

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



## Form **990-EZ**

Department of the Treasury

**Short Form Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 1,425  7a Gross sales of inventory, less returns and activities (Subtract line 6b from line 6a) 7c	Intern	nal Revenu	ue Service		I he organization	n may nave to use	a copy of this re	turn to satisfy state repo	orting requiren	nents		mspecu	Oil
Anderscharge   Institution	A F	or the	2008 calend	ar year,	, or tax year be	ginning	July 1	, 2008, and e	nding	June	30	, 20	09
Number and state of processing the state of processing the state of	<b>B</b> (	Check if ap	oplicable	Please	C Name of organ	nization				D Employ	er iden	tification nur	nber
Number adversery   Number and street (or PO too., if mail to not delivered to street advised.   B Telephone number   Number and street (or PO too., if mail to not delivered to street advised.   B Telephone number   Specific   Sp		Address c	hange		The Barbara	Stone Founda	ation			57		0933503	
Present entern   Present entern   Present	$\mathbf{Z}$	Name cha	inge					vered to street address	Boom/suite		ne nu		
Section 501(c)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach   Colten (specify)   Number		Initial retui	m	type.			ii iiidii is iiot dei	ivered to street address,	11001111001110				
Repetition proting   Repetition   Reptition   Rept	=						. 7:5		L		<del></del>		<u>U</u>
Section 501(c)(3) organizations and 4947(c)(1) onesempt charitable trusts must attach Other (specify)	=				_ ·	•	nd ZIP + 4			•	•	tion	
Website: ► www.gcdsnb.com	$\Box$	Application	n pending	tions.	Greenville, S	C 29606							
Website: ► WWW.gdssin.com   Organization type (check only one)   Sotie) (3) ≥ (insert no)   d947(a)(1) or   527   990-Ez   990		Section	on 501(c)(3) (					trusts must attach				☑ Cash ☐	Accrual
Organization type (check only one)	1 1	Vebsit	e: ▶ <u>www</u>	.gcdsn	ıb.com		-						
K Check	J	Organiz	ation type (c	heck or	nly one)— 🗾 50	1(c) ( <b>3</b> ) <b>∢</b> (ins	ert no) 🗌 4	947(a)(1) or				,	•
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1   Contributions, girts, grants, and similar amounts received.   1   75,987     2   Program service revenue including government fees and contracts   2   3     3   Membership dues and assessments   4   Investment income   4   18,515     5a   Gross amount from sale of assets other than inventory   5a   5b     5b   Less: cost or other basis and sales expenses   5   5b   5     6   Special events and calculate comparison of solutions in the contract of the	K	Check ▶	If the org	ganızatıc	on is not a section	n 509(a)(3) supp	orting organiza	tion <b>and</b> its gross rec	eipts are nor	mally <b>not</b> m	ore tha	an \$25,000 A	return is
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Contributions, gifts, grants, and similar amounts received.   1   75,987     2   Program service revenue including government fees and contracts   2     3   Membership dues and assessments   4   18,515     5a   Gross amount from sale of assets other than inventory   5a   5b   5b     5a   Gross amount from sale of assets other than inventory   5a   5b   5b   5c     6   Special events and activities (complete September 1)   Compared to limit   1   5c     6   Special events and activities (complete September 1)   Compared to limit   1   5c     6   Special events and activities (complete September 1)   Compared to limit   1   5c     6   Special events and activities (complete September 1)   Compared to limit   1   5c     7a   Gross revenue (not including 3   of contributions   6a   14,680     Compared to limit   1   5c   5c   5c     Compared to limit   1   5c   5c   5c   5c     Compared to limit   1   5c   5c   5c   5c   5c   5c     Compared to limit   1   5c   5c   5c   5c   5c   5c   5c	_								stand of Ear	n 000 E7	- 0		100 192
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or floss) from sale of assets other than inventory a Gross revenue (not including) a Gross revenue (not including) c Note than inventory b Less: cost or other basis and sales expenses c Sale events and activities compute secretary and fallowances a Gross revenue (not including) a Gross revenue (not including) c Note than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (Subtract line 5b from line 6a) a Gross revenue (not including) c Note than inventory (Subtract line 6b from line 6a) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events and systems (Bb 13,255) c Note income or (loss) from special events and additional systems (Bb 13,255) c Note income or (loss) from special events													109,102
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5 Special events and activities complete activities of solidule (3) if any amount is from gaming, check here ▶ □ 6 Special events and activities complete activities of solidule (3) if any amount is from gaming, check here ▶ □ 7 Gross revenue (not including \$ □ of contributions reported on line 1) 8 Less: close of goods sold □ □ of contributions reported on line 1) 9 Less: close of goods sold □ □ of contributions reported on line 1) 9 Cross profit or loss) from sales of inventory (Subtract line 5b from line 6a)	Pá	irt I	Revenue,	Expe	nses, and Ci	nanges in No	et Assets o	r Fund Balances	s (See the	Instruction		r Part I.)	
3 Membership dues and assessments   3   4   18,515   55   55   55   55   55   55   55		1	Contribution	ns, gifts	s, grants, and si	milar amounts	received, .						75,987
A   Investment income   4   18,515   5a   Gross amount from sale of assets other than inventory   5a   5b   5c   5c   5c   5c   5c   5c   5c		2	Program s	ervice r	evenue includi	ing governmer	nt fees and co	ontracts		[	2		
4   Investment income   5a   5a   5b   5a   5b   5b   5b   5c   5a   5b   5b   5b   5b   5b   5b   5b		3	Membersh	ip dues	and assessm	ents				L	3		
b Less: cost or other basis and sales expenses c Garn or (loss) from sale of assets other than invantory (Subtract line 5b from line 5a) (attach schedule). Special events and activities (complete parts the property of Schedule G) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$\frac{1}{2}\$ of contributions reported on line 1) b Less: direct expenses of the property of Schedule G) If any amount is from gaming, check here ▶ □ b Less: direct expenses of the property of Schedule G) If any amount is from gaming, check here ▶ □ c Gross revenue (not including \$\frac{1}{2}\$ of contributions reported on line 1) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Ross sprofit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special ev		4									4		18,515
b Less: cost or other basis and sales expenses c Garn or (loss) from sale of assets other than invantory (Subtract line 5b from line 5a) (attach schedule). Special events and activities (complete parts the property of Schedule G) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$\frac{1}{2}\$ of contributions reported on line 1) b Less: direct expenses of the property of Schedule G) If any amount is from gaming, check here ▶ □ b Less: direct expenses of the property of Schedule G) If any amount is from gaming, check here ▶ □ c Gross revenue (not including \$\frac{1}{2}\$ of contributions reported on line 1) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Ross sprofit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special ev		52	Gross amo	unt fro	m sale of assc	ats other than	inventory	5a					
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) .  Special events and activities corpuse appropriate for Schedule (3) if any amount is from gaming, check here ▶ □  a Gross revenue (ndt inclubility							•						
Special events and activities complete appropriate of Schedule G) If any amount is from gaming, check here I are a Gross revenue (not including S of contributions reported on line 1) of contributions reported on line 2) of contributions reported r		_				•			. /	1 -1 -1	50		
a Gross revenue (net including \$		С								icadic,	30		
a Gross revenue (net including \$	===	6	Special events	and activ	vitice (complete apr	of Sc	heldule G) If any	amount is from gaming,	check here	• U			
b Less: direct expenses of the printing expenses of expenses of the printing expenses of the pri	`~§	а	Gross reve	nue (no	at including \$		of corلن	ntributions					
b Less: direct expenses of the printing expenses of expenses of the printing expenses of the pri	F 62		reported o	n line 1	)		있	6a					
C Net income or (loss) from special events and legivities (Subtract line 6b from line 6a)	ക	b	Less: direc	t expe	nses other/tibai	å fan∂kaisina k	expenses	6b		13,255			
b Less: cost of goods sold Use 1 1	ا پھ	С	Net income	e or (lo:	ss) from specia	al events and	activities (Sub	stract line 6b from	line 6a)		6c		1,425
b Less: cost of goods sold Use 1 1	\$	_			1 1			1 _ 1	, •	· · · · · · · · · · · · · · · · · · ·			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ► ) 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.			Loce: cost	of goo		WEIGHTO HIS	wances .						
11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► † ↑ a · s fers + o CCDSNB for expenses   16	닒			_							70		
11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► † ↑ a · s fers + o CCDSNB for expenses   16	Ž	_	•	-	•	of inventory (	Subtract line	/b from line /a)		· · · : ⊢			
11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► † ↑ a · s fers + o CCDSNB for expenses   16	Z					2 4 Fr Cr 7				—', ⊢			05.027
11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► † ↑ a · s fers + o CCDSNB for expenses   16	\$	9	Total reve	nue. A	ad lines 1, 2, 3	3, 4, 5C, 6C, 7C	c, and 8	<del></del>	<del></del>				
11 Benefits paid to or for members 12 Salares, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► † ↑ a · s fers + o CCDSNB for expenses   16	മ	10	Grants and	l sımila	r amounts paid	d (attach sche	dule)			· · · -	$\overline{}$		33,369
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe > †Yansfers +o GCDSNB for expenses )  17 Total expenses. Add lines 10 through 16		11	Benefits pa	aid to d	or for members	;				· · · ⊢	-		
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe > †Yansfers +o GCDSNB for expenses )  17 Total expenses. Add lines 10 through 16	Sa	12	Salaries, o	ther co	mpensation, a	nd employee l	penefits			L	12		
14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping.  16 Other expenses (describe ► †\( \frac{1}{2}\) \( \frac{1}\) \( \frac{1}{2}\) \( \frac{1}{2}	S.							ractors			13		_
16 Other expenses (describe ► Transfers to GCDSNB for expenses )  16 140,220  17 16 183,817  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation) Statement 1 20 -69,898  21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 21 289,288  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  500,288 22 300,849  23 Land and buildings  24 Other assets (describe ► Accounts Payable ) 53,212 26 11,561  25 Total liabilities (describe ► Accounts Payable ) 53,212 26 11,561  26 Total liabilities (describe ≥ Accounts Payable ) Net assets or fund balances (line 27 of column (B) must agree with line 21) 447,076 27 289,288	8										14		
16 Other expenses (describe ► Transfers to GCDSNB for expenses )  16 140,220  17 16 183,817  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation) Statement 1 20 -69,898  21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 21 289,288  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  500,288 22 300,849  23 Land and buildings  24 Other assets (describe ► Accounts Payable ) 53,212 26 11,561  25 Total liabilities (describe ► Accounts Payable ) 53,212 26 11,561  26 Total liabilities (describe ≥ Accounts Payable ) Net assets or fund balances (line 27 of column (B) must agree with line 21) 447,076 27 289,288	Ш												10,228
17 Total expenses. Add lines 10 through 16							e i i i i i i	DSLIB C.					
18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation) Statement 1 20 -69,898  21 Net assets or fund balances at end of year. Combine lines 18 through 20 ≥ 1 289,288  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year (B) End of year 500,288 22 300,849  23 Land and buildings 23  24 Other assets (describe > 24  25 Total assets 500,288 25 300,849  26 Total liabilities (describe > 24,260,000 or more) 53,212 26 11,561  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 447,076 27 289,288													
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  Other changes in net assets or fund balances (attach explanation) Statement 1 20 -69,898  Net assets or fund balances at end of year. Combine lines 18 through 20	y,												
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (Cash, savings, and investments  (B) End of year  (Cash, savings, and investments  (Cash,	Şe												
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (Cash, savings, and investments  (B) End of year  (Cash, savings, and investments  (Cash,	Ą							27, coluini (A))	i iniasi agi	55 <b>17</b> 101	19		447,076
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (Cash, savings, and investments  (B) End of year  (Cash, savings, and investments  (Cash,	<u>*</u>	20	Other char	nguie	net assets or	fund halances	(attach expla	anation) State	ment 1	· · · ⊢			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  500,288 22 300,849  23 Land and buildings  24 Other assets (describe ►  Total assets  500,288 25 300,849  25 Total liabilities (describe ►  Total liabilities (describe ►  Accounts Dayable  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  1 Ad7,076 27 289,288	ž		Net accete	or fun	d halances at	and of year C	attacii expid	18 through 20	yrieri.				
(See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (Cash, savings, and investments  (Cash, savings, and i	D.								ore file Ec				
22 Cash, savings, and investments	L C	11	Dalatice				- · · · -	e φε,ουυ,υυυ or m					
23 Land and buildings 24 Other assets (describe ►				•		tions for Part I	l.)		(A) Be	<u> </u>			
24       Other assets (describe ►       )       24         25       Total assets       500,288 25       300,849         26       Total liabilities (describe ►       Accounts Quality       )       53,212 26       11,561         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       447,076 27       289,288	22	Cash	n, savings, a	and inv	estments .					500,28	_		<u>300,849</u>
24       Other assets (describe ►       24         25       Total assets       500,288 25       300,849         26       Total liabilities (describe ►       Accounts payable       )       53,212 26       11,561         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       .       447,076 27       289,288	23	Lanc	and buildi	ngs									
25 Total assets       500,288 25 300,849         26 Total liabilities (describe ► Accounts payable Net assets or fund balances (line 27 of column (B) must agree with line 21)       53,212 26 11,561 447,076 27 289,288	24	Othe	er assets (de	scribe	<b>&gt;</b>				)		24		
26 Total liabilities (describe ➤ Accounts payable ) 53,212 26 11,561 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 447,076 27 289,288	25					•				500,28	8 25		300,849
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)				describ	no <b>b A</b>	unts mia	hle.		;	<del></del>			11,561
		Net	assets or f	und ha	lances (line 2)	7 of column /F	3) must agree	with line 21)	' <del>                                    </del>		_		
	_					<u> </u>			Cat No		<u>~   66 f</u>		

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

· ···· · · · · · · · · · · · · · · · ·					Page 4		
Part III Statement of Program Service Accom					Expenses		
What is the organization's primary exempt purpose?	o provide services to disa	abled individuals		(Rec	uired for 501(c)(3)		
Describe what was achieved in carrying out the organiz	on's exempt nurnoses. In a clear and concise manner				and (4) organizations and 4947(a)(1) trusts,		
describe the services provided, the number of persons be	enefited, or other relevant information for each program title.				onal for others)		
28 To support the Greenville County Disabilities and	<del></del>			<u> </u>	T		
mentally handicapped or physically handicapped	d individuals by providing	day programs a	nd				
residences							
(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ □	28a	183,817		
29							
			••				
/Оторьо Ф				-			
(Grants \$ ) If this amount incl				29a	_		
30		· <b>-</b>					
(Grants \$ ) If this amount incl	udes foreign grants, check	here	▶ □	30a			
• •	udes foreign grants, check			31a			
22 Total program coming expenses (add lines 20s th	udes loreign grants, check	nere	<del></del>	_	400.04		
32 Total program service expenses (add lines 28a th				32	183,817		
Part IV List of Officers, Directors, Trustees, and Key	<del>_ · · ·</del>	<del></del>	<del>, `                                   </del>		ons for Part IV.)		
(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contributio		(e) Expense account and		
(a) Hame and address	devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians & isation	other allowances		
John Bliley	President - 0						
308 Old South Rd Duncan, SC 29334	President - V	0		0	o		
Alvena Chapman	Vice President - 0	_		_	_		
41 Lanneau Dr Greenville, SC 29605		0		0	0		
Nick Fischer	Secretary - 0						
PO Box 311 Fair Play, SC 29643		0		0	0		
Roxie Kincannon	Traceurar O						
216 Jones Ave Simpsonville, SC 29681	Treasurer - 0	O		0	0		
Tim Baker	Member - 0			_	_		
8 Wonderwood Dr Greenville, SC 29615		0		0	0		
Drew Gatlin	Member - 0						
PO Box 1363 Greenville, SC 29602		0		0	0		
Jack Mesker	Member - 0						
925 Medora Dr Greer, SC 29650	Wember - U	0	}	0	0		
Barbara Stone		<u> </u>					
	Member - 0			_			
201 Broughton Dr Greenville, SC 29609		0		0	0		
Bill Sykes, Jr	Member - 0						
122 Edgeworth St Greenville, SC 29607		0		0	0		
Nick Theodore	Mambar 0						
221 Hidden Hills Dr Greenville, SC 29605	Member - 0	0		0	0		
221 Inducti Illio Di Giochivillo, Go 25000		<u> </u>					
•••••							
					_		
			ļ				
			1				
			<del></del>				
			I		1		

Par	<b>Other Information</b> (Note the statement requirements in the instructions for Part VI.)			_
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		<b>√</b>
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>✓</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>✓</b>
	Section 501(c)(7) organizations. Enter:	<b>-</b>		
	Initiation fees and capital contributions included on line 9		:	
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
ь	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
_	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L. Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		<b>✓</b>
41	List the states with which a copy of this return is filed. ▶ South Carolina			
42a	The books are in care of ► Marcie Patterson  Located at ► PO Box 17467 Greenville, SC  Telephone no. ► (864)  ZIP + 4	) 67 296	79-02 06	20
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[	Yes	No
	account)?	42b		-
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40		<b>√</b>
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b></b>
40	If "Yes," enter the name of the foreign country:			▶ □
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	<b>-</b>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			ليا
	Form 990-EZ	44		<b>✓</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>/</b>

Part	Section 501(c)(3) organizations only and complete the tables for lines 50 a	. All section 501(c)(3) ond 51.	organizations mu	ust answer questi	ons 4	6–49	
46	Did the organization engage in direct or indirect p	political campaign activitie	s on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete S				46_		<b>✓</b>
	Did the organization engage in lobbying activities'				47		<b>✓</b>
	Is the organization operating a school as describe			lete Schedule E .	48		<b>✓</b>
	Did the organization make any transfers to an exe		d organization?		49a	✓	-
	If "Yes," was the related organization(s) a section				49b		
	Complete this table for the five highest compensate each received more than \$100,000 of compensations.	ion from the organization.	If there is none,	enter "None."	·		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowar	nd
NON	E						
				<u> </u>			
Total	number of other employees paid over \$100,000 ▶						
	Complete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor p	one, enter "None."		ype of service	(c) Con		tion
NON			(6)	ype of service	(C) Con	ipensa	
		<del></del>					
Total	number of other independent contractors each re		. ▶				
Sign	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accoming on of preparer (other than office	panying schedules and r) is based on all infor I	mation of which prepare	best of mer has an	y knov y know	vledge /ledge.
Here		Directo	\	Date Nance			
Paid	Preparer's	Date	Check if self-	Preparer's Identifying	Number (S	See instr	uctions)
Prepa Use O	Irer's Firm's name (or yours if self-employed),		employed	EIN ►			
May t	address, and ZIP + 4 The IRS discuss this return with the preparer show	n above? See instruction		Phone no ► ( )		es 🗀	No
,	and the stocker the retain with the property show					-J L_	, 140

## **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number The Barbara Stone Foundation 57 0933503 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗹 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** Type II **d** ☐ Type III–Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? support? (see instructions)) Yes No Yes Yes

Total

Schedule A (Form 990 or 990-EZ) 2008 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 48,370 47,182 139,382 51,932 90,667 377,543 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 47,182 48,370 139,382 51,932 90,667 377,543 Total. Add lines 1-3 . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 377,543 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 47,182 48,370 139,382 51,932 90.667 377,543 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 19,333 11,538 81,800 35,042 18,515 166,228 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 2,030 590 0 (Explain in Part IV.) . 15 0 2,635 546,406 11 Total support. Add lines 7 through 10 . 0 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 69.0957 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

	dule A (Form 990 or 990-EZ) 2008						Page <b>3</b>
Pa	Support Schedule for Orga (Complete only if you check	inizations De ed the box o	escribed in S n line 9 of Pa	Section 509(a art I.)	3)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
6	Total. Add lines 1-5			ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b					ļ <u>.</u>	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			,			
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	_		nd, third, fourt	•		· · · · · <del></del>
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin					15	%
16	Public support percentage from 2007 street Public Support percentage from 2007 street Public Support Support Public Support Support Public Support Support Public Support P			7g	<u> </u>	16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 200	-		•	olumn (f)) .	17	%
18	8 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h			18	<u> </u>		
19a	33\% % support tests - 2008. If the organia is not more than 33\% %, check this b						
b	33\% % support tests - 2007. If the organ line 18 is not more than 33\% %, check this	nization did not s box and <b>stop</b>	check a box or here. The orga	n line 14 or line inization qualifie	19a, and line 1 s as a publicly	6 is more than supported orga	33⅓ %, and anization ► □
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	tructions ▶ 🔲

Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Part II, line 10 - Other income relates to reimbursements from vendors and is therefore not considered a contribution
and is not interest or investment income.
······································

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

The Barbara Stone Foundation 57-0933503
Attachments

Statement 1 - 990-EZ line 20

Net Unrealized Gain/Loss

(69,898.00)