
| 2  |  |              |              |               |
|    | defined in section 4942(j)(3) or 4942(j)(5)):  |              |              |               |
| а  | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning  before 2016?  Yes X No |              |              |               |
|    |  |              |              | į             |
|    | If "Yes," list the years $\blacktriangleright$ ,,,   |              |              |               |
| b  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect                 |              |              |               |
|    | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach                         | -            |              |               |
|    | statement - see instructions.) N/A   | 2b           |              |               |
| C  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.                                      |              |              | *             |
|    | <b>&gt;</b>  |              |              |               |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  |              |              |               |
| -  | during the year?   |              |              |               |
|    | of "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after                       |              |              |               |
| E  | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose                         |              |              |               |
|    |  |              |              |               |
|    | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,                           | ^            |              |               |
|    | Form 4720, to determine if the foundation had excess business holdings in 2016.)  N/A  | 3b           | <del> </del> | 37            |
|    | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | 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                       | 1            |              |               |
|    | had not been removed from jeopardy before the first day of the tax year beginning in 2016?   | 4b           | L            | X             |
|    | Fo   | rm <b>99</b> | 0-PF         | (2016)        |

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

0.

Total, Add lines 1 through 3

| P  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four   | ndations      | , see instructions.)                                      |
|----|---|---------------|---|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:   |               |   |
| a  | Average monthly fair market value of securities   | 1a            | 3,159,141.  |
| Ь  | Average of monthly cash balances  | 1b            | 57,195.   |
|    | Fair market value of all other assets   | 1c            |   |
| d  | Total (add lines 1a, b, and c)  | 1d            | 3,216,336.  |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and  | -             |   |
|    | 1c (attach detailed explanation) 1e 0 •   |               |   |
| 2  | Acquisition indebtedness applicable to line 1 assets  | 2             | <u> </u>  |
| 3  | Subtract line 2 from line 1d .  | 3             | 3,216,336.  |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4             | 48,245.   |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5             | <u>    3,168,091.                                    </u> |
| 6  | Minimum investment return. Enter 5% of line 5   | 6             | <u> 158,405.</u>  |
| Р  | foreign organizations check here and do not complete this part.)  | ıd certain    |   |
| 1  | Minimum investment return from Part X, line 6   | 1             | 158,405.  |
| 2a | Tax on investment income for 2016 from Part VI, line 5  |               |   |
| b  | A COLO (TILL)   |               |   |
| C  |   | 2c            | 1,063.  |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   | 3             | 157,342.  |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4             | 0.  |
| 5  | Add lines 3 and 4   | 5             | 157,342.  |
| 6  | Deduction from distributable amount (see instructions)  | 6             | 0.  |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7             | 157,342.  |
| P  | Part XII Qualifying Distributions (see instructions)  | ı <del></del> |   |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  | .             | 155 000   |
| а  |   | 1a            | 155,000.  |
| b  | · · · · · · · · · · · · · · · · · · ·   | 1b            | 0.  |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | 2             |   |
| 3  | Amounts set aside for specific charitable projects that satisfy the:  |               |   |
| a  |   | 3a            |   |
| b  | ,   | 3b            | 155 000   |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4  | 4             | 155,000.  |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment  | _             | 1 062   |
|    | income. Enter 1% of Part I, line 27b  | 5             | 1,063.  |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6             | 153,937.  |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualifies f   | for the section   |

Part XIII Undistributed Income (see instructions)

|   | (a)<br>Corpus                         | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016                           |
|---|---------------------------------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2016 from Part XI,   | · · · · · · · · · · · · · · · · · · · |                            |             |                                       |
| line 7  |                                       |                            |             | 157,342.                              |
| 2 Undistributed income, if any, as of the end of 2016   |                                       |                            | ٠           |                                       |
| a Enter amount for 2015 only  |                                       | *                          | 151,304.    | •                                     |
| b Total for prior years:  |                                       |                            |             | · · · · · · · · · · · · · · · · · · · |
| ,   |                                       | 0.                         |             |                                       |
| 3 Excess distributions carryover, if any, to 2016:  |                                       |                            |             | ,                                     |
| a From 2011   |                                       |                            |             |                                       |
| <b>b</b> From 2012  |                                       |                            | ·           |                                       |
| c From 2013   | -                                     |                            |             |                                       |
| d From 2014   |                                       | ~                          | ų.          |                                       |
| e From 2015   | ×                                     |                            |             |                                       |
| f Total of lines 3a through e   | 0.                                    | ,                          |             |                                       |
| 4 Qualifying distributions for 2016 from  |                                       |                            | · · ·       | ,                                     |
| Part XII, line 4: ► \$ 155,000.   |                                       |                            | *           |                                       |
| a Applied to 2015, but not more than line 2a  |                                       |                            | 151,304.    |                                       |
| <b>b</b> Applied to undistributed income of prior   |                                       |                            | •           |                                       |
| years (Election required - see instructions)  |                                       | 0.                         | ,           |                                       |
| c Treated as distributions out of corpus  |                                       |                            |             |                                       |
| (Election required - see instructions)  | 0.                                    |                            |             |                                       |
| d Applied to 2016 distributable amount  |                                       |                            |             | 3,696.                                |
| e Remaining amount distributed out of corpus  | 0.                                    |                            |             |                                       |
| 5 Excess distributions carryover applied to 2016  | 0.                                    |                            |             | 0.                                    |
| (If an amount appears in column (d), the same amount must be shown in column (a))   |                                       |                            |             |                                       |
| 6 Enter the net total of each column as indicated below:  |                                       |                            | •           |                                       |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 0.                                    |                            |             |                                       |
| <b>b</b> Prior years' undistributed income. Subtract  | *                                     | *****                      |             |                                       |
| line 4b from line 2b  | ,                                     | 0.                         |             | y                                     |
| 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.                         |             | 4                                     |
| d Subtract line 6c from line 6b. Taxable  | ×                                     | <u> </u>                   |             |                                       |
| amount - see instructions   |                                       | 0.                         |             |                                       |
| e Undistributed income for 2015. Subtract line  |                                       | •                          |             |                                       |
| 4a from line 2a. Taxable amount - see instr.  |                                       | _                          | 0.          |                                       |
| f Undistributed income for 2016. Subtract   |                                       |                            | •           |                                       |
| lines 4d and 5 from line 1. This amount must  |                                       |                            |             |                                       |
| be distributed in 2017  |                                       |                            |             | 153,646.                              |
| 7 Amounts treated as distributions out of   |                                       |                            |             |                                       |
| 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   | 0.                                    |                            |             |                                       |
| 9 Excess distributions carryover to 2017.   |                                       |                            | у ,         |                                       |
| Subtract lines 7 and 8 from line 6a   | 0.                                    | • •                        |             |                                       |
| 10 Analysis of line 9:  |                                       |                            |             |                                       |
| a Excess from 2012  |                                       |                            |             |                                       |
| b Excess from 2013  |                                       |                            | N           |                                       |
| c Excess from 2014  |                                       |                            |             |                                       |
| d Excess from 2015  | •                                     |                            | ,           |                                       |
| e Excess from 2016  |                                       |                            |             |                                       |
| A EVOCOS HOILI EQ 10  |                                       |                            |             |                                       |

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

C/O WILLIAM E. CRAVER, III

27-0013752 Page 11

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CENTER FOR BLIND ASSOCIATION FOR THE BLIND AND NONE 501(C)(3) VISUALLY IMPAIRED ORGANIZATION 1 CARRIAGE LANE 8,000. CHARLESTON SC 29407 CHARLESTON AREA THERAPEUTIC NONE 501(C)(3) THERAPY CENTER 2669 HAMILTON ROAD ORGANIZATION 8,000, JOHNS ISLAND SC 29455 NONE 501(C)(3) CHARLESTON HORTICULTURAL SOCIETY PROMOTE HORTICULTURAL 46 WINDERMERE BLVD ORGANIZATION EDUCATION 5,000. CHARLESTON, SC 29407 BE A MENTOR NONE 501(C)(3) MENTORING PROGRAM 1850 TRUXTUN AVE ORGANIZATION N CHARLESTON, SC 29405 2 500. NONE 501(C)(3) PROMOTE EDUCATION CHARLESTON STAGE COMPANY, INC PO BOX 356 ORGANIZATION CHARLESTON SC 29402 2,500. SEE CONTINUATION SHEET(S) → 3a 155,000 Total b Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

| Enter grace amounts unless otherwise indicated                | Unrelated             | business income                        | Excluded              | by section 512, 513, or 514 |                          |
|---|-----------------------|--|-----------------------|-----------------------------|--------------------------|
| Enter gross amounts unless otherwise indicated.               | (a)<br>Business       | (b)                                    | (C)<br>Exclu-<br>sion | (d)                         | (e)<br>Related or exempt |
| 1 Program service revenue:                                    | code                  | Amount                                 | code                  | Amount                      | function income          |
| a   | _                     |  |                       |                             |                          |
| b   | _                     |  |                       |                             |                          |
| C   | _                     |  |                       |                             |                          |
| d   | _                     |  | _                     |                             |                          |
| e   |                       |  |                       |                             |                          |
| 1   | _                     |  |                       |                             |                          |
| g Fees and contracts from government agencies                 |                       |  |                       |                             |                          |
| 2 Membership dues and assessments                             |                       | · · · · · ·                            |                       |                             |                          |
| Interest on savings and temporary cash                        |                       |  |                       |                             |                          |
| investments   |                       |  | 14                    | 11.<br>79,885.              |                          |
| 4 Dividends and interest from securities                      |                       | ······································ | 14                    | 79,885.                     |                          |
| Net rental income or (loss) from real estate:                 |                       |  |                       |                             |                          |
| a Debt-financed property                                      |                       |  |                       |                             |                          |
| b Not debt-financed property                                  |                       |  |                       |                             |                          |
| 6 Net rental income or (loss) from personal                   |                       |  |                       |                             |                          |
| property  |                       |  |                       |                             |                          |
| 7 Other investment income                                     |                       |  |                       |                             |                          |
| 8 Gain or (loss) from sales of assets other                   |                       |  |                       |                             |                          |
| than inventory  |                       |  | 18                    | 51,355.                     |                          |
| 9 Net income or (loss) from special events                    | ļ                     |  |                       |                             | <del></del>              |
| O Gross profit or (loss) from sales of inventory              |                       |  |                       |                             |                          |
| 1 Other revenue:  |                       |  |                       |                             |                          |
| a   | _                     | <del> </del>                           |                       |                             |                          |
| b   | _                     |  |                       |                             |                          |
| c   | _                     |  |                       |                             |                          |
| d   | _                     |  |                       |                             |                          |
| e   |                       |  |                       |                             |                          |
| 2 Subtotal. Add columns (b), (d), and (e)                     |                       |  | ).                    | 131,251.                    | 0                        |
| 3 Total. Add line 12, columns (b), (d), and (e)               |                       |  |                       | 13                          | 131,251                  |
| See worksheet in line 13 instructions to verify calculations. | )                     |  |                       |                             |                          |
| Part XVI-B Relationship of Activities                         | to the Accon          | nplishment of                          | Exempt P              | urposes                     |                          |
| Line No. Explain below how each activity for which in         | come is reported in ( | column (e) of Part XV                  | I-A contribute        | d importantly to the accomp | lishment of              |
| the foundation's exempt purposes (other the                   | an by providing fund  | s for such purposes).                  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
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|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             | ·                        |
|   |                       |  |                       | <del></del>                 |                          |
|   |                       |  |                       |                             |                          |
|   |                       |  |                       |                             |                          |

623621 11-23-16

| Part         | XVII  | Information Re<br>Exempt Organ     |                          | sfers To a                              | and Transactions  | and Relations           | hips With Nor               | ncharitabl                              | е  |                |
|--------------|---|------------------------------------|--------------------------|---|---|-------------------------|-----------------------------|---|--|----------------|
| 1 Did        | the ord   |                                    |                          | of the followin                         | g with any other organizati                                     | on described in sect    | ion 501(c) of               |   | Yes  | No             |
|              |   |                                    |                          |   | ?7, relating to political orga                                  |                         |                             |   |  |                |
|              |   | from the reporting founda          |                          |   |   |                         |                             |   |  | ,              |
|              | Cash  | are the reporting realist          | ation to a monomaria     | on oxompt or                            | gamzadon on   |                         |                             | 1a(1)                                   | ,  | <b>x</b> _     |
|              | Other   | assets                             |                          |   |   |                         | •                           | 1a(2)                                   |  | X              |
| ٠.           |   | sactions:                          |                          |   |   |                         |                             | 14(4)                                   | <del>                                     </del> |                |
|              |   | of assets to a noncharital         | ble exempt organiza      | tion                                    |   |                         |                             | 1b(1)                                   |  | X_             |
|              |   | ases of assets from a no           |                          |   |   |                         | -                           | 1b(2)                                   | T  | X_             |
| <b>\</b>     |   | l of facilities, equipment,        | •                        | or garnization.                         |   |                         |                             | 1b(3)                                   |  | X              |
| ٠.           |   | oursement arrangements             |                          |   | •   |                         |                             | 1b(4)                                   |  | X              |
|              |   | or loan guarantees                 |                          |   |   |                         |                             | 1b(5)                                   |  | X              |
|              |   | rmance of services or me           | embership or fundrar     | isino solicitatio                       | ons   |                         |                             | 1b(6)                                   |  | X              |
|              |   | facilities, equipment, ma          | •                        | -                                       |   |                         |                             | 1c                                      |  | Х              |
|              | -   |                                    |                          |   | dule. Column (b) should a                                       | lways show the fair i   | market value of the g       | oods, other as                          | sets.  |                |
|              |   | =                                  |                          | -                                       | ed less than fair market val                                    | -                       | -                           |   |  |                |
| co           | lumn ( <b>d</b>   | ) the value of the goods,          | other assets, or serv    | vices received.                         |   |                         |                             |   |  |                |
| (a) Line r   | 10  | (b) Amount involved                | (c) Name o               | f noncharitable                         | e exempt organization   | (d) Description         | n of transfers, transaction | ns, and sharing a                       | rrangeme   | ents           |
|              |   |                                    |                          | N/A                                     |   |                         |                             |   |  |                |
|              |   |                                    |                          |   |   | <u>.,,</u>              |                             |   |  |                |
|              |   |                                    |                          |   |   |                         |                             |   |  |                |
|              |   |                                    | <u> </u>                 |   |   |                         |                             |   |  |                |
|              | _   |                                    |                          |   |   |                         |                             |   |  |                |
|              |   |                                    |                          |   |   |                         |                             |   |  |                |
|              |   |                                    |                          |   |   |                         |                             |   |  |                |
|              |   |                                    | <u> </u>                 |   |   |                         |                             |   |  |                |
|              |   |                                    | -                        |   |   |                         |                             |   |  |                |
|              | -   |                                    | <del> </del>             |   |   |                         | _                           |   |  |                |
|              | +   |                                    |                          |   |   |                         | ·                           |   |  |                |
|              | -   |                                    |                          |   |   |                         |                             |   |  |                |
|              | +   |                                    |                          |   |   | -                       |                             |   |  |                |
|              |   | <del></del>                        |                          |   |   |                         |                             |   |  |                |
|              | 1   |                                    |                          |   |   |                         |                             |   |  |                |
| 2a Is        | the four  | ndation directly or indirect       | tly affiliated with, or  | related to, one                         | or more tax-exempt organ  | uzations described      |                             |   |  |                |
|              |   | 501(c) of the Code (other          | •                        | •                                       | • •   |                         |                             | Yes                                     | X  | No             |
|              |   | emplete the following sch          | •                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                         | •                           |   |  | _              |
|              |   | (a) Name of org                    |                          |   | (b) Type of organization  |                         | (c) Description of re       | lationship                              |  |                |
|              |   | N/A                                |                          |   |   |                         |                             |   |  |                |
|              |   |                                    |                          |   |   |                         |                             |   |  |                |
|              |   |                                    | •                        |   |   |                         |                             |   |  |                |
|              |   |                                    |                          |   |   |                         | ,                           |   |  |                |
|              |   |                                    |                          |   |   |                         |                             |   |  | <del>, ,</del> |
| Sign<br>Here | and be  | lief, it is true, correct, and con | mplete Declaration of pr |   | ng accompanying schedules and n taxpayer) is based on all infor | mation of which prepare | r has any knowledge         | May the IRS return with the shown below | he prepar<br>v (see ins                          | rer            |
|              | Sign  | attre of officer of trustee        |                          | In :                                    | Date  | Title                   | Cheek -                     | DTIN                                    |  |                |
|              |   | Print/Type preparer's na           | ame                      | Preparer's s                            | ignature  | Date                    |                             | PTIN                                    |  |                |
| Deid         |   |                                    |                          | MA                                      | Had IPA   | 9-8-17                  | self- employed              | -0000                                   |  |                |
| Paid         | 0r0-  | R. SCOTT H                         |                          | <u> </u>                                | 7000  | /-0//                   | <u> </u>                    | P00890                                  |  |                |
| Prep<br>Use  |   | Firm's name > HOO                  | ש & SELAN                | NDER CP                                 | AS, LLC   |                         | Firm's EIN ► 2              | 6-14/34                                 | 146  |                |
| U3E          | Unity   | Firm's address NOE                 | 6 TOMOOTE                | ייים עווו                               | TO CITTURE 107  | ·                       | <del> </del>                |   |  |                |
|              | Firm's address ► 856 LOWCOUNTY BLVD, SUITE 100 MOUNT PLEASANT, SC 29464 |                                    |                          |   | ,   | Phone no. 84            | 3-884-1                     | 099                                     |  |                |

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

Employer identification number

2016

Name of the organization

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

C/O WILLIAM E. CRAVER, III

27-0013752

| Organization type (check one): |   |  |  |  |  |
|--------------------------------|---|--|--|--|--|
| Filers of:                     | Section:  |  |  |  |  |
| Form 990 or 990                | 0-EZ 501(c)( ) (enter number) organization  |  |  |  |  |
|                                | 4947(a)(1) nonexempt chantable trust not treated as a private foundation  |  |  |  |  |
|                                | 527 political organization  |  |  |  |  |
| Form 990-PF                    | X 501(c)(3) exempt private foundation   |  |  |  |  |
|                                | 4947(a)(1) nonexempt chantable trust treated as a private foundation  |  |  |  |  |
|                                | 501(c)(3) taxable private foundation  |  |  |  |  |
| Note: Only a sec               | ganization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |  |
| proper                         | organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions:   |  |  |  |  |
| section<br>any on              | organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under is 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from e contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, orm 990-EZ, line 1. Complete Parts I and II.   |  |  |  |  |
| year, to                       | organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the otal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for evention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |
| year, c<br>is chec<br>purpos   | organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box eked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., see Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively is, charitable, etc., contributions totaling \$5,000 or more during the year |  |  |  |  |
| but it must ansv               | panization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to easn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |  |  |  |  |

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

Name of organization

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

C/O WILLIAM E. CRAVER, III

Employer identification number

27-0013752

| Part I | Contributors ( | (See instructions). | Use duplicate copies | of Part I if additional sp | ace is needed. |
|--------|----------------|---------------------|----------------------|----------------------------|----------------|
|--------|----------------|---------------------|----------------------|----------------------------|----------------|

|             |  | dalilonal opaco lo nocaca. |  |
|-------------|--|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                      | (c) Total contributions    | (d)<br>Type of contribution  |
| 1           | MOTLEY RICE LLC  PO BOX 1792  MOUNT PLEASANT, SC 29465 | \$5,000.                   | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                      | (c) Total contributions    | (d)<br>Type of contribution  |
| <del></del> |  |                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                      | (c) Total contributions    | (d)<br>Type of contribution  |
|             |  | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                      | (c) Total contributions    | (d)<br>Type of contribution  |
|             |  |                            | Person Payroll Onncash Complete Part II for noncash contributions )  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                      | (c) Total contributions    | (d) Type of contribution   |
|             |  |                            | Person Payroll Onncash Complete Part II for noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                      | (c) Total contributions    | (d) Type of contribution   |
|             |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

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

27-0013752

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

| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| (a)                          |  | \$                                       |                      |
| lo.<br>om<br>art I           | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | *  | <u></u>              |
| a)<br>lo.<br>om<br>art l     | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |
| a)<br>lo.<br>om<br>art l     | (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | <b>\$</b>                                |                      |
| a)<br>o.<br>om<br>rt l       | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                              |  | \$                                       |                      |
| a)<br>o.<br>om<br>rt I       | (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| _                            |  |  |                      |

| :/O WILL                  | IAM E. CRAVER, III   |  | 27-0013752   |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|--|--|
| ti                        | ne year from any one contributor. Complete omplete ompleting Part III, enter the total of exclusively religion | columns (a) through (e) and the following is, charitable, etc., contributions of \$1,000 or less | ection 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations for the year (Enter this info once) \$ |  |  |  |  |  |
| (a) No.                   | se duplicate copies of Part III if addition  | lai space is needed.   |  |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  | (e) Transfer of gift   |  |  |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4   | Relationship of transferor to transferee   |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  |  | <del>.</del>   |  |  |  |  |  |
| <del></del>               | · · · · · · · · · · · · · · · · · · ·  |  | ·  |  |  |  |  |  |
| (a) No                    |  | <u> </u>   | <del></del>  |  |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |  |
| Part I                    |  |  |  |  |  |  |  |  |
|                           |  |  | _  |  |  |  |  |  |
| <u> </u>                  |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           | (a) Transfer of selfs  |  |  |  |  |  |  |  |
| İ                         | (e) Transfer of gift   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                               |  |  |  |  |  |  |  |
|                           | Transieree 3 name, address, a  | NO ZII T T   | Trelationship of transfer of to transfer ce  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
| (a) No.<br>from           |  |  |  |  |  |  |  |  |
| πom<br>Part I             | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
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|                           |  |  |  |  |  |  |  |  |
|                           |  | (e) Transfer of gift   |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4   | Relationship of transferor to transferee   |  |  |  |  |  |
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| (a) No                    |  | 1  | <del></del>  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |  |
| Part I                    |  |  |  |  |  |  |  |  |
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|                           |  | (e) Transfer of gift   |  |  |  |  |  |  |
|                           | Transferencia nome address a   | nd 7ID + 4   | Polationahin of transferor to transferor   |  |  |  |  |  |
|                           | Transferee's name, address, a  | 110 ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |  |
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**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor CHARLESTON SYMPHONY ORCHESTRA NONE 501(C)(3) PROMOTE EDUCATION 756 ST ANDREWS BLVD DRGANTZATION CHARLESTON, SC 29407 2,500. CHARLESTON URBAN SQUASH, INC NONE 501(C)(3) PROMOTES SPORTS PO BOX 22731 ORGANIZATION 5,000. CHARLESTON SC 29413 CHILDREN'S MUSUEM OF THE LOWCOUNTRY NONE 501(C)(3) KIDS PROGRAMS 25 ANN ST ORGANIZATION 5,000. CHARLESTON SC 29403 COURAGEOUS KIDZ NONE 501(C)(3) PROVIDES A SAFE HAVEN FOR KIDS WITH CANCER 230 OLD DOMINION DR DRGANTZATTON 8,000. CHARLESTON, SC 29418 DEE NORTON LOWCOUNTRY CENTER NONE 501(C)(3) PREVENT CHILD ABUSE 1061 KING STREET DRGANIZATION CHARLESTON, SC 29403 7,500. NONE CHILD WELFARE PROGRAMS FLORENCE CRITTENTON HOME 501(C)(3) 19 ST MARGARET ST ORGANIZATION 3,000. CHARLESTON, SC 29403 HISTORIC CHARLESTON FOUNDATOIN NONE 501(C)(3) PROMOTES EDUCATION 40 E BAY ST ORGANIZATION 2,500. CHARLESTON, SC 29401 HOSPICE & PALLIATIVE CARE FOUNDATION NONE 501(C)(3) PROVIDES COMFORT IN 4975 LACROSS ROAD ORGANIZATION FINAL STAGES OF LIFE N CHARLESTON, SC 29405 5,000. NONE LOWCOUNTRY FOOD BANK 501(C)(3) PROVIDE FOOD TO ORGANIZATION FAMILIES 2864 AZALEA DR 10,000. CHARLESTON, SC 29405 IMPROVE CHILDREN'S LOWCOUNTRY ORPHAN RELIEF NONE 501(C)(3) PO BOX 1074 ORGANIZATION QUALITY LIFE 7.500. CHARLESTON, SC 29402 Total from continuation sheets 129 000.

27-0013752

| Part XV Supplementary Information 3 Grants and Contributions Paid During the |   |                        | <del> </del>                     |   |
|--|---|------------------------|----------------------------------|---|
| Recipient  | If recipient is an individual,                  | T                      |                                  |   |
| Name and address (home or business)  | show any relationship to any foundation manager | Foundation status of   | Purpose of grant or contribution | Amount                                  |
|  | or substantial contributor                      | recipient              |                                  | <del>_</del> .                          |
| CAMP RISE ABOVE  | NONE  | 501(C)(3)              | IMPROVE DISABLED ADULT           |   |
| PO BOX 31295   |   | ORGANIZATION           | AND CHILDREN'S QUALITY           |   |
| CHARLESTON, SC 29417   |   |                        | OF LIFE                          | 7,000                                   |
| TEACHER'S SUPPLY CLOSET  | NONE  | 501(C)(3)              | PROVIDE SCHOOL                   |   |
| 401 SAM RITTENBERG BLVD #11  |   | ORGANIZATION           | SUPPLIES IN LOW INCOME           |   |
| CHARLESTON, SC 29407   |   |                        | SCHOOLS                          | 5,000                                   |
| THE AMERICAN LUNG ASSOCIATION  | NONE  | 501(C)(3)              | PROVIDES HEALTH                  |   |
| 5 W WACKER DRIVE   | NONE  | ORGANIZATION           | EDUCATION                        |   |
| CHICAGO, IL 60601  |   |                        |                                  | 2,50                                    |
| NATIONAL MEGINATURA GOLLEGE DOUBLANDON                                       | , rown  | 501 (0) (2)            | Tana aayaat paaaniya             |   |
| PRIDENT TECHNICAL COLLEGE FOUNDATION PO BOX 61227                            | NONE  | 501(C)(3) ORGANIZATION | KIDS SCHOOL PROGRAMS             |   |
| CHARLESTON SC 29419  |   | ORGANIZATION           |                                  | 7,50                                    |
|  |   |                        |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| INGS FOR KIDS  | NONE  | 501(C)(3)              | KIDS SCHOOL PROGRAMS             |   |
| PO BOX 369   |   | ORGANIZATION           |                                  |   |
| GULLIVAN'S ISLAND, SC 29482  | -   |                        |                                  | 5,000                                   |
| ZESCAROLINA  | NONE  | 501(C)(3)              | CAMP FOR KIDS AND                |   |
| ONE CARRIAGE LANE BLDG G<br>CHARLESTON, SC 29407                             |   | ORGANIZATION           | TEACHERS                         | 5,00                                    |
|  |   |                        |                                  |   |
| OART!, INC.  | NONE  | 501(C)(3)              | PROMOTE EDUCATION                |   |
| O BOX 12397  |   | ORGANIZATION           |                                  |   |
| HARLESTON, SC 29422  |   |                        |                                  | 4,50                                    |
| AROLINA STUDIOS CORP   | NONE  | 501(C)(3)              | STUDENTS WITH A SAFE             |   |
| O BOX 22682  |   | ORGANIZATION           | ENVIRONMENT                      |   |
| HARLESTON, SC 29413  |   |                        | <del> </del>                     | 2,500                                   |
| AROLINA YOUTH DEVELOPMENT CENTER   | NONE  | 501(C)(3)              | CHILD WELFARE PROGRAMS           |   |
| 055 LACKAWANNA BLVD  |   | ORGANIZATION           |                                  |   |
| CHARLESTON, SC 29405   |   |                        | -                                | 5,00                                    |
| CHARLESTON PROMISE NEIGHBORHOOD  | NONE  | 501(C)(3)              | CHILD WELFARE PROGRAMS           |   |
| .819 MEETING STREET  |   | ORGANIZATION           | CITED WILLIAMS PROGRAMS          |   |
| CHARLESTON, SC 29405   |   |                        |                                  | 3,00                                    |
| Total from continuation sheets   |   |                        |                                  |   |

THE MARK ELLIOTT MOTLEY FOUNDATION, INC.

27-0013752

| Part XV Supplementary Information                                      |  |                           |   |          |
|--|--|---------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y                           |  |                           |   |          |
| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of      | Purpose of grant or contribution        | Amount   |
| Name and address (home or business)                                    | or substantial contributor   | recipient                 | oona ibadon                             |          |
| DARKNESS TO LIGHT 1064 GARDNER ROAD CHARLESTON, SC 29407               | NONE   | 501(C)(3)<br>ORGANIZATION | CHILD ABUSE AWARENESS                   | <u> </u> |
| HALOS<br>4995 LACROSS ROAD<br>N CHARLESTON, SC 29406                   | NONE   | 501(C)(3)<br>ORGANIZATION | PROVIDE SUPPORT TO ABUSED AND NEGLECTED | 2,500.   |
| LOGAN RUTLEDGE CHILDREN'S FOUNDATION PO BOX 2416 MT PLEASANT, SC 29465 | NONE   | 501(C)(3)<br>ORGANIZATION | CHILD WELFARE PROGRAMS                  | 5,000.   |
| THE PALMETTO PROJECT 6296 RIVERS AVE CHARLESTON, SC 29406              | NONE   | 501(C)(3)<br>ORGANIZATION | CHILD WELFARE PROGRAMS                  | 6,000.   |
| USS YORKTWON FOUNDATION 40 PATRIOTS POINT ROAD MT PLEASANT, SC 29464   | NONE   | 501(C)(3)<br>ORGANIZATION | CHILD EDUCATION PROGRAMS                | 7,500.   |
|  |  |                           |   |          |
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| i otal nom communion sneets  | <u> </u>   | ·                         |   |          |

| FORM 990-PF INTERE    | ST ON SAVI      | NGS AND TEM                  | PORARY (               | CASH IN               | VESTMENTS                    | STATEMENT                         | 1  |
|-----------------------|-----------------|------------------------------|------------------------|-----------------------|------------------------------|-----------------------------------|----|
| SOURCE<br>WELLS FARGO |                 | REVE                         | REVENUE NET IN         |                       | (B)<br>VESTMENT<br>COME      | (C)<br>ADJUSTED<br>NET INCOM      | E  |
|                       |                 |                              |                        |                       | 11.                          |                                   |    |
| TOTAL TO PART I, LI   | :NE 3           |                              | 11.                    |                       | 11.                          |                                   |    |
| FORM 990-PF           | DIVIDEND        | S AND INTER                  | EST FRO                | M SECUR               | ITIES                        | STATEMENT                         | 2  |
| SOURCE                | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDEND | RE'                    | (A)<br>VENUE<br>BOOKS |                              | (C)<br>ST- ADJUST<br>OME NET INCO |    |
| WELLS FARGO           | 79,885          | •                            | 0.                     | 79,885.               | 79,88                        | 85.                               |    |
| TO PART I, LINE 4     | 79,885          | •                            | 0.                     | 79,885.               | 79,88                        | 35.                               |    |
| FORM 990-PF           |                 | ACCOUNTI                     | NG FEES                |                       |                              | STATEMENT                         | 3  |
| DESCRIPTION           |                 | (A)<br>EXPENSES<br>PER BOOKS |                        |                       | (C)<br>ADJUSTED<br>NET INCOM |                                   |    |
| ACCOUTING FEES        |                 | 2,829.                       |                        | 0.                    |                              |                                   | 0. |
| TO FORM 990-PF, PG    | 1, LN 16B       | 2,829.                       |                        | 0.                    |                              |                                   | 0. |
| FORM 990-PF           |                 | OTHER E                      | XPENSES                |                       |                              | STATEMENT                         | 4  |
| DESCRIPTION           |                 | (A)<br>EXPENSES<br>PER BOOKS | (B<br>NET IN<br>MENT I | VEST-                 | (C)<br>ADJUSTEI<br>NET INCOM |                                   |    |
| INVESTMENT FEES       | •               | 24,945.                      | 2                      | 4,945.                |                              |                                   | 0. |
| COMPUTER ASSISTANCE   | 2               | 600.                         |                        | 0.                    |                              |                                   | 0. |

| FORM 990-PF                    | CORPORATE STOCK     |            | STATEMENT 5          |
|--------------------------------|---------------------|------------|----------------------|
| DESCRIPTION                    |                     | BOOK VALUE | FAIR MARKET<br>VALUE |
| WELLS FARGO - STOCK            | ,                   | 435,826.   | 1,071,439.           |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B            | 435,826.   | 1,071,439.           |
| FORM 990-PF                    | OTHER INVESTMENTS   |            | STATEMENT 6          |
| DESCRIPTION                    | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE |
| WELLS FARGO - MUTUAL FUNDS     | COST                | 1,961,692. | 2,075,607.           |
| TOTAL TO FORM 990-PF, PART II, | LINE 13             | 1,961,692. | 2,075,607.           |
| FORM 990-PF                    | OTHER LIABILITIES   |            | STATEMENT 7          |
| DESCRIPTION                    |                     | BOY AMOUNT | EOY AMOUNT           |
| DUE TO CRYSTAL ENTERPRISES     | •                   | 0.         | 150.                 |
| TOTAL TO FORM 990-PF, PART II, | LINE 22             | 0.         | 150.                 |

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

843-577-7557

# FORM AND CONTENT OF APPLICATIONS

QUALIFIED CHARITIES SHOULD MAKE A PROPOSAL IN LETTER FORM AND INCLUDE THE FOLLOWING INFORMATION:

- 1) A DESCRIPTION OF THE ORGANIZATION, ITS PURPOSE, PROGRAMS, STAFFING AND GOVERNING BOARD.
- 2) THE ORGANIZATION'S LATEST FINANCIAL STATEMENTS, INCLUDING INTERIM AND LAST ANNUAL STATEMENT.
- 3) EVIDENCE FROM THE IRS OF THE ORGANIZATION'S TAX-EXEMPT STATUS AND THAT THE APPLYING ORGANIZATION ITSELF IS NOT A PRIVATE FOUNDATION.
- 4) A DESCRIPTION OF THE PROPOSED PROJECT AND FULL JUSTIFICATION FOR ITS FUNDING, INCLUDING A PROJECTED BUDGET AND OTHER FUNDING SOURCES OF THE PROJECT.
- 5) SUBMIT TWO COPIES OF THE PROPOSAL.

### ANY SUBMISSION DEADLINES

APPLICATIONS SHOULD GENERALLY BE RECEIVED BY MARCH 1ST.

# RESTRICTIONS AND LIMITATIONS ON AWARDS

THE MAIN PLANNED ACTIVITY IS TO MAKE GRANTS TO ORGANIZATIONS FOCUSED ON IMPROVING THE HEALTH, EDUCATION AND WELFARE OF CHILDREN AND YOUNG ADULTS IN THE COMMUNITY OF CHARLESTON, SC. ALTHOUGH DUE TO THE FOUNDER'S NATIONAL INTERESTS, GRANTS MAY BE MADE TO ORGANIZATIONS OUTSIDE THE COMMUNITY. FOUNDATION HAS NOT DETERMINED SPECIFIC CHARITABLE ORGANIZATIONS TO SUPPORT. GRANTS ARE GENERALLY LIMITED TO TAX-EXEMPT CHARITIES AND GOVERNMENT AGENCIES WHICH HAVE DEMONSTRATED HAVING A MAJOR IMPACT ON ASSISTING CHILDREN AND YOUNG ADULTS. NO GRANTS ARE MADE TO INDIVIDUALS AND NO LOANS ARE ENVISIONED TO CHARITIES.