

**Return of Private Foundation**

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

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**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>SCANSOURCE CHARITABLE FOUNDATION</b>		<b>A Employer identification number</b> 57-1002959
Number and street (or P.O. box number if mail is not delivered to street address) <b>6 LOGUE CT.</b>	Room/suite	<b>B Telephone number</b> 864-286-4603
City or town, state or province, country, and ZIP or foreign postal code <b>GREENVILLE, SC 29615</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>5,114,080.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	172,575.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	121,346.	121,346.		<b>STATEMENT 1</b>
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	9,129.			
	<b>b</b> Gross sales price for all assets on line 6a <b>904,903.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		9,129.		
	<b>8</b> Net short-term capital gain .....			N/A	
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	303,050.	130,475.	0.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.	0.	0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees <b>STMT 2</b> .....	25,491.	25,491.	0.	0.
	<b>c</b> Other professional fees <b>STMT 3</b> .....	59,420.	59,420.	0.	0.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 4</b> .....	8,253.	0.	0.	0.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....				
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses <b>STMT 5</b> .....	5,378.	5,326.	0.	52.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	98,542.	90,237.	0.	52.
	<b>25</b> Contributions, gifts, grants paid .....	689,490.			689,490.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	788,032.	90,237.	0.	689,542.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	-484,982.				
<b>b Net investment income</b> (if negative, enter -0-) .....		40,238.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			0.		

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
Assets	1 Cash - non-interest-bearing	409,766.	103,728.	103,728.
	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			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 6	4,844,611.	5,010,352.	5,010,352.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		5,254,377.	5,114,080.	5,114,080.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds		0.	0.
	27 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.
	28 Retained earnings, accumulated income, endowment, or other funds		5,254,377.	5,114,080.
	29 Total net assets or fund balances		5,254,377.	5,114,080.
30 Total liabilities and net assets/fund balances		5,254,377.	5,114,080.	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	5,254,377.
2 Enter amount from Part I, line 27a	2	-484,982.
3 Other increases not included in line 2 (itemize) UNREALIZED GAINS/LOSSES	3	344,685.
4 Add lines 1, 2, and 3	4	5,114,080.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	5,114,080.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		01/01/20	12/31/20
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 878,525.		895,774.	-17,249.
b 26,378.			26,378.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-17,249.
b			26,378.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }	2	9,129.
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). See instructions. If (loss), enter -0- in Part I, line 8 .....		3	-17,249.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			

2 Reserved .....	2	
3 Reserved .....	3	
4 Reserved .....	4	
5 Reserved .....	5	
6 Reserved .....	6	
7 Reserved .....	7	
8 Reserved .....	8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount credited to 2021 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, IRS reporting, unrelated business income, liquidation, section 508(e) requirements, assets, reporting states, and private operating foundation status.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: At any time during the year, did the foundation, directly or indirectly, own a controlled entity... Row 12: Did the foundation make a distribution to a donor advised fund... Row 13: Did the foundation comply with the public inspection requirements... Row 14: The books are in care of SHELLEY WINDSOR... Row 15: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041... Row 16: At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 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)? (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.) Row b: If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. Row 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 2020? Row 2: Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a: At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? b: Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) c: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. Row 3a: Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b: If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) Row 4a: Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2020?

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>		<b>X</b>
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<b>7b</b>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly 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		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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	4,709,465.
b	Average of monthly cash balances .....	1b	92,197.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	4,801,662.
e	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	0.
3	Subtract line 2 from line 1d .....	3	4,801,662.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	72,025.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	4,729,637.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	236,482.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	236,482.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	559.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	559.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	235,923.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	235,923.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	235,923.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	689,542.
b	Program-related investments - total from Part IX-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	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	689,542.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	689,542.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				235,923.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015	2,405,785.			
<b>b</b> From 2016	318,324.			
<b>c</b> From 2017	841,206.			
<b>d</b> From 2018	1,251,509.			
<b>e</b> From 2019	238,939.			
<b>f</b> Total of lines 3a through e	5,055,763.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	689,542.			
<b>a</b> Applied to 2019, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2020 distributable amount				235,923.
<b>e</b> Remaining amount distributed out of corpus	453,619.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,509,382.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	2,405,785.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	3,103,597.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016	318,324.			
<b>b</b> Excess from 2017	841,206.			
<b>c</b> Excess from 2018	1,251,509.			
<b>d</b> Excess from 2019	238,939.			
<b>e</b> Excess from 2020	453,619.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 8**

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

**c** Any submission deadlines:

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

**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AARK WILDLIFE EDUCATION AND REHABILITATION CENTER 1531 UPPER STUMP RD CHALFONT, PA 18914	NONE	PC	WILDLIFE REHABILITATION	200.
ACHIEVE ATLANTA 191 PEACHTREE ST. NE, SUITE1000 ATLANTA, GA 30303	NONE	PC	EDUCATIONAL ASSISTANCE	1,000.
ANGEL FLIGHT SOARS INC 2000 AIRPORT ROAD, SUITE 227, ATLANTA, GA, 30341 ATLANTA, GA 30341	NONE	PC	FAMILY ASSISTANCE	5,000.
ASSOC. OF THE REHABILITATION OF THE BRAIN INJURED 3412 SPRUCE DRIVE SW ALBERTA, CANADA T3C 3A4	NONE	PC	FAMILY ASSISTANCE	2,500.
ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE STE 600 ATLANTA, GA 30309	NONE	PC	RESEARCH SUPPORT	2,500.
<b>Total</b> .....			<b>SEE CONTINUATION SHEET(S)</b> ▶ <b>3a</b>	689,490.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....			<b>3b</b>	0.

**Part XVI-A** Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies .....					
<b>2</b> Membership dues and assessments .....					
<b>3</b> Interest on savings and temporary cash investments .....					
<b>4</b> Dividends and interest from securities .....			14	121,346.	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property .....					
<b>b</b> Not debt-financed property .....					
<b>6</b> Net rental income or (loss) from personal property .....					
<b>7</b> Other investment income .....					
<b>8</b> Gain or (loss) from sales of assets other than inventory .....			18	9,129.	
<b>9</b> Net income or (loss) from special events .....					
<b>10</b> Gross profit or (loss) from sales of inventory .....					
<b>11</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e) .....		0.		130,475.	0.
<b>13</b> Total. Add line 12, columns (b), (d), and (e) .....			13	130,475.	

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization directly or indirectly engage in any of the following... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: N/A

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. BOARD MEMBER

Paid Preparer Use Only Print/Type preparer's name JOHN D. MEACHUM Preparer's signature JOHN D. MEACHUM Date 11/05/21 Check self-employed PTIN P00956521 Firm's name DIXON HUGHES GOODMAN LLP Firm's EIN 56-0747981 Firm's address P.O. BOX 25849 GREENVILLE, SC 29616 Phone no. (864) 288-5544

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AUGUSTINE LITERACY PROJECT UPSTATE 2435 E NORTH ST GREENVILLE, SC 29615	NONE	PC	EDUCATIONAL ASSISTANCE	8,650.
BEST BUDDIES INTERNATIONAL 100 SOUTHEAST SECOND STREET, SUITE 2200 MIAMI, FL 33131	NONE	PC	COMMUNITY OUTREACH	7,500.
BILINGUAL ACADEMY 5470 HOLMES ROAD MEMPHIS, TN 38118	NONE	PC	EDUCATIONAL ASSISTANCE	3,500.
BOB JONES UNIVERSITY 1700 WADE HAMPTON BLVD GREENVILLE, SC 29614	NONE	PC	EDUCATIONAL ASSISTANCE	10,000.
BON SECOURS ST. FRANCIS FOUNDATION ONE ST. FRANCIS DRIVE GREENVILLE, SC 29601	NONE	PC	FAMILY ASSISTANCE	20,000.
BRIDGES TO A BRIGHTER FUTURE 3300 POINSETT HWY GREENVILLE, SC 29613	NONE	PC	EDUCATIONAL ASSISTANCE	3,830.
BRINGING HOPE HOME 641 SWEDES FORD RD MALVERN, PA 19355	NONE	PC	COMMUNITY OUTREACH	300.
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833	NONE	PF	COMMUNITY OUTREACH	5,000.
CAMP HAPPY DAYS 1064 GARDNER RD SUITE 205 CHARLESTON, SC 29407	NONE	PC	COMMUNITY OUTREACH	1,000.
CAROLINA DANCE COLLABORATIVE P.O. BOX 5432 GREENVILLE, SC 29606	NONE	PC	COMMUNITY OUTREACH	2,300.
<b>Total from continuation sheets</b>				<b>678,290.</b>

**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILD CRISIS ARIZONA 817 N. COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	PC	FAMILY ASSISTANCE	3,700.
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS 900 S. PINE STREET SUITE F SPARTANBURG, SC 29302	NONE	PC	FAMILY ASSISTANCE	10,000.
CHRISTMAS SHOES 411 SWEETWATER ROAD GREER, SC 29650	NONE	PC	COMMUNITY OUTREACH	2,500.
CLARITY 29 N. ACADEMY STREET GREENVILLE, SC 29601	NONE	PC	EDUCATIONAL ASSISTANCE	5,000.
COMMUNITIES IN SCHOOLS OF GREENVILLE PO BOX 10308 GREENVILLE, SC 29603	NONE	PC	EDUCATIONAL ASSISTANCE	24,750.
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609	NONE	PC	FAMILY ASSISTANCE	5,000.
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302	NONE	PC	EDUCATIONAL ASSISTANCE	4,000.
CREATIVE ADVANCEMENT CENTERS 131 SUNNY RAY DRIVE, DUNCAN DUNCAN, SC 29334	NONE	PC	EDUCATIONAL ASSISTANCE	27,000.
DUNBAR CHILD DEVELOPMENT CENTER 200 MORGAN ST GREER, SC 29651	NONE	PC	EDUCATIONAL ASSISTANCE	12,548.
EXTENDED HANDS OF GOD 110 MONTANA ST GREENVILLE, SC 29611	NONE	PC	COMMUNITY OUTREACH	3,000.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAVOR GREENVILLE 355 WOODRUFF RD #303 GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	10,000.
FOSTERING GREAT IDEAS 321 PIMLICO ROAD GREENVILLE, SC 29607	NONE	PC	FAMILY ASSISTANCE	5,000.
FOUNTAIN INN KID ENRICHMENT CENTER 601 FAIRVIEW ST FOUNTAIN INN, SC 29644	NONE	PC	EDUCATIONAL ASSISTANCE	5,000.
FRIENDS OF MOMENTUM BIKE CLUB 225 SOUTH PLEASANTBURG DRIVE SUITE E3 GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	5,000.
GIRLS ON THE RUN UPSTATE PO BOX 170773 SPARTANBURG, SC 29301	NONE	PC	COMMUNITY OUTREACH	3,000.
GIRLUP GVL 2121 ANDERSON RD GREENVILLE, SC 29611	NONE	PC	COMMUNITY OUTREACH	5,000.
GREENVILLE COUNTY HUMAN RELATIONS COMMISSION 301 UNIVERSITY RIDGE #1600 GREENVILLE, SC 29601	NONE	GOV	COMMUNITY OUTREACH	15,000.
GREENVILLE ZOO 150 CLEVELAND PARK DR GREENVILLE, SC 29601	NONE	POF	COMMUNITY OUTREACH	1,353.
GREER RELIEF AND RESOURCES AGENCY 202 VICTORIA ST GREER, SC 29651	NONE	PC	FAMILY ASSISTANCE	22,875.
GWINNETT COUNTY POLICE FOUNDATION P.O. BOX 491026 LAWRENCEVILLE, GA 30049	NONE	PF	COMMUNITY OUTREACH	1,000.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HABITAT FOR HUMANITY OF GREENVILLE COUNTY P.O. BOX 1206 GREENVILLE, SC 29615	NONE	POF	FAMILY ASSISTANCE	14,000.
HILINSKI'S HOPE P.O. BOX 133 BALLENTINE, SC 29002	NONE	PC	COMMUNITY OUTREACH	7,081.
HOMELESS PERIOD PROJECT 413 WILTON STREET GREENVILLE, SC 29609	NONE	PC	FAMILY ASSISTANCE	6,000.
JASMINE ROAD, INC. P.O. BOX 25452 GREENVILLE, SC 29609	NONE	PC	COMMUNITY OUTREACH	10,000.
JULIE VALENTINE CENTER 2905 WHITE HORSE ROAD GREENVILLE, SC 29611	NONE	PC	FAMILY ASSISTANCE	10,000.
JUST SAY SOMETHING 850 S PLEASANTBURG DR SUITE 202 GREENVILLE, SC 29607	NONE	PC	FAMILY ASSISTANCE	15,000.
LIFEHOUSE 201 THOMAS MILL RD EASLEY, SC 29640	NONE	PC	COMMUNITY OUTREACH	10,000.
LOUISIANA HURRICANE RELIEF 5 K MART PLZ GREENVILLE, SC 29605	NONE	PC	DISASTER RELIEF	530.
MAKE-A-WISH SOUTH CAROLINA 225 S PLEASANTBURG DR C17 GREENVILLE, SC 29607	NONE	PC	FAMILY ASSISTANCE	10,000.
MENTAL HEALTH AMERICA OF GREENVILLE CO. 130 INDUSTRIAL DR, SUITE BC GREENVILLE, SC 29607	NONE	PF	FAMILY ASSISTANCE	15,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MEYER CENTER 1132 RUTHERFORD RD GREENVILLE, SC 29609	NONE	PC	EDUCATIONAL ASSISTANCE	25,000.
MIRACLE HILL MINISTRIES PO BOX 2546 GREENVILLE, SC 29602	NONE	POF	COMMUNITY OUTREACH	10,000.
NETWORK OF VICTIM ASSISTANCE 2370 YORK ROAD, SUITE B1 JAMISON, PA 18929	NONE	PF	FAMILY ASSISTANCE	1,000.
PENDLETON PLACE 1133 PENDLETON ST GREENVILLE, SC 29601	NONE	PC	FAMILY ASSISTANCE	17,953.
PHILABUNDANCE 3636 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	NONE	PC	FAMILY ASSISTANCE	500.
PICKENS CO. ADVOCACY CENTER 5190 CALHOUN MEMORIAL HWY SUITE A EASLEY, SC 29641	NONE	PC	FAMILY ASSISTANCE	10,000.
PRIDE LINK 30 POINTE CIR. GREENVILLE, SC 29615	NONE	PC	COMMUNITY OUTREACH	5,000.
PRISMA HEALTH 701 GROVE RD, GREENVILLE, SC 29605	NONE	PC	FAMILY ASSISTANCE	28,327.
PROJECT HOPE 2131 WOODRUFF RD SUITE 2100 GREENVILLE, SC 29607	NONE	POF	FAMILY ASSISTANCE	1,500.
PUBLIC EDUCATION PARTNERS 225 S PLEASANTBURG DR, SUITE E6 GREENVILLE, SC 29607	NONE	PC	EDUCATIONAL ASSISTANCE	2,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
R.J. LEONARD FOUNDATION 8 ATKINSON DR DOYLESTOWN, PA 18901	NONE	PF	YOUTH MENTORSHIP	500.
REBUILD UPSTATE PO BOX 8693 GREENVILLE, SC 29604	NONE	PC	FAMILY ASSISTANCE	5,000.
RIVERWEST FOOD PANTRY 2610 N DOCTOR M.L.K. JR DR MILWAUKEE, WI 53212	NONE	PC	FAMILY ASSISTANCE	1,000.
RONALD MCDONALD HOUSE CHARITIES OF THE CAROLINAS 706 GROVE RD GREENVILLE, SC 29605	NONE	PC	FAMILY ASSISTANCE	6,000.
ROPER MOUNTAIN SCIENCE CENTER 402 ROPER MOUNTAIN RD GREENVILLE, SC 29615	NONE	PC	EDUCATIONAL ASSISTANCE	25,000.
S.C. GOVERNOR'S SCHOOL FOR SCIENCE & MATH FOUNDATION 1122 LADY ST SUITE 700 COLUMBIA, SC 29201	NONE	PF	EDUCATIONAL ASSISTANCE	2,000.
SAFE HARBOR, INC. 429 N MAIN ST GREENVILLE, SC 29601	NONE	PC	FAMILY ASSISTANCE	5,000.
S.C. GOVERNOR'S SCHOOL FOR SCIENCE & MATH FOUNDATION 1122 LADY ST SUITE 700 COLUMBIA, SC 29201	NONE	PC	EDUCATIONAL ASSISTANCE	10,000.
SC SCHOOL FOR THE DEAF AND BLIND FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	NONE	PF	EDUCATIONAL ASSISTANCE	3,000.
SOUTH CAROLINA HUNTERS FOR THE HUNGRY 980 SUNNY ACRES RD PACOLET, SC 29734	NONE	PC	FAMILY ASSISTANCE	2,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
STRIDES 109 NEW PERRY RD GREENVILLE, SC 29617	NONE	PC	EDUCATIONAL ASSISTANCE	2,000.
BREAST CANCER FOUNDATION 13770 NOEL ROAD, SUITE 801889 DALLAS, TX 75380	NONE	POF	RESEARCH SUPPORT	2,500.
SUSTAINING WAY 60 BAXTER STREET GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	2,000.
SWITCH PO BOX 5394 GREENVILLE, SC 29606	NONE	PC	COMMUNITY OUTREACH	37,000.
TAJ BOYD FOUNDATION PO BOX 26863 GREENVILLE, SC 29616	NONE	PF	COMMUNITY OUTREACH	5,000.
TEACH FOR AMERICA SOUTH CAROLINA (TFASC) 635 RUTLEDGE AVE, SUITE 201 CHARLESTON, SC 29403	NONE	PC	EDUCATIONAL ASSISTANCE	2,000.
THE FAMILY EFFECT 1400 CLEVELAND ST GREENVILLE, SC 29607	NONE	PC	FAMILY ASSISTANCE	2,500.
THE PHILLIS WHEATLEY COMMUNITY CENTER 40 JOHN MCCARROLL WAY GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	8,000.
THE SALVATION ARMY 417 RUTHERFORD STREET GREENVILLE, SC 29609	NONE	PC	FAMILY ASSISTANCE	5,000.
KIDSTLC 480 S ROGERS ROAD OLATHE, KS 66062	NONE	PC	FAMILY ASSISTANCE	10,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRIUNE MERCY CENTER 222 RUTHERFORD ST GREENVILLE, SC 29609	NONE	PC	FAMILY ASSISTANCE	5,000.
UNITED MINISTRIES 606 PENDLETON ST GREENVILLE, SC 29601	NONE	PC	FELLOSHIPS	5,000.
UNITED WAY OF GREENVILLE COUNTY 105 EDINBURGH CT #2529 GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	72,500.
UPCOUNTRY HISTORY MUSEUM 540 BUNCOMBE ST GREENVILLE, SC 29601	NONE	PC	COMMUNITY OUTREACH	6,000.
UPSTATE CAROLINA ADAPTIVE GOLF 25 LOUISE AVENUE GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	2,500.
UPSTATE CIRCLE OF FRIENDS 29 RIDGEWAY DR GREENVILLE, SC 29605	NONE	PC	FAMILY ASSISTANCE	5,000.
UPSTATE SC AMBUCS PO BOX2634 GREENVILLE, SC 29602	NONE	PC	FAMILY ASSISTANCE	1,593.
WESTWOOD YOUTH DEVELOPMENT 620 PARKROSE AVENUE MEMPHIS, TN 38109	NONE	PC	YOUTH MENTORSHIP	2,500.
YMCA JUDSON COMMUNITY CENTER 2 EIGHTH ST GREENVILLE, SC 29611	NONE	PC	COMMUNITY OUTREACH	10,000.
<b>Total from continuation sheets</b> .....				

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

SCANSOURCE CHARITABLE FOUNDATION

Employer identification number

57-1002959

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an 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 sections 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 any one 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization 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), but it **must** answer "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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number  <b>57-1002959</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCANSOURCE INC  6 LOGUE COURT  GREENVILLE, SC 29615	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCANSOURCE PR MATCH  6 LOGUE COURT  GREENVILLE, SC 29615	\$ 58,318.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SCANSOURCE EMPLOYEES - PR WH  6 LOGUE COURT  GREENVILLE, SC 29615	\$ 58,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number  <b>57-1002959</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization  <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number  <b>57-1002959</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MERRILL LYNCH	147,724.	26,378.	121,346.	121,346.	0.
TO PART I, LINE 4	147,724.	26,378.	121,346.	121,346.	0.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	25,491.	25,491.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	25,491.	25,491.	0.	0.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	59,420.	59,420.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	59,420.	59,420.	0.	0.

## FORM 990-PF

## TAXES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	8,253.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	8,253.	0.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE REGISTRATION FEES	52.	0.	0.	52.
BANK SERVICE CHARGES	312.	312.	0.	0.
OFFICE SUPPLIES	5,014.	5,014.	0.	0.
TO FORM 990-PF, PG 1, LN 23	5,378.	5,326.	0.	52.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 6

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH #726-04204 - CASH HOLDING FUNDS	FMV	12,199.	12,199.
MERRILL LYNCH #726-04204 - GOVERNMENT SECURITIES	FMV	195,940.	195,940.
MERRILL LYNCH #726-04204 - CORPORATE BONDS	FMV	202,228.	202,228.
MERRILL LYNCH #726-04204 - MUTUAL FUNDS/CEF/UIT	FMV	136,144.	136,144.
MERRILL LYNCH #726-04204 - ESTIMATED ACCRUED INTEREST	FMV	2,059.	2,059.
MERRILL LYNCH #726-04205 - CASH HOLDING FUNDS	FMV	29,430.	29,430.
MERRILL LYNCH #726-04205 - EQUITIES	FMV	2,249,881.	2,249,881.
MERRILL LYNCH #726-04206 - CASH HOLDING FUNDS	FMV	46,288.	46,288.
MERRILL LYNCH #726-04206 - MUTUAL FUNDS/CEF/UIT	FMV	2,136,183.	2,136,183.
TOTAL TO FORM 990-PF, PART II, LINE 13		5,010,352.	5,010,352.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAMILO FRANCO 6 LOGUE CT GREENVILLE, SC 29615	PRESIDENT 8.00	0.	0.	0.
AMANDA BUCKLEY 6 LOGUE CT GREENVILLE, SC 29615	VICE PRESIDENT 6.00	0.	0.	0.
JILL KREMER 6 LOGUE CT GREENVILLE, SC 29615	SECRETARY 4.00	0.	0.	0.
JENICA BRYANT 6 LOGUE CT GREENVILLE, SC 29615	TREASURER 4.00	0.	0.	0.
ABIGAIL DORMAN 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
JOEL DOUGLASS 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
FRANCISCO MENDEZ 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
JASON MOTTE 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
MEGAN WEAVER 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
SHELLEY WINDSOR 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.

SCANSOURCE CHARITABLE FOUNDATION

57-1002959

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>0.</u>	<u>0.</u>	<u>0.</u>
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FORM 990-PF

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

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOEL DOUGLASS  
6 LOGUE COURT  
GREENVILLE, SC 29615

TELEPHONE NUMBER

864-286-4550

FORM AND CONTENT OF APPLICATIONS

SCANSOURCE CHARITABLE FOUNDATION REQUEST FOR FUNDING - INCLUDE ADDITIONAL  
INFO AS NEEDED

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE NEED MUST BE FOR AN AREA IN WHICH A SCANSOURCE OFFICE IS LOCATED