

#### 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





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SCANNED JUL 2 0 2010

Department of the Treasury Internal Revenue Service

#### **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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A F</u>	or th	e 2008 e	cale	ndar year, or tax	year beginni	ng	07/01	, 2008, and	ending			/30 <b>,20</b> 09
Вс	heck if ep		lease	C Name of organizat	on SOUTH C	AROLINA F	RESEAR	CH FOUNDA	TION	D Employ	er identifi	cation number
	Addre		e IRS bel or	Doing Business As					·	57-0	96735	0
	7		int or	Number and stree	t (or PO box if m	ail is not delivered	to street ad	dress)	Room/suite	E Teleph	one numbe	er
	┪	t	ype. See	901 SUMTER	STREET				511	(803	3) 777-	5587
$\vdash$	-	Sp	ecific	City or town, state		P + 4			1 7	1 1005	,, , , ,	3301
-	Amen	10.0	struc- lons.	•	••					G Gross	receints \$	175 010 000
$\vdash$	return Applic			COLUMBIA, Some and address of	Formernal officer				0.010	H(a) is this		175, 210, 920. um for Yes X No
Ц	pendi								CDIR	affiliat	es?	
				SUMTER STRE		T 1				H(b) Are a		— —
<u> </u>		empt statu	S	X 501(c)(3)	(insert no )	4947(a)(1)	or	527	<del> </del>	II "No	," attach a lis	st. (see instructions)
<u>J</u>	Websi	ite: ► H	TTF	: // WWW. SC. E	<u>:DU/RESEAR</u>	CH/SCRF, S	HTML			H(c) Group	_	<del></del>
_		of organiza	tion	X Corporation	Trust As:	sociation Ot	ther 🕨	L	Year of forma	iti <b>on</b> 1991	M State	of legal domicile SC
Pa	rt	Sumr	nary									
	1	Briefly d	escri	be the organization	n's mission or m	ost significant ad	ctivities _					
•		-		-		-						
Governance												
raa												
) ve	2	Check th		x lif the o	nanization disc	ontinued its ope	erations o	r disposed of m	ore than 25%			
	3				•			•				17
<b>ජේ</b> භූ		Number	O1 VC	oting members of the	ne governing bo	ay (Fart VI, III)e	(Dad )			• • • • •	3	17
Activities	4	Number	OI III	dependent voting r	nembers of the	governing body	(Part VI, I	ine ib)			· · ·   4	10
⋛	5	l otal nu	mber	of employees (Part	V, line 2a)							NONE
ĕ	6			of volunteers (estir								NONE
	7 a	Total gro	oss u	nrelated business r	evenue from Pai	t VIII, line 12, co	olumn (C)				7a	NONE NONE
	b	Net unre	elated	business taxable	income from For	m 990-T, line 34	<u> 4</u>		<del></del>		7b	NONE
										Prior Y	ear	Current Year
•	8	Contribu	ition :	and grants (Part VII	II, line 1h)					180	,304.	229,500.
Revenue	9	Program	serv	rice revenue (Part V	III, line 2g)					123,884	,937.	174,542,754.
Š	10	Investme	ent ir	come (Part VIII, co	olumn (A), lines	3, 4, and 7d)					3,964.	155,836.
œ	11	Other re	venu	e (Part VIII. colum	1 (A)-limes 5. 6d	8c. 9c. 10c. an	 d 11e)				492.	282,830.
	12	Total rev	enul	- add RE CITE	XED	ual Part VIII. col	lumn (A) I		· · · · · ├─┐	125,019		175, 210, 920.
_	13	Grants	and c	milar amounts paid	(Part IV column	(A) lines 1 3)	(J. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17		• • • • •			'
	١.	Danafita	111U S	for market	AD-A-DA De la laste	(A), lines 1-5)	• • • • •		• • • •	3,325	806.	1,004,221.
	14	Denemis	paid	codr formembers	B agily becoming	(A), line 4)			• • • • ⊢		NONE	
89	15	Salaries	, otne	e compensation, e	mployee benen	s (Paπ IX, colum	ın (A), iine	s 5-10)		1,337		1,153,575.
xpens	16a	Professi	onal	fundaising fees (P	TX, COLUMN (A	), line 11e)					NONE	NONE
×	1			ing expense Pla								
	17			es (Part IX, column						121,070	, 535.	173,201,989.
	18	Total exp	pense	es. Add lines 13-17	7 (must equal Pa	ırt IX, column (A)	), line 25)		🗀	125 <b>,</b> 733	982.	175, 359, 785.
	19	Revenue	e less	expenses Subtrac	ct line 18 from lir	ne 12				-714	, 285.	-148,865.
90										Beginning		End of Year
Net Assets or Fund Balances	20	Total ass	sets (	Part X, line 16)						43,648	071.	59,247,842.
A Ba	21	Total lial	bilitie	s (Part X, line 26)						42,462		58, 211, 393.
عَ قِ	22			fund balances. Su						1,185		1,036,449.
	rt II			e Block			·			<u> </u>	7,011.	170007112.
					15 -4 1 5							the best of our beaudades
		and beli	enam ef, it	es of perjury, I decia is true, correct, and	complete Decka	amined this return ration of preparer	n, including r (other tha	g accompanying in officer) is bas	ed on all info	id statement ormation of	s, and to t which pre	the best of my knowledge parer has any knowledge
		1.			ella		,	·		1.	11.1</td <td>14212</td>	14212
	ign			re of officer						Det	<del>//7/</del>	- AU/U
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			<u> </u>	wala L.	waite	$\Gamma$ , $CF$	$\nu$	_				
		Ту	pe or	print name and title								
_		Prepare	er's	E 0	A 8+	ancel	T	Date	Check if self-		Preparer' (see instr	s identifying number
Paid		signatu	re	7 January		~~~~		5/13/10	employed		ı •	00115650
	parer's	Firm's n	ame (	ERNST	& YOUNG I	J. S. T.T.P			• =-	EIN		4-6565596
Use	Only	if self-en address,				E 800 GREENVI	LLE SC	29601		Phone no	-	64/242-5740
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				popular Paduatio		<u>`</u>			<del></del>	<u></u>		5 000 (2000)

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990 (200 <sup>8</sup> 8)			57-0967350	Page 2
		complishments (see instructions)		
•	e the organization's mission			
SEE SCHED	OULE O.			
			<del></del>	
Did the error	waston undertake env signif	ioant program acaseas during th	a year which were not listed on	
			e year which were not listed on	Yes X No
If "Yes" describ	be these new services on Sch	nedule O		
		make significant changes in how	it conducts, any program	
				Yes X No
If "Yes," descri	be these changes on Schedu	ile O		
			ee largest program services by expe	
• • •			are required to report the amount of	grants and
allocations to	others, the total expenses, ar	nd revenue, if any, for each progran	n service reported.	
		<del></del>	1,004,221. ) (Revenue \$ 174	<u>,670,960.</u> )
		THE BENEFIT OF, TO PER		
		OUT THE PURPOSES OF THE		
		CIENCES SOUTH CAROLINA,		<del> </del>
	AND INVESTIGATION.	ENCOURAGING AND AIDING	SCIENTIFIC	
RESEARCH	AND INVESTIGATION.			
				-
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
				_
			<del></del> _	
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: (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		· · · · · · · · · · · · · · · · · · ·		
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	<del> </del>			
	<del></del>			<u> </u>
Other preserve	n services. (Describe in Sched	tulo (C.)		
Ctner program (Expenses \$	· · · · · · · · · · · · · · · · · · ·	•	<b>*</b>	
	including grai	74, 154, 328. (Must equal Part I		
	ii service exhauses > 1	14, 154, 328. (Wust equal Part )	A, Line 20, column (D).)	Form <b>990</b> (2008)
0 1 000				1 51111 5 5 5 (£000)

Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Х 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Х 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Х Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26

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Form **990** (2008)

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

#### Part IV Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	, ( , , , , , , , , , , , , , ,			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
		28b		Ιx
c				
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		l <sub>x</sub>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
•	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	<del>                                     </del>		
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		.,
	, , , , , , , , , , , , , , , , , , , ,	30		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	\ <i>/</i> /	37	ı	l v

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	,		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	er the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 5. Information Returns Enter -0- if not applicable			
	ter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 5. Information Returns Enter -0- if not applicable			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return La NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a				
		3a		X
		3 b		
4 a				
	- · · · · · · · · · · · · · · · · · · ·	4a		x
<b>.</b>		7-		<u> </u>
D				l
				l
5a		5a		Х
		5b		Х
	Prohibited Tax Shelter Transaction?	5 c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			<b> </b>
а		7a		X
		7b		<del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7 c		,,
	required to file Form 8282?	<del>  '                                   </del>		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
,	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	İ		
а	Did the organization make any taxable distributions under section 4966?	9a	-	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1 `	Section 501(c)(12) organizations. Enter  Gross uncome from members or shareholders			
a	Gross income from members of strateholders			1
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	]		
b	Enter the number of voting members that are independent	]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Secti	ion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done			
13		12c		X
	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?		Х	
14 15	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	13	Х	
	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	13	Х	
15 a	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official?	13 14 15a	X	
15 a	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	13	х	X
15 a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)	13 14 15a	x	X
15 a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.	13 14 15a 15b	X	X
15 a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	13 14 15a	Х	X
15 a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	13 14 15a 15b	Х	X
15 a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	13 14 15a 15b	х	X
15 a b 16a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	13 14 15a 15b	X	X
a b 16a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure	13 14 15a 15b	X	X
15 a b 16a b Secti	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   SC,	13 14 15a 15b		X
a b 16a b	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s)	13 14 15a 15b		X
15 a b 16a b Secti	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply	13 14 15a 15b		X
15 a b 16a b Secti 17 18	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply  Own website.  Another's website.  X Upon request	13 14 15a 15b 16a 16b		X
15 a b 16a b Secti	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intersection.	13 14 15a 15b 16a 16b		X
15 a b 16a b Secti 17 18	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website   Website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	13 14 15a 15b 16a 16b		X
15 a b 16a b Secti 17 18	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the	13 14 15a 15b 16a 16b		X
15 a b 16a b Secti 17 18	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   SC,  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website   Website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	13 14 15a 15b 16a 16b		X

Form **990** (2008)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
Name and file	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										
										. =

Form 990 (2008)

JSA

Pa	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									d)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per week	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizat (W-2/1099-	ation ated ions	am comp fro orga	imater ount of other ensate om the inizater relate	of tion e on
			Ö	tee			ısated					1	nizatio	
											İ			
											·			<u> </u>
					Ċ									
<u>1b</u>	Total							<b>&gt;</b>	185,903.	2,149,	781.	4	04,	472.
2	Total number of individuals (including those organization ► NONE	e in 1a) v	vho r	ece	ived	l m	ore t	han	i \$100,000 in rej	portable co	mpens	ation fr	om t	the
													Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directoule J for su	or or ch ind	tru <i>ivid</i>	uste ual	e, I	кеу е 		oloyee, or highes	t compens	ated	3	X	<u> </u>
4	For any individual listed on line 1a, is the the organization and related organizations	greater th	nan \$	150	0,00	107	If "Y	'es, '	" complete Sched	ule J for s	such			
5	Individual	e or accr	ue c	omp	ens	satio	n fro	om	any unrelated o	rganization	for	4	_X	
Sar	services rendered to the organization? If "Yes," tion B. Independent Contractors	complete	Scnea	uie .	J TO	r su	cn pe	rsoi	7	· · · · · · · ·	_•	5		X
1	Complete this table for your five highest compensation from the organization.	compensa	ted in	dep	enc	dent	con	trac	ctors that received	d more tha	in \$10	00,000	of	
									(C) Compens	ation				
SE	SEE STATEMENT 1													
			•					1						
2	Total number of independent contractors (i	ncluding t	hose	ın	1) v	vho	rece	ive	d more than \$10	0,000 in			<del></del>	
	compensation from the organization	88												

art VIII	'Statement of Reven	ue	<del></del>		57-0967350		<del></del>
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51
g 1a	Federated campaigns	1a					
and other similar amounts	Membership dues	1 1					
g g	Fundraising events	1 . 1					
ie d	Related organizations	1 1		1			
E e	Government grants (contribu	) 1	100,000.				
s f	All other contributions, gifts, gran	nts,					
	and similar amounts not included	above . 1f	129,500.				
2 g	Noncash contributions included	ın lınes 1a-1f \$			=		3002 00000 <del>00000000000000000000000000000</del>
ı n	Total. Add lines 1a-1f	<u></u>		229, 500.			
			Business Code				
2 a	RESEARCH CONTRACTS		900099	155,029,584.	155,029,584.		
2   b	MANAGEMENT FEES		900099	19,513,170.	19,513,170.		
<u> </u>							-
d d							
е е	_		1				
Program vervice Kevenue 2 a b c d e f g	All other program service rev		1				<del> </del>
<u> </u>	Total. Add lines 2a-2f			174,542,754.			
3	Investment income (including	•					455.00
	other similar amounts)		. 1	155,836.			155, 83
4	Income from investment of			NONE			46.33
5	Royalties • • • • • • • • • • • • • • • • • • •	(i) Real	(II) Personal	46, 332.			46, 33
			<del></del>				
6a	Gross Rents		1				^
b	Less rental expenses		1		1		
C	Rental income or (loss) Net rental income or (loss) .			108, 292.			108, 29
d	Net remai income or (1055).	(i) Securities	(ıi) Other	100, 232.			100,23
7 a	Gross amount from sales of	(7)	,				
١.	assets other than inventory						
Ь	Less cost or other basis						}
	and sales expenses		1				
C d	Gain or (loss)		<b>b</b>	NONE			
	Gross income from 1		1,1,1,1,1,1,1		*		
	events (not including \$	•					
	of contributions reported on						
<b>§</b>	See Part IV, line 18						
Other Revenue	Less direct expenses		i i				
5   3	Net income or (loss) from fu			NONE			
9a	Gross income from gaming						
	See Part IV, line 19			· • • • • • • • • • • • • • • • • • • •			3,7
b	Less direct expenses		1				*
С	Net income or (loss) from ga			NONE			
10a	Gross sales of invent returns and allowances						
ь	Less cost of goods sold		1				
	Net income or (loss) from sa	les of inventory.	<b>. &gt;</b>	NONE			
	Miscellaneous Rever	nue	Business Code				
11a	RECOUP OF PATENT COSTS	<u> </u>	900099	29,97 <u>8</u> .	29,978.		
b	RESIDUAL INCOME FROM CONT	RACTS	900099	98,228.	98, 228.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d .			128,206.			
12	Total Revenue. Add lines 1h	n, 2g, 3, 4, 5, 6d.	7d, 8c,				
ı	9c, 10c, and 11e	<u> </u>		175, 210, 920.	174,670,960.		310,4

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are	not required to comp	olete columns (B), (C), a	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				-
	organizations in the U.S See Part IV, line 21	1,004,221.	1,004,221.		
2	Grants and other assistance to individuals in				· · ·
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,	<del></del>			
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	391,852.	97,138.	294,714.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	]			
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	599, 242.	599, 242.	NONE	·
8	Pension plan contributions (include section 401	,			
-	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	162,481.	108,572.	53,909.	
10	Payroll taxes	NONE		- 3, 3	·- ··· · · ·
11	Fees for services (non-employees):				
	Management	NONE			
	Legal	58,478.	20,250.	38,228.	
	Accounting	62,056.	NONE	62,056.	
	Lobbying	NONE		32, 3333	
	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	11,903.	NONE	11,903.	
	Other	NONE	NO.LD	11,000.	
12	Advertising and promotion	181,068.	17,146.	163,922.	
13	Office expenses	106,811.	44,520.	62, 291.	
14	Information technology	56,755.	11,755.	45,000.	
15	Royalties	NONE	11,755.	137000.	· , , · · · ·
16	Occupancy	255, 852.	102, 323.	153,529.	
17	Travel	39,096.	21,771.	17, 325.	
18	Payments of travel or entertainment expenses	33,030.	21, 1, 11	17,525.	
	for any federal, state, or local public officials	NONE			
10	Conferences, conventions, and meetings	NONE			
19 20	Interest	NONE			
	Payments to affiliates	106,738.	106,738.	NONE	
21 22	Depreciation, depletion, and amortization	47,544.	39, 235.	8, 309.	
22	_ ·	18,150.	500.	17,650.	
	Other expenses Itemize expenses not	10,130.	300.	17,030.	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
_	RESEARCH & DEVELOPMENT	171,678,640.	171,678,640.	NONE	
	CONTRACTURAL/CONSULTANTS			272, 307.	_
		571,150.	298,843.		
	DUES_&_PUBLICATIONS	4,810.	2,391.	2,419.	
	FREIGHT	2,938.	1,043.	1,895.	<del></del>
	All other constant				<del> </del>
	All other expenses	175 350 305	174 154 200	1 005 457	
	Total functional expenses. Add lines 1 through 24f	175, 359, 785.	174,154,328.	1,205,457.	
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
JSA	solicitation		L		- 000
JSA	solicitation				Form 990 /20

JSA 8E1052 1 000

Fe	rt X	Balance Sneet					
	٠		(A) Beginning of year			B) of yea	 r
	1	Cash - non-interest-bearing	NONE	1			NONE
	2	Savings and temporary cash investments	28,058,756.	2	31.		290.
	3	Pledges and grants receivable, net	15, 354, 797.	3			530.
	4	Accounts receivable, net	•	4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
		of Schedule L		6			
ø	7	Notes and loans receivable, net		7			
set	8	Inventories for sales or use		8			
Assets	9	Prepaid expenses and deferred charges	21.6 0.41	9		1.40	
•	-	· · · · · · · · · · · · · · · · · · ·	216,841.	-		142,	<u>228.</u>
		Land, buildings, and equipment, cost basis 10a 262, 448.					
	•	Less accumulated depreciation Complete					
	١	Part VI of Schedule D	17,677.	T'		179 <b>,</b>	<u>794.</u>
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · ·	·	12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	43,648,071.	16	59 <b>,</b>	247,	842.
	17	Accounts payable and accrued expenses	18,900,798.	17	25,	413,	373.
	18	Grants payable		18			
	19	Deferred revenue	23,561,959.	19	32,	798,	020.
S	20	Tax-exempt bond liabilities		20	•		
	21	Escrow account liability. Complete Part IV of Schedule D		21			
iţi	22	Payables to current and former officers, directors, trustees, key employees,					
Liabilities		highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	-	23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	40 460 757	26		211	202
	20		42,462,757.	20	58,	211,	<u> 393.</u>
88		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.					
Balanc	27	Unrestricted net assets	920,780.	27		662,	178.
Bal	28	Temporarily restricted net assets	17,677.	28		22,	480.
ᅙ	29	Permanently restricted net assets	246,857.	29		351,	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and					
5		complete lines 30 through 34.		ŀ			
	30	Capital stock or trust principal, or current funds		30			-
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31			
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32			<del></del>
Net	33	Total net assets or fund balances	1,185,314.	33	1 /	0.36	440
~	34	Total liabilities and net assets/fund balances		34		036,	
Dа	rt XI		43,648,071.	34	59,	247,	<u>84Z.</u>
	ILAI	I maneral otatements and reporting		-		Yes	No
1	A	unting method used to prepare the Form 990 Cash X Accrual Othe	_			res	No
2a		e the organization's financial statements compiled or reviewed by an independent account					<u>X</u>
b		e the organization's financial statements audited by an independent accountant?			· ·   2b	Х	<del></del>
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	=				
_		, review, or compilation of its financial statements and selection of an independent account			· · 2c	Х	<u> </u>
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
		Single Audit Act and OMB Circular A-133?				Х	<u> </u>
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?	<u></u>	<u></u>		Х	
					Form	n <b>990</b>	(2008)

#### 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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number SOUTH CAROLINA RESEARCH FOUNDATION 57-0967350 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). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 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 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 | X | Type III - Functionally Integrated **b** Type II e | X | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) (iii) A family member of a person described in (i) above? . . . . . . . . 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 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 organization (described on lines 1-9 in col (i) listed in your the organization in organization in col. support above or IRC section governing document? col (i) of your (i) organized in the support? U.S.? (see instructions)) Νo Yes Νo Yes No SEE STATEMENT

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

Schedule A (Form 990 or 990-EZ) 2008

135, 983, 718.

Sched	fule A (Porm 990 or 990-EZ) 2008			<u>57</u>	<u>-0967350</u>		Page 🔏
Par	(Complete only if you chec				o)(1)(A)(iv) and	l 170(b)(1)(A)(v	ri)
Sect	tion A. Public Support					····	
Cale	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		ļ				
5	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)		a i		4	45	
6	Public support. Subtract line 5 from line 4		l	l	<u> </u>	<u> </u>	<u> </u>
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	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 (Explain in Part IV.)				:		
11	Total support. Add lines 7 through 10				1		<u> </u>
12	Gross receipts from related activities, etc. (S	see instructions.)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a 501(c)(3)		▶□
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (III						<u>%</u>
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			[15]	
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the or						more, cneck ini
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17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organization						
	in Part IV how the organization meets					as a publicly sup	ропеа
	organization					46h oz 47a	<b>-</b>
Þ	10%-facts-and-circumstances test - 2	_					u iine
	15 is 10% or more, and if the organization Explain in Part IV how the organization						olicly

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

Calendar year (or fiscal year beginning in )		tion A. Public Support	(=) 2004	(F) 2005	(6) 2006	(d) 2007	1 40	2009	/A T=4 1	
membership fees received. (De not include any "unusual grants")  Cless receipt from admissions, merchandise sed or services performed, or seclations furnished and or services performed, or seclations furnished and or services performed, or seclations furnished sed or services performed, or seclations furnished sed or services performed, or seclations furnished sed or services performed, or seclations for several services and services and services and services and services and services and services and services and services and services and services and services for faculties furnished by a governmental unit to the organization without charge organization organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organizatio			(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total	
any "unusual grants ")	1	· · · · · · · · · · · · · · · · · · ·								
2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organizations from activities that are not an unrelated trade or business under section \$13.  1 Tax revenues level for the organization's benefit and either pact 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 , .  7 A Amourts included on lines 1, 2, and 3 received from other than disqualified persons .  A Amourts included on lines 2 and 3 received from other than disqualified the total of lines 9, 10c, 11 and 12 for the year or \$5,000 .  8 Public support (Subtract line 7c from lines) .  9 Amounts include on lines 9, 10c, 11 and 12 for the year or \$5,000 .  9 Amounts from line 8, .  9 Amounts from line 8, .  9 Unrelated business taxable income (less section \$511 taxes) from surfaces and promoses acquired after June 30, 1975 .  9 Amounts from line 8, .  9 Unrelated business taxable income (less section \$511 taxes) from businesses acquired after June 30, 1975 .  9 Amounts from line 8, .  9 Unrelated business taxable income (less section \$511 taxes) from businesses acquired after June 30, 1975 .  9 Amounts from line 8, .  9 Unrelated business taxable income (less section \$51 taxes) from businesses acquired after June 30, 1975 .  9 Amounts from one 6, .  9 Unrelated business taxable income (less section \$51 taxes) from businesses acquired after June 30, 1975 .  10 Hor income. Do not include gain or loss from the sale of capital assets (Explain in part IV) .  11 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section \$51(c)(c) organization, check this box and stop here.  9 Evolution C. Computation of Investment Income Percentage (and the part IV) .  12 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .  15 Institute of the business and part of the part and the p		, , , , , , , , , , , , , , , , , , , ,								
sold or service performed, or feetilites furnished in any activity that is related to the organization's tex-exemple purpose.  3 Gross receipts from activities that are not an unrelated tool business under section 513.  4 Tax revenues leved for the organization's benefit and either paul 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.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from disqualified persons.  c Add lines 7a and 7b.  c Add lines 7a and 7b.  Calendar year (or fiscal year beginning in)   R Public support (Subtract line 7c from line 8).  Calendar year (or fiscal year beginning in)   Amounts from line 6.  Ca Gross income from interest, dividends, payments received in securities leans, rents, royalties and income from similar sources.  5 Unrelated business taxable income (ess section 511 taxes) from businesss as regulatify carried on the line 10b, whether or not the business as regulatify carried on the complete of the companiation of the complete of the companiation of the companiation of the complete of the companiation of the complete of the companiation of the companiation of the section 51 taxes) from businesses (Explain in Part IV).  3 Total support, (Add lines 9, 10c. 11, and 12).  4 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)(companiation of hinestern in line 10b, whether or not the business as regulatify corned on a complete organization of the companiation of the programation of the companiation										
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persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000  Add lines 7 and 7b.  Public support (Subtract line 7c from line 6).  Calendar year (or fiscal year beginning in) > (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (d) 2007 (e) 2007 (	b	Amounts included on lines 2 and 3								
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extion B. Total Support  Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  1 Urrielated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  1 Add lines 10a and 10b.  1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .  2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) .  3 Total support. (Add lines 9, 10c, 11, and 12).  4 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)(c) organization, check this box and stop here.  ection C. Computation of Public Support Percentage  5 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).  15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.  16 Investment income percentage from 2007 Schedule A, Part IV-A, line 27g.  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27g.  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27g.  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27g.  19 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3% and sine 18 is not more than 33 1/3% and sine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  1 Private foundation. If the organization did not check a box on line 14, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3% and show the show and stop here. The organization qualifies as a publicly supported organization.  2 Schedule A Form 390.  2 Schedule A Form 390.		the total of lines 9, 10c, 11, and 12 for the								
B Public support (Subtract line 7c from line 6.).  ection B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008  9	_									
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activities not included in line 10b, whether or not the business is regularly carried on		1		<u> </u>						
carried on		activities not included in line 10b,								
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  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.  ection C. Computation of Public Support Percentage  Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).  Public support percentage from 2007 Schedule A, Part IV-A, line 27g.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.  Investment income percentage from 2007 Schedule A, Part I		· · · · · · · · · · · · · · · · · · ·								
loss from the sale of capital assets (Explain in Part IV)  3 Total support. (Add lines 9, 10c, 11, and 12)  4 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)  6 organization, check this box and stop here.  7 Investment income percentage from 2007 Schedule A, Part IV-A, line 27g	2		-				<u> </u>		<del></del>	
(Explain in Part IV)  3 Total support. (Add lines 9, 10c, 11, and 12)  4 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	-									
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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	,	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>	<del>  =</del>	<del> </del>	-			
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Private foundation. If the organization did not check a box on line 14, and see instructions.  Computation of Investment Income Percentage  Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f)  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))  Investment income percentage from 2008 (line 10c, column (f))							$\vdash$			%
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Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	ec									
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17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, an line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							$\overline{}$			%
<ul> <li>b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> <li>Schedule A (Form 990 or section of the content of the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> </ul>	9 a								_ 1	
line 18 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										$oldsymbol{\bot}$
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b								1	_
Schedule A (Form 990 c		line 18 is not more than 33 1/3 %, check this	s box and <b>stop</b> h	ere. The organiza	tion qualifies as a	publicly supporte	d orgar	nization	▶	
Schedule A (Form 990 c	0	Private foundation. If the organization did	not check a box	on line 14, 19a, c	or 19b, check this	box and see instru	ctions	<u>.</u>	▶	
	21 1 0	000		<del></del>			Schedu	le A (Form 9	90 or 990-EZ)	200

	A (Porm 990 or 990-EZ) 2008 57 – 0 9 6 7 3 5 0		Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation re Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information	equired by Part II, line	10,
	Tarth, line 17 a of 17 b, of Farth, line 12. Flowing any other additional information	in. (see instructions)	
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# SCHEDULE D (Form 990) ·

### **Supplemental Financial Statements**

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

sou	TH CAROLINA RESEARCH FOUNDATION				57-0967350
Par		Funds or Other	Similar Funds o	r Acco	ounts. Complete if
	the organization answered "Yes" to Form 99	0, Part IV, line 6.			
		(a) Donor advise	ed funds	(	b) Funds and other accounts
1	Total number at end of year				
2				<u>-</u>	
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso	rs in writing that th	e assets held in d	lonor ac	lysed
_	funds are the organization's property, subject to the org	-			1 1 1 1
6	Did the organization inform all grantees, donors, and do		-		
_	used only for charitable purposes and not for the benefit				
	ımpermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the	organization ansv	wered "Yes" to F	orm 9	90. Part IV. line 7.
1	Purpose(s) of conservation easements held by the orga				
-	Preservation of land for public use (e.g., recreation	· · · · · · · · · · · · · · · · · · ·		of an h	storically importantly land area
	Protection of natural habitat	or production			fied historic structure
	Preservation of open space	_		01 00111	nea meterio ettactare
2	Complete lines 2a-2d if the organization held a qualified	conservation conf	ribution in the for	m of a	conservation easement
_	on the last day of the tax year.	001100110111011100111		o. u	conscitation sassinsing
	•				Held at the End of the Year
а	Total number of conservation easements			2a	
ь	Total acreage restricted by conservation easements				
c	Number of conservation easements on a certified histor			1 1	
ď	Number of conservation easements included in (c) acq				
3	Number of conservation easements modified, transferre				the organization during
	the taxable year	or, roloudou, ording	galonioa, or tollin		y the organization during
4	Number of states where property subject to conservation	n easement is loca	ted ▶		
5	Does the organization have a written policy regarding th				s. and
	enforcement of the conservation easements it holds? .				
6	Staff or volunteer hours devoted to monitoring, inspectii				
7	Amount of expenses incurred in monitoring, inspecting,				
8	Does each conservation easement reported on line 2(di	_	-	-	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	-	•		L Yes L No
9	In Part XIV, describe how the organization reports cons				
	balance sheet, and include, if applicable, the text of the			-	
	the organization's accounting for conservation easemen	ts.			
Pa	t III Organizations Maintaining Collections of A	rt, Historical Tre	easures, or Othe	er Sim	ilar Assets.
	Complete if the organization answered "Yes	s" to Form 990, P	art IV, line 8.		
1a	If the organization elected, as permitted under SFAS 11	6, not to report in	its revenue stater	ment an	d balance sheet works of
	art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its financial	public exhibition, e	ducation, or rese	arch in	furtherance of public service,
b	If the organization elected, as permitted under SFAS 11				
U	historical treasures, or other similar assets held for pub				
	provide the following amounts relating to these items	iio oximbilion, oddo	41011, 01 10004101		ioranies or public solutios,
	(i) Revenues included in Form 990, Part VIII, line 1				<b>▶</b> \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historic				
	following amounts required to be reported under SFAS				<b>5</b> .,
а	Revenues included in Form 990, Part VIII, line 1	•			<b>&gt;</b> \$
b	Assets included in Form 990, Part X				
					Schedule D (Form 990) 2008
LOL P	rivacy Act and Paperwork Reduction Act Notice, see the Instructions (	OI FOITH 330.			3cneaule D (romn 550) 2008

Schedule D (Form 990) 2008	Schedule	D (	(Form	990	2008
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3 Using the organization's accession and other records, check any of the following that are a significant use of its collection terms (check all that apply)  a Public exhibition	Par	t III Organizations Maintaining Colle	ections of Art,	<u>Historica</u>	I Treasures	, or Oth	er Similar A	ssets (continue	<i>∍d)</i>
a Public exhibition d Loan or exchange programs Other Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other smilar assets to be solic to raise funds rather than to be maintained as part of the organization's collection?		•							
a Public exhibition de Other Preservation for future generations collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicid or receive donations of art, historical treasures, or other smilar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. If use 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIV and complete the following table  1c Beginning balance .	3		er records, chec	k any of th	e following th	nat are a	significant use	e of its collection	I
b Scholarly research e Other Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part IV. I line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  1b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance		items (check all that apply)							
c Preservation for future generations  A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  1b If "Yes," explain the arrangement in Part XIV and complete the following table  1c Beginning balance.  1c Additions during the year  1d Additions during the year  1d Beginning balance.  1f Ending balance.  1g Ending balance.  1g Ending balance.  1g Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance.  1b Contributions.  1c Investment earrangs or losses.  1d Grants or scholarships.  2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment Funds.  2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment Funds.  3 End of year balance.  3 For Term endowment Funds not in the possession of the organization that are held and administered for the organization by  1 If "Yes" to 3a(in), are the related organizations.  3 Is a Board designated or quasi-endowment Funds.  2 Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment Funds.  3 End of year balance.  3 End of year balance.  4 Describe in Part XIV the intended uses of the organization or scholarships.  5 If "Yes to 3a(in), are the related organizations.  1 If yes to 3a(in), are the related organizations.  1 If ye	а	Public exhibition	,	d	Loan or exc	hange p	rograms		
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part IV. line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIV and complete the following table  1c Beginning balance 1c	b	Scholarly research		e 🗀	Other				
Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations	;				-		
Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mantained as part of the organization? \textity \tex	4	Provide a description of the organization's c	ollections and e	xplain how	they further	the orga	nization's exe	mpt purpose in	
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b if "Yes," explain the arrangement in Part XIV and complete the following table  1c Beginning balance  1d Additions during the year  1d Beginning balance  1d Beginning balance  1d Beginning of year balance  2d Provide the estimated percentage of the year end balance held as and programs  1d Administrative expenses  2d End of year balance  2d Provide the estimated or quasi-endowment   2d Provide the estimated organizations listed as required on Schedule R?  2d Provide the endowment funds not in the possession of the organization that are held and administered for the organization by (in refered wit		Part XIV.							
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b if "Yes," explain the arrangement in Part XIV and complete the following table  1c Beginning balance  1d Additions during the year  1d Beginning balance  1d Beginning balance  1d Beginning of year balance  2d Provide the estimated percentage of the year end balance held as and programs  1d Administrative expenses  2d End of year balance  2d Provide the estimated or quasi-endowment   2d Provide the estimated organizations listed as required on Schedule R?  2d Provide the endowment funds not in the possession of the organization that are held and administered for the organization by (in refered wit	5	During the year, did the organization solicit	or receive dona	tions of art	, historical tr	easures	, or other simila	r	
Part IV Trust, Escrow and Custodial Arrangements, Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance  d Additions during the year  f Ending balance  1b Distributions during the year  f Ending balance  a Distributions during the year  f Ending balance  a Distributions during the year  f Ending balance  a Distributions during the year  f Ending balance  a Distributions during the year  f Ending balance  a Distributions  (a) Current Year  (b) Prory year 10 Form 990, Part IV, line 10.  Fart V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  a Beginning of year balance  b Contributions  (a) Current Year  (b) Prory year (c) Two years back  (d) Three years back  (d) Four years back  (e) Four years back  (f) Four years back  (o) Four years b								_	No
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par								
a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
ncluded on Form 990, Part X?.		· · · · · · · · · · · · · · · · · · ·		•	<del></del>		<del></del>		
ncluded on Form 990, Part X?.	1a	Is the organization an agent trustee, custod	lian or other inte	rmediary f	or contribution	ons or ot	her assets not		
b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance									No
C   Beginning balance	h								
c Beginning balance	-	Too, explain the arrangement in rate of	and complete		. <b>໘</b> ເພຍເອ	- 1	An		
d Additions during the year		Reginning halance			<u> </u>	40	7,11	Tourit	
e Distributions during the year		<del>-</del> -			<b>⊢</b>			-	
f Ending balance		<u> </u>			-				
Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance (a) Current Year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back contributions (d) Contributions (e) Contributions (f) Administrative expensions (f) Administrative expensions (f) End of year balance (f) End of year balanc	•								
b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance	7-								
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back		<del>-</del>		A, line 217		• • • •		res	□ NO
(a) Current Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back					ш	000	Dart IV Ivaa	40	
1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of year balance g End of year balance g End of year balance g End of year balance or quasi-endowment ▶	Par		<del></del>					· · · · · · · · · · · · · · · · · · ·	<del></del>
b Contributions	4	1	rent Year (D)	Prior year	(C) IWO yea	ars back	(a) Inree year	s back (e) Foul	r years back
c Investment earnings or losses	_								
d Grants or scholarships	D								
e Other expenditures for facilities . and programs	C				<u> </u>				
and programs	d								
g End of year balance	е	· ·							
g End of year balance.    2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment    b Permanent endowment    c Term endowment    %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations    (ii) related organizations    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?    4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment    (a) Cost or other basis (investment)    (b) Cost or other basis (other)    b Buildings    c Leasehold improvements    26, 131. 13, 029. 13, 102.    e Other    Other    26, 318. 85, 642.									
Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment ▶	f								
Board designated or quasi-endowment    b Permanent endowment    c Term endowment    %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations    (ii) related organizations    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?    4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment    (a) Cost or other basis (other)    (b) Cost or other basis (other)    (c) Depreciation    (d) Book value    (d) Book value    the Land    b Buildings    c Leasehold improvements    124, 357. 43, 307. 81, 050. 41, 050. 42, 111, 960. 26, 318. 85, 642.	g	End of year balance							
b Permanent endowment ▶	2	Provide the estimated percentage of the year	ar end balance h	neld as					
Term endowment ▶	а	Board designated or quasi-endowment ▶_	%						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations.  (ii) related organizations.  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Depreciation  (d) Book value  (d) Book value  tal. Land.  b Buildings  c Leasehold improvements  124, 357. 43, 307. 81, 050.  d Equipment  26, 131. 13, 029. 13, 102.  e Other  111, 960. 26, 318. 85, 642.	b	Permanent endowment ▶ %							
organization by (i) unrelated organizations. 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value	C	Term endowment ▶ %							
(i) unrelated organizations	3a	Are there endowment funds not in the poss	ession of the oi	ganization	that are held	d and ad	ministered for t	he	
(ii) related organizations       3a(ii)         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIV the intended uses of the organization's endowment funds         Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Description of investment       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Depreciation       (d) Book value         1a Land       5b Buildings       5c Leasehold improvements       124, 357.       43, 307.       81,050.         5c Leasehold improvements       26, 131.       13,029.       13,102.         6c Other       111,960.       26,318.       85,642.		organization by							Yes No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		(i) unrelated organizations						3a(i)	
4 Describe in Part XIV the intended uses of the organization's endowment funds           Part VI         Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Depreciation         (d) Book value           1a Land		(ii) related organizations						3a(ii)	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Depreciation         (d) Book value           1a Land	b	If "Yes" to 3a(II), are the related organization	ns listed as requ	ired on Sch	edule R?			3b	
Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Depreciation         (d) Book value           1a Land	4	Describe in Part XIV the intended uses of th	e organization's	endowme	nt funds			<u></u> ,	
Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Depreciation         (d) Book value           1a Land	Par	t VI Investments - Land, Buildings, a	and Equipmen	t. See Fo	rm 990, Par	t X, line	10.		
tall Land					•	ĺ		(d) Book va	alue
b Buildings          c Leasehold improvements       124, 357.       43, 307.       81,050.         d Equipment       26,131.       13,029.       13,102.         e Other       111,960.       26,318.       85,642.		·	1 ' '	1 1		'''	Depreciation	<b></b>	
b Buildings          c Leasehold improvements       124, 357.       43, 307.       81,050.         d Equipment       26,131.       13,029.       13,102.         e Other       111,960.       26,318.       85,642.	1a	Land						·	
c Leasehold improvements       124,357.       43,307.       81,050.         d Equipment       26,131.       13,029.       13,102.         e Other       111,960.       26,318.       85,642.					<del>"</del>				
d Equipment     26,131.     13,029.     13,102.       e Other     111,960.     26,318.     85,642.		5			124 35	7	43 307		1.050
e Other	_	•							
		• •							
		· · · · · · · · · · · · · · · · · · ·	Form 990 Part :	X column					

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. Securities.	e Form 990, Part X, li	ine 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial der	rivatives and other financial products		
	equity interests		
Other			
		_	
<b></b>		_	
		_	
		_	
	(b) should equal Form 990, Part X, col (B) line 12)	▶	lian 42
Part VIII	Investments - Program Related. Se		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Out of one of your market takes
·			
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13)	<b>&gt;</b>	
Part IX	Other Assets. See Form 990, Part 2		
		(a) Description	(b) Book value
		<del></del>	
	(b) should equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities. See Form 990, Pa	<del></del>	
	(a) Description of liability	(b) Amount	
Federal incor	ne taxes		
		,	<b>_ </b> *
			<b>┤</b> ゜゜′
			4
<del> </del>	· · · · · · · · · · · · · · · · · · ·		4
		-	
<del>.</del>		-	
			<b>⊣</b> . ` . `
Total (Calussia	(b) should equal Form 990, Part X, col (B) line 25)	-	-
total. (Column	(b) should equal Fulfil 990, Part A, COI (B) line 25)	<u> </u>	<u> </u>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedu	le D (Form 990) 2008 57-0967350		Page <b>4</b>
Part			
1	*Total revenue (Form 990, Part VIII, column (A), line 12)	1	175,210,920.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	175, 359, 785.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-148,865.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-148,865.
Part			
1	Total revenue, gains, and other support per audited financial statements		<b>1</b> 175, 210, 920.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	. 🗀	2e
3	Subtract line 2e from line 1		<u>3</u> 175, 210, 920.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		_
C	Add lines 4a and 4b	. 4	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		<b>5</b> 175,210,920.
Part		<u>Retur</u>	<u>'n</u>
1	Total expenses and losses per audited financial statements	. –	<b>1</b> 175, 359, 785.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	.  _	<u>3</u> 175, 359, 785.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV)		
_	Add lines 4a and 4b	. —	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		<b>5</b> 175, 359, 785.
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV,	lines 1b
ana 2	o, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
<b>-</b>			
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Schedule D (Form 990) 2008

Schedule D (Fo	orm 990) 2008	<u> </u>	Page 5
Part YIVE	Supplemental Information (continued)		
Fall Alv	Suppliemental information (continued)		
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Schedule D (Form 990) 2008

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

200

OMB No 1545-0047

Open to Public Inspection

å (h) Purpose of grant INHANCE RESEARCH or assistance NFRASTRUCTURE X Yes Employer identification number Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 57-0967350 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 1,004,221 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable SCHOOL the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 57-6001153 (P) EIN CAROLINA RESEARCH FOUNDATION Enter total number of other organizations 110 OSBORNE ADMIN BLDG COLUMBIA, SC 29208 1 (a) Name and address of organization or government UNIVERSITY OF SOUTH CAROLINA. Name of the organization Part Part II

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

Schedule I (Form 990) 2008

NONE

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. 57-0967350 Schedule | (Form 990) 2008 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this p	ete this part to	provide the info	ormation required	d in Part I, line 2, and any	art to provide the information required in Part I, line 2, and any other additional information.
SCHEDULE_11_PART_11_LINE_2	             		   1   1   1   1   1		
DESCRIPTION_OF_ORGANIZATION'S_PROCEDURES	i	MONI TORI NG	FOR MONITORING THE USE OF GRANTS	RANTS	
IHE RESEARCH FOUNDATION AWARDS GRANTS TO	i	UNI VERSITY.	THE UNIVERSITY OF SOUTH CAROLINA	OLI NA	
IN SUPPORT OF RESEARCH AND SCHOLARLY ACTIVITIES AT THE UNIVERSITY.	LY_ACTIVIT	IES AT THE U	NI VERSITY.		
VERSITY_FACULTY_MEMBERS_ARE_	OURAGED TO	SUBMIT PROP	ENCOURAGED TO SUBMIT PROPOSAL DETALLING	NG	
RCH OBJECTIVES.	ALS MEETIN	G THE PREDET	PROPOSALS MEETING THE PREDETERMINED CRITERIA	FRTA	
NG DIVIDITION DA	MMOO NOTEGETES	TUNT	THE TAIL IN TAIL TO THE BEAUTIFUL TO THE		1   1   1   1   1   1   1   1   1   1
ACCOUNTS_ARE_ESTABLISHED_FOR_EACH_E	PROPOSAL A	WARDED WHICH	PROPOSAL AWARDED WHICH ARE USED TO		
ACCUMULATE AND TRACK GRANT EXPENDITURES.	i	<u>GRANT EXPENDITURES</u>	ARE.	REVI EWED	
BY FOUNDATION STAFF MONTHLY. PAYMENTS		F UNIVERSITY	TO THE UNIVERSITY ARE ON A MONTHLY	Y,1H1V	
	1				·

Part III	Grants and Other Assistance to Individuals in the United Use Schedule I-1 (Form 990) if additional space is needed.	idividuals in the	ie United States. needed.	. Complete if the	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ce is needed.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I,	ete this part to	provide the info	rmation required	line 2,	and any other additional information.
COSTIR	COST-REIMBURSEABLE BASIS. AND ONLY COVER		ACTUAL COSTS IN	I NCURRED. UPON		
COMPLE	COMPLETION OF THE RESEARCH PROGRESS REPORTS ARE SUBMITTED TO FOUNDATION	S REPORTS	ARE SUBMITTE	D TO FOUNDAT	NOI	
MANAGE	MANAGEMENT DETAILING RESEARCH HIGHLIGHTS,	LIGHTS, AC	ACCOMPLISHMENTS AND	S AND		
ACHTEV	DO HIEVEMENTS	İ	i i i i i i i i	 		
7) 1) 1) 1) 1)		! ! ! !			! 	
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#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

57-0967350

Department of the Treasury
Internal Revenue Service
Name of the organization

SOUTH CAROLINA RESEARCH FOUNDATION

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1 b Х Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4ь c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a **b** Any related organization? . . . . . . . . . 5b Х If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? ...... 6a b Any related organization? 6b Х If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(R) Breakdown	(8) Breakdown of W-2 and/or 1099-MISC comparation	compensation				
(А) Nате	-	(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Deremed	(D) Nontaxable benefits	(E) lotal or columns (B)(I)-(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	ε	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL AMIRIDIS	Œ	218, 463.		NONE	NONE	47,685.	266, 148.	NONE
	ε	NONE		NONE	NONE	NONE	NONE	NONE
G. THOMAS CHANDLER	Œ	253,		NONE	NONE	49, 163.	302, 525.	NONE
	(E)	138.138.	NONE	NONE	NONE	1,1337.		NONE
JAY MOSKOWITZ	(II)	416,986	NONE	NONE	NONE	47,960.	464,946.	NONE
	ε	1	BNON	NONE	NONE	88	97,642.	NONE
HARRIS PASTIDES	€			NONE	NONE	51,542.	314,139.	NONE
	ε	NON	NON	NONE	NONE	NONE	NONE	NONE
THOMAS VOGT	(II)	189,		NONE	NONE	40,344.	230,100.	NONE
	<u> </u> (i)	NONE		NONE	NONE	NONE	BNON	NONE
EDWARD L WALTON	€	١		NONE	NONE	40,846.	228,621.	NONE
	ε	NON	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW SORENSEN	€	90,		NONE	NONE	55, 711.	346,680.	NONE
	€	NON	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM T. MOORE	(E)	6	NONE	NONE	NONE	61,007.	390,880.	NONE
	€							
	(II)							
	€	 		                 				
	(II)							
	] (b)							
	€							
	€							
	(II)							
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Schedule J (Form 990) 2008

#### SCHEDULE J-2 (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

SOUTH CAROLINA RESEARCH FOUNDATION Part I

57-0967350

	<b>Continuation of Officers, Directors</b>	Trustees, Key Employees	, and Highest Compensated
-	Employees		

Employees (A)	(P)	Г			-,			(D)	(E)	/E\
(A) Name and Title	(B) Average hours	Posit	tion (		eck all that apply) Reportable				(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL AMIRIDIS DIRECTOR	1.	Х						NONE	218,463.	47,685.
WENDY BALDWIN	Δ.	<del>  ^-</del>	<u> </u>		<del>                                     </del>			NONE	210,403.	47,000.
DIRECTOR	1.	х						NONE	NONE	NONE
G. THOMAS CHANDLER										
DIRECTOR	1	X_						NONE	253 <b>,</b> 362.	49,163.
FRED_DELK										
DIRECTOR	1	X		ļ	-		-	NONE	NONE	NONE
KESTER S FREEMAN		,		,,				NONE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NONE
CHAIR	1.	X		X			<del>                                     </del>	NONE	NONE	NONE
PAULA_HARPER_BETHEAVICE_CHAIR	1.	x		X				NONE	NONE	NONE
J THORNTON KIRBY			ļ	T A				HONE	NONE	10115
DI RECTOR	1.	x						NONE	NONE	NONE
STEPHEN KRESOVICH	-									
DIRECTOR	1.	Х						NONE	NONE	NONE
STEPHEN G. MORRISON										
DIRECTOR	1.	X	L	<b>!</b>		ļ	<u> </u>	NONE	NONE	<u>NONE</u>
JAY MOSKOWITZ	_									
DIRECTOR	1.	X		ļ	_	<u> </u>	-	97,138.	416,986.	49,297.
FRIEDBERT NEES	1.	Х		·				NONE	NONE	NONE
DIRECTOR JEROME D ODOM	<del></del>	^					$\vdash$	NONE	NONE	NONE
<u>JEROME D ODOM</u> DIRECTOR	1.	x						NONE	NONE	NONE
HARRIS PASTIDES		<u> </u>							210212	
DIRECTOR	1.	Х						88,765.	262,597.	60,419.
BRENDA THAMES										
SECRETARY	1.	X	ļ	Х		ļ	↓	NONE	NONE	NONE
THOMAS VOGT										
DIRECTOR	<u> </u>	X	-		_		-	NONE	189,756.	40,344.
JOHN C VON LEHE JR	_	١						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110117	NONE
DIRECTOR VOLUMERICOR	1	X	$\vdash$	$\vdash$			╁╌	NONE	NONE	NONE
M WILLIAM YOUNGBLOOD DIRECTOR	1.	x		1				NONE	NONE	NONE
EDWARD L WALTON	<u> </u>	<del>  ^-</del> -	<b>-</b>	┢┈	<u> </u>		1	NONE	NONE	NONE
CFO/ASSITANT TREASURER	5.			х				NONE	187,775.	40,846.
ANDREW SORENSEN								1		
DIRECTOR			<u>L</u> _			<u></u>	Х	NONE	290,969.	55,711.
WILLIAM T. MOORE										
DIRECTOR		<u> </u>	<u> </u>	<u> </u>		<u> </u>	X	NONE	329,873.	61,007.
		<u> </u>	<u> </u>				<u></u>	L	<u> </u>	

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

Schedule J-2 (Form 990) 2008

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#### SCHEDULE O (Form 990) ·

Department of the Treasury

#### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public
Inspection

Internal Revenue Service Name of the organization

Name of the organization	Employer identification number
SOUTH CAROLINA RESEARCH FOUNDATION	57-0967350
SUPPLEMENTAL INFORMATION	
FORM 990, PART I & III, QUESTION 1	
THE SOUTH CAROLINA RESEARCH FOUNDATION OPERATES FOR THE BENEFIT O	F. OR TO
_CARRY_OUT_THE PURPOSES_OF, THE UNIVERSITY OF SOUTH CAROLINA, MEDI	CAL
_UNIVERSITY_OF_SOUTH_CAROLINA, CLEMSON_UNIVERSITY, PALMETTO_HEALTH	<b>-</b>
GREENVILLE HOSPITAL SYSTEM AND SPARTANBURG REGIONAL HEALTH SYSTEM	
INCLUDING BUT NOT LIMITED TO PROMOTING, ENCOURAGING, AND AIDING	
_SCIENTIFIC_RESEARCH_AND_INVESTIGATION.	
FORM 990, PART VI, QUESTION 10	
_DESCRIBE_THE_PROCESS_USED_BY_MANAGEMENT_&/OR_GOVERNING_BODY_TO_RE	VIEW
_990	
THE FORM 990 IS REVIEWED AND SIGNED BY THE ORGANIZATION'S CFO/ASS	ISTANT
MDE ACUDED	
_TREASURER.	
FORM 990, PART VI, QUESTION 15A	
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WA	S BEGUN
THE FOUNDATION'S BOARD CHAIR ALSO SERVE AS INTERIM EXECUTIVE DIRE	CTOR. HE
IS NOT COMPENSATED AS OR CONSIDERED A FOUNDATION EMPLOYEE. THE	
FOUNDATION PAYS HIM UNDER A CONTRACTUAL ARRANGEMENT.	

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

•	OMB No 1545-0047
	2008
ide	
:he	Open to Public
<del></del>	Inspection
I Employer identi:	fication number

Name of the organization	Employer identification number
FORM 990, PART VI, QUESTION 15B	<u> </u>
_OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS .	
THE UNIVERSITY OF SOUTH CAROLINA RESEARCH FOUNDATION DOES NOT HAY	
EMPLOYEES OF ITS OWN. ALL EMPLOYEES ARE EMPLOYEES OF THE UNIVERS	SITY_OF
_SOUTH_CAROLINA, LEASED TO THE FOUNDATION. THE FOUNDATION REIMBU	RSES_USC
ON A MONTHLY BASIS FOR ITS SALARIES AND FRINGES. THE FOUNDATION DO	DES_NOT
FILE A FORM 941 DUE TO THE REIMBURSEMENT ARRANGEMENT WITH USC.	
FORM 990, PART VI, QUESTION 19	
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO G	
_PUBLIC	
AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE SOUTH CAROLINA RES	SEARCH
FOUNDATION'S WEBSITE. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REC	QUEST.
	- <b></b>

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

20**08** 

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Inspection

► See separate instructions.

Employer Identification number 57-0967350

SOUTH CAROLINA RESEARCH FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities Part I

Fari	identification of Disregarded Entitles					
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Organizations
Tax-Exempt
n of Related
Identification
Part II

( <del>X</del> )		(a)	(0)	(2)	Û	Œ
Name, address, and EIN of related organization	organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
UNI VERSITY OF SOUTH CAROLINA	57~6001153					
110 OSBORNE ADMIN. BLDG. COLUI	COLUMBIA, SC 29208	EDUCATION	SC	501(C)(3)	9	N/A
MEDICAL UNIVERSITY OF SOUTH CAROLINA	A 57-6007222					
18 BEE STREET CHAR	CHARLESTON, SC 29425	EDUCATION	SC	501(C)(3)	9	N/A
CLEMSON UNI VERSITY	57-6000254					
SIKES HALL	CLEMSON, SC 29634	EDUCATION	SC	501(C)(3)	9	N/A
GREENVILLE HOSPITAL SYSTEM	57-6007863					
	GREENVILLE, SC 29605	HEALTH CARE	SC	501(C)(3)	3	N/A
PALMETTO HEALTH	58-2296052			,		
D.	COLUMBIA, SC 29210	HEALTH CARE	SC	501(C)(3)	3	N/A
SPARTANBURG REGIONAL HEALTHCARE	57-6000934					
101 E. WOOD STREET SPAR	SPARTANBURG, SC 29303	HEALTH CARE	SC	501(C)(3)	9	N/A
HEALTH SCIENCES SOUTH CAROLINA	A 20-2849804	Here	70	( ) ( ) , ; ; ; ;	F T	-/
1320 MAIN STREET, COLUMBIA, SC 29201	C 29201	SOPPORT ORG SC	כל	501(C)(3) 11A	TTW	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionals allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
		country)					Yes No		Yes No

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Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreion country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp.	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
				,			

Page 3

	(9)
	(2)
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	(2)
	Ð
(A) Transaction Amount involved (ppe (a-r)	
is for information on who must complete this line, including covered relationships and transaction thresholds.	7
Other transfer of cash or property to other organization(s)	<u></u> ნ ⊾
Reimbursement paid to other organization for expenses	0 0
Performance of services or membership or fundraising solicitations for other organization(s)	* <b>-</b> E c
Sale of assets to other organization(s)	<b>←</b> ₽ ←
Loans or loan guarantees by other organization(s)	<b>0</b>
(s) nn(s)	a o
Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	. w .
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.	Ž,
Part V Transactions With Related Organizations · ·	Pa

57-0967350

Page 4

Schedule R (Form 990) 2008

Unrelated Organizations Taxable as a Partnership Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and ElN of entry	(B) Primary activity	(C) Legal domicile	(D) Are all partners section	(E) Share of end-of-vear	(F) Disproportionate		(H) General or managing
			501(c)(3) organizations?		Yes No	of Schedule K-1 (Form 1065)	Yes No
				į			
						Schedule R (Form 990) 2008	990) 2008

# 990, PART. VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PPC, INC 1233 WASHINGTON STREET COLUMBIA, SC 29201	LEASING SERVICES	385,939.
IBM PO BOX 534151 COLUMBIA, SC 30353	IT SUPPORT	366,007.
SCIENTIFIC APPLICATION INTER'L CORP 10260 CAMPUS POINT DRIVE SAN DIEGO, CA 92121	CONSULTING SERVICES	333,108.
COLLEXIS, INC PO BOX 11951 COLUMBIA, SC 29211	DATABASE SUPPORT	324,000.
SEIMENS MEDICAL SOLUTIONS PO BOX 120001 DALLAS, TX 75312	IT SUPPORT	194,600.
TOTAL COMPENSAT	rion	1,603,654.

\_\_\_\_

#### SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
UNI VERSITY OF SOUTH CAROLINA	57-6001153	02	Х	Х	X	109,801,334.
MEDICAL UNIV OF SOUTH CAROLINA	57-6000722	02	Х	Х	X	17,864,737.
CLEMSON UNIVERSITY	57-6000254	02	X	X	X	2,617,947.
GREENVILLE HOSPITAL SYSTEM	57-6007863	03	Χ	X	X	2,648,682.
PALMETTO HEALTH	58-2296052	03	X	Х	Х	3,001,018.
SPARTANBURG REG. HEALTHCARE	57-6000934	03	Х	Х	Х	50,000.
TOTAL AMOUNT OF SUPPORT						135, 983, 718.