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Form

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)

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

G17

A	For the 2009	calendar year, or tax year beginning $07/01/09$, and ending $06/30/1$	_0		
В	Check if applicable	Luca IDC		D Employ	er identification number
	☐ Address change	label or FOUNDATION, INC.		57-0	751500
	Name change	type Doing Business As	Room/suite	E Telepho	
Ļ	_ Initial retum □	See PO BOX 4386-LEDBETTER BLDG	RM 231		-592-4624
L	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross receip	s\$ 364,237
L	Amended return	tions. SPARTANBURG SC 29305-4386			
	Application pendir			H(a) Isthisa	
		SAM HOOK PO BOX 4386-LEDBETTER BLDG RM 231		affiliates H(b) Are all at	filiates
		SPARTANBURG SC 29305		included	
-	Tax-exempt st			11 NO, a	ttach a list (see instructions)
J	Website ▶	WWW.SCCFOUNDATION.ORG	·-··-··	H(c) Group e	cemption number
<u> </u>	Type of organizat		Year of formation 1		State of legal domicile SC
	Part'l"_	Summary			
	1 Briefly	describe the organization's mission or most significant activities			
	e SE	E SCHEDULE O			
Ċ	ň	this box > if the organization discontinued its operations or disposed of more than 25	% of its net assets	1 1	16
•	3 Numb	er of voting members of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, line 15)		3 4	<u>16</u> 15
;	5 Total	number of amplayees (Part V line 2a)		5	0
:	6 Total	number of volunteers (estimate if necessary) pross unrelated business revenue from Part VIII column (C), line 12011 prelated business taxable income from Form 990 T, line 33 0 3		6	
•	7a Total	gross unrelated business revenue from Part VIII-column (C), line 12011		7a	
	b Net ur	gross unrelated business revenue from Part VIII-column (C), line 12011		7b	0
_		180 120	Prior Yea		Current Year
	8 Contri	butions and grants (Part VIII, line 1h) am service revenue (Part VIII, line 2g)	1,868	152,773	
	9 Progra	am service revenue (Part VIII, line 2g)		9,000	199,000
	⊽	ment income (Part VIII, column (A), lines 3, 4, and-7d)		9,805	6,724
	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,944	<u>-30,780</u>
-		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) s and similar amounts paid (Part IX, column (A), lines 1–3)		7,119 1,874	327,717 101,147
	•	its paid to or for members (Part IX, column (A), line 4)	1.4	1,0/=	101,147
	45 Colon	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3	3,616	
	اذة	ssional fundraising fees (Part IX, column (A), line 11e)			
	b Total	fundraising expenses (Part IX, column (D), line 25) ▶			. 15k/s
1	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	24	6,207	229,983
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,697	331,130
_	19 Rever	nue less expenses Subtract line 18 from line 12		5,422	-3,413
= }	20 Total	annata (Part V. lina 16)	Beginning of Cur	6,902	End of Year 5, 158, 355
107	20 Total	assets (Part X, line 16) liabilities (Part X, line 26)		9,234	2,339,008
2 3	≅ ≥I	ssets or fund balances Subtract line 21 from line 20		7,668	2,819,347
v -	Part II	Signature Block		. ,	
년 ⁻		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, and	to the best of	my knowledge
		and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which pre	parer has any	knowledge
ج د	ign	Almi of Hall		1/27	4/11
DEST PERSON	lere	Signature of officer		Date	•
2			UTIVE DIF	RECTOR	
- -		Type or print name and title			Preparer's identifying number
	Paid	Preparer's signature Date PO CPA Date	/ Check self-		(see instructions)
رر ا	reparer's		S//I employ		P00062473
	Jse Only	Firm's name (or yours CLINE BRANDT KOCHENOWER & CO.,	P.A.	EIN P	57-0846159
	•	of self-employed), address, and ZIP+4 BOILING SPRINGS, SC 29316		Phone	864-541-0218
_	May the IRS dis	cuss this return with the preparer shown above? (see instructions)		no 🕨	X Yes No
		t and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
Ċ	AA	p			7.17

			MUNITY COLLEGE rvice Accomplishments	57-0751500	Page 2
1		the organization's mission	vice Accomplishments	<u>, </u>	
2	the prior Form 9	· -	nt program services during the year which w	vere not listed on	Yes X No
3	services?	ation cease conducting, or more these changes on Schedul	ake significant changes in how it conducts,	any program	Yes X No
4	Describe the ex Section 501(c)(empt purpose achievements 3) and 501(c)(4) organization	for each of the organization's three largest is and section 4947(a)(1) trusts are required revenue, if any, for each program service is	to report the amount of grants and	
P P M	ROVIDING	FACILITIES IN FACHEIVING EN	179,292 including grants of \$ SPARTANBURG COMMUNITY I CHEROKEE COUNTY TO DUCATIONAL EXCELLENCE IT LOCAL ECONOMY.	FURTHER THEIR	199,000)
F F T	COMPREHEN CORM OF E CACULTY A CONT	ISIVE PUBLIC TO EQUIPMENT, SUPP AND THE COLLEGION TRIBUTES TO A	101,147 including grants of \$ SPARTANBURG COMMUNITY NO-YEAR COMMUNITY COL PLIES, AND MATERIALS, E ACHEIVE EDUCATIONAL VIBRANT LOCAL ECONOMY	LEGE, IN THE THAT HELP THE EXCELLENCE	
I 5	ISTINCTI CHOLARSH	VE GROWTH AND HIPS BASED ON S	DEVELOPMENT BY ASSIS	TING DESERVING STUDENT CLUDING ACADEMIC STANI	rs with
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

Form **990** (2009)

4d Other program services (Describe in Schedule O)

(Expenses \$
4e Total program service expenses ▶

including grants of \$ 280,439

) (Revenue \$

s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	Pa	rt IV Checklist of Required Schedules			
1 Is the organization dissorbind in section 501c(3) or 4947(0)(1) (other than a private foundation)? If "Yes," complete Schedule A complete Schedule C Part I is the organization engage and every office and repair and a complete Schedule C Part I is the organization subject to the section 501c(3) complete Schedule C Part I is the organization subject to the section 501c(3) complete Schedule C Part I is the organization subject to the section 501c(3) complete Schedule C Part I is the organization subject to the section 501c(3) complete Schedule C Part I is the organization maintain any donor divised finds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic band areas, or historic structures? If "res," complete Schedule D, Part I is Did the organization maintain collections of works of Art, historical tressures, or other emitted assested? If "yes," complete Schedule D, Part I is Did the organization maintain collections of works of Art, historical tressures, or other emitted assested? If "yes," complete Schedule D, Part I is 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, debit management, credit regard, or debt negolation services? If "yes," complete Schedule D, Part V is Did the organization report an amount for land space, or debt negolation services? If "yes," complete Schedule D, Part V is U is a complete Schedule D, Part V is Did the organization report an amount for land space, or debt negolation services? If "yes," complete Schedule D, Part V is Did the organization report an amount for land				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Conntbutors? Job Id the organization enable and rector underest political campings and interest on the design of an advantage of the control of the organization of the organizati	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization reginge in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes,* complete Schedule C, Part II Section 501(x)(3) organizations. Did the organization engage in lobbying activities? If Yes,* complete Schedule C, Part II Section 501(x)(3) organizations. Did the organization engage in lobbying activities? If Yes,* complete Schedule C, Part II Did the organization maintain any dornor advised finds or any similar funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of If Yes,* complete Schedule D, Part II Did the organization maintain and areas, or histonic structures? If Yes,* complete Schedule D, Part III 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 III 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 VI Did the organization report an amount for Intelligent of the Intelligent Schedule D, Part VI List is organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes,* complete Schedule D, Part VII Did the organization report an amount for investments—other securities in Part X, line 10? If Yes,* complete Schedule D, Part VII Did the organization report an amount for investments—other securities in Part X, line 10? If Yes,* complete Schedule D, Part VII Did the organization report an amount for investments—other securities in Part X, line 10? If Yes,* complete Schedule D, Part VII Did the organi		complete Schedule A	_1	X	
candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report or the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credic counseling, debt management, credit repair, or debt inegolations services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credic counseling, debt management, credit repair, or debt inegolations services? If "Yes," complete Schedule D, Part VI Did the organization report an amount for line state organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI Is the organization report an amount for investiments—organization report an amount for investiments—organization services? If yes, complete Schedule D, Part VII Did the organization report an amount for investiments—organization shall be a self-part to part X, line 15? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other labelities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other labelities in Part X, lin	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section S01(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 6 Did the organization maintain any doring advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts "If "Yes," complete Schedule D, Part II 7 Did the organization croscive or hold a conservation easement, including easements to preserve open space, the environment, historic loan drass, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodium for amounts not bated in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodium for amounts not bated in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for Part V, line 21, serve as a custodium for amounts not bated in Part X, line 10 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other leabilities in Part X, line 10 that is 5% or more of its	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		•			
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		40		v
	20			 	
	20	One the organization operate one or more hospitals. II 163, complete contentie in		n 990	

Form 990 (2009) SPARTANBURG COMMUNITY COLLEGE 57-0751500
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	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 lines	Ì		
	24b through 24d and complete Schedule K If "No," go to line 25	24a	<u>X</u>	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			;
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			<u> </u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		1	
	Part IV	28c		X
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,	1		l
	Part I	31	ļ	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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			Ì
	III, IV, and V, line 1	34	X	L
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	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,	ļ	ļ	
	Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		For	_ aar	rannar

$\overline{}$	990 (2009) SPARTANBURG COMMUNITY COLLEGE 57-0751	500			<u>P</u>	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
4-	Established and the Decorate Laboratory and the Decorate L			r	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ا ۔ ا	^			· '
_	U.S. Information Returns. Enter -0- if not applicable	1a	0	ł		ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	ł		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		ـ ا		1
0	gaming (gambling) winnings to prize winners?	1 1		<u>1c</u>		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•			1
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			'
Đ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	,		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					'
•	Instructions)			}		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				۱ ,, ۱
	this return?			3a		<u>X</u> _
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-		ļ		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				٠,,
	account)?			4a		X
b	If "Yes," enter the name of the foreign country			l		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık				
_	and Financial Accounts					'
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi	ng				1
_	Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		3.7
	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		١		ĺ
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	as		ا _ـ ا		ł
_	and services provided to the payor?			7a		\vdash
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			. .		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
	- · ·					1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persibenefit contract?	orial		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?)		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			, <u>"</u>		
••	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			- '''		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ì		1
	organization, have excess business holdings at any time during the year?			8		_
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		$\overline{}$
10	Section 501(c)(7) organizations. Enter			<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter			1		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		1
_	amounts due or received from them)	11ь				İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	$\overline{}$	 	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12ь				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	tion A. Governing Body and management			T	· · · ·
4.	Fatastha averbas of value are all the poverse had.	1a 16		Yes	No
1a b		1a 16 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>			
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		_ - _	_	1
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	1	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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				,
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, 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		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Interr	nal			
Rev	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
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?		10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	Ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			İ	
	nse to conflicts?		12b	ļ	X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c	<u> </u>	X
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	ļ	Х
15	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?				22
а	The organization's CEO, Executive Director, or top management official		15a	├	X
b	Other officers or key employees of the organization		15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		ĺ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			-	
_	with a taxable entity during the year?		16a	-	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		ļ		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		401	ŀ	-
	the organization's exempt status with respect to such arrangements?		16b	<u>i </u>	Ь
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 5104 requires on expansion to make its Forms 1023 (or 1024 if employable), 900, and 900 T (501(a)/2)s only)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request.				
10					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
20	policy, 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				
20	organization SAM HOOK SAM HOOK PO BOX 4386 LEDBETTE	ב פויטק	RM 231		
S	PARTANBURG SC 29305		864-59	12 - 4	1620
	56 25303	•			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of "key employee"
- 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)	Boo	ition ((C		hat ar	mb.c)	(D)	(E)	(F)
Name and Title	Average hours per week	or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BOB BRANNON									_	_
BOARD MEMBER	1.00	X		_		-		0	0	0
EMMA HARRILL		l						_		_
BOARD MEMBER	1.00	X						0	0	C
JAMES MOSS		١								
BOARD MEMBER	1.00	X						0	0	<u>C</u>
MARV JOINER	1 00	٠,								
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>		 		0	0	<u></u>
RAY SHINGLER	1 00									_
BOARD MEMBER	1.00	X	<u> </u>					0	0	C
RICKY MCABEE		,,								_
BOARD MEMBER	1.00	X	┝	-	_	\vdash		0	0	
RUSS MATHIS	1 00	,,								_
BOARD MEMBER	1.00	X	<u> </u>	_		\vdash		0	0	
SHIRLEY M. HOWELL	1 00	₩.		v	l					,
SECRETARY DROWN	1.00	X	-	X	┢	-		0	0	(
STEVE BROWN	1 00	₩		X						,
TREASURER STEVE QUERIN	1.00	X	 	<u> </u>		 		0	0	(
	2.00	x		X				ol	0	(
CHAIRMAN MARK KOENIG	2.00	╁	-	 ^	├	-			0	
BOARD MEMBER	1.00	x	ĺ		İ			o	0	(
SARA ROBINSON	1.00	1				1		U	0	
BOARD MEMBER	1.00	$ _{\mathbf{X}}$						o	0	(
CHARLITA ATCHISON	1.00	11		\vdash	-				<u> </u>	
BOARD MEMBER	1.00	$ _{X}$	ł					0	0	(
BUBBA WOLFE		+**	\vdash	\vdash	\vdash	\vdash		Ĭ		
BOARD MEMBER	1.00	$ _{\mathbf{X}}$						o	0	(
GARY TOWERY		†							<u>-</u>	
NON VOTING BRD. MEM.	1.00	X	1	1				o	0	
PARA JONES			T			T				_ _`
NON VOTING BRD. MEM.	1.00	X						o	0	
KELLY JONES		T				Τ			<u> </u>	
INTERIM EXEC. DIR.	40.00	1	l	X	1	1	l	o	72,934	c

Pai	rt VII , Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	an	d Highest Compensated E	mployees (continued)			
	(A) (B) (C) (D) (E) Name and Title Average Position (check all that apply) Reportable Reportable compensation compensation												
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			cor or a	mount of other other other other other of the ganization of related ganizations	
					_					. ,,			
			-										
													
				 -		L							
	<u>.</u>												
	- <u>-</u>				<u> </u>				-	72 024			
1b 2	Total Total number of individuals (individuals)	cluding but not lin	nited	to th	ose	liste	d abo	ve)	who received more than \$1	72,934 00,000 in			
	reportable compensation from	the organization	<u> </u>	0								Yes	No No
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch	ındıv	ıdual				-	3	X
4	For any individual listed on line the organization and related or	e 1a, is the sum o rganizations grea	f rep ter th	ortab an \$	ole co 150,	000. omb	ensat ? If "Y	ion : 'es,'	and other compensation from complete Schedule J for su	m uch			Ų.
5	Individual Did any person listed on line 1											5	X
Sec	services rendered to the organ	ors							· ·			3.	
1	Complete this table for your five compensation from the organization	zation	nsate	ed in	depe	nde	nt co	ntrad					
	Name and business address								Descrip	(B) otion of services	- 	(C) Compen	sation
													
	<u> </u>	 .						-					
						-	_	-					
2	Total number of independent of more than \$100,000 in compe		_				to th	nose	e listed above) who received	1		- O	
DAA												Form 99	0 (2009)

<u>Pa</u>	rt V	III. Statem	ent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N N	1a	Federated cam	paigns	1a						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
un ti	h	Membership du		1b						,
ᅙ	_	Fundraising eve		1c	·		!			,
if a	4	Related organiz		1d						
P. Bill	۰	-	i	1e			1			1
Sis	0		- 1	10			1			
	'	All other contributions and similar amounts r		1f		152,773				
EB	_				<u> </u>	132,113				
ag	g		s included in lines 1a-1	11 3	\$		152,773			
	<u>n</u>	Total. Add lines	s ia-ii			D 0.4.	132,773			
ğ	٥-					Busn. Code	100 000	100 000		
ě	2a	RENTAL I	NCOME FROM S	PA		531120	199,000	199,000		
e e	b									
Ξ	C									·
န္န	d								<u> </u>	
ran	θ	A II				<u> </u>				
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other progra		ue		L	100 000			
-	9	Total. Add lines				<u> </u>	199,000			
	3		ome (including d	ividend	s, interesi	t, and				
	_	other similar an	•				5,840	5,840		
	4		vestment of tax-	exemp	t bond pro	ceeds		1		
	5	Royalties		T						
	_		(ı) Real	2.4.0	(11) P	ersonal				
	6a	Gross Rents		240						
	þ	Less rental exps		821						
	_	Rental inc or (loss)	-32,	281						
	d 7a	Net rental incor Gross amount from [<u> </u>	-32,581	-32,581		
		sales of assets	(ı) Secunties		(11)	Other				1
		other than inventory		884				ļ		,
	b	Less cost or other								
		basis & sales exps								I
		Gain or (loss)		884						
		Net gain or (los		. 1			884	884		
en e	8a	Gross income from	m fundraising even	its						
eur		(not including \$,
Ş			eported on line 1c)							(
Other Reven		See Part IV, line		a		5,500				
₽		Less direct exp		þ	 -	3,699				
-		Net income or (- 1	events		1,801			1,801
	9a	Gross income from		ł						
		See Part IV, line		а						
		Less direct exp		b					-	
		Net income or (ng activ	vities	<u> </u>				 _
	10a	Gross sales of								
	_	returns and allo		а						
		Less cost of go		ρĺ			-			
	С	Net income or			entory	<u>▶</u>				
	44	Misce	ellaneous Revenue	•		Busn. Code			-	
	11a						 			
	b						 			
	0 1	All a45					 	1		<u> </u>
	d	All other revenu					 			
	42	Total. Add line:					325 ===			
	12	rotal Revenue	 See instruction 	าร			327,717	173,143	0	1,801

Form 990 (2009) **Statement of Functional Expenses** Part IX

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				<u> </u>
	organizations in the U.S. See Part IV, line 21	101,147	101,147		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	·				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	10,000		10,000	-
b	Legal				
	Accounting	12,350		12,350	
d	Lobbying				
ө	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,370		8,370	
g	Other			- 1	
12	Advertising and promotion	3,713		3,713	
13	Office expenses	2,780		2,780	
13 14	Information technology	5,203		5,203	
14 15	Royalties	3,203		3,203	
	•				
16 17	Occupancy				
17 40	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 047		4.047	
19	Conferences, conventions, and meetings	4,047		4,047	
20	Interest	94,523	94,523		
21	Payments to affiliates	04 060	04.060		
22	Depreciation, depletion, and amortization	84,260	84,260	1 000	
23	Insurance	1,266		1,266	
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)			<u>-</u> .	
а	PRINTING AND PUBLICATIONS	931		931	
b	TELEPHONE	886		886	
С	DUES AND SUBSCRIPTIONS	615		615	
d	ALUMNI ASSOCIATION	509	509		
e	ANNUAL REPORT	394		394	
f	All other expenses	136		136	
25	Total functional expenses. Add lines 1 through 24f	331,130		-	-
<u>25</u> 26	Joint costs. Check here ▶ If following		230,130	20,001	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
ĀĀ	ionaraising solicitation	I .	1		Form 990 (26

	1 990 art X	(2009) SPARTANBURG COMMUNITY C	<u>-Опрр</u>	<u>эн 57</u>	-0751500		Page 11	
					(A)		(B)	
					Beginning of year		End of year	
	1	Cash—non-interest bearing			296,668	1	421,756	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			12.050	3	1 000	
	4	Accounts receivable, net			13,259	4	1,000	
	5	Receivables from current and former officers, directors, tru		*				
		employees, and highest compensated employees Comple	ete Part II	of		-		
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined un						
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complet	te				
ທຸ		Part II of Schedule L				6		
Assets	7	Notes and loans receivable, net				7		
į į	8	Inventories for sale or use			2 571	8	4 005	
`	9	Prepaid expenses and deferred charges	r ı		3,675	9	4,295	
	10a	Land, buildings, and equipment cost or						
		other basis Complete Part VI of Schedule D	10a	4,527,820				
		Less accumulated depreciation	10b	359,820	4,285,080		4,168,000	
	11	Investments—publicly traded securities				11		
ļ	12	Investments—other securities See Part IV, line 11				12		
l	13	Investments—program-related See Part IV, line 11			508,220	13	563,304	
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		
4	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,106,902	16	5,158,355	
	17	Accounts payable and accrued expenses			75,749		24,755	
	18	Grants payable			0.10	18	100 500	
	19	Deferred revenue			240	19	138,583	
.	20	Tax-exempt bond liabilities			2,273,245	20	2,175,670	
<u>e</u>	21	Escrow or custodial account liability Complete Part IV of S)		21	ļ	
≝	22	Payables to current and former officers, directors, trustees						
Liabilities		employees, highest compensated employees, and disqual	lified					
ן כ		persons Complete Part II of Schedule L				22	- ~	
	23	Secured mortgages and notes payable to unrelated third p				23		
1	24	Unsecured notes and loans payable to unrelated third part	ties			24		
	25	Other liabilities Complete Part X of Schedule D			0 040 004	25	0 000	
_	26	Total liabilities. Add lines 17 through 25			2,349,234	26	2,339,008	
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ► X	and					
일		complete lines 27 through 29, and lines 33 and 34.						
aga	27	Unrestricted net assets			2,065,651		2,140,758	
מ	28	Temporarily restricted net assets			692,017	28	678,589	
בַ	29	Permanently restricted net assets	, L1	i		29		
ヹ		Organizations that do not follow SFAS 117, check her	e ▶			1		
5		and complete lines 30 through 34.						
ន្ទ	30	Capital stock or trust principal, or current funds			30			
SS	31	Paid-in or capital surplus, or land, building, or equipment f				31	ļ	
Ä	32	Retained earnings, endowment, accumulated income, or or	other fund:	S		32		
<u>e</u>	33	Total net assets or fund balances			2,757,668		2,819,347	
~	34	Total liabilities and net assets/fund balances			5,106,902	34	5,158,355	

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE.A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SPARTANBURG COMMUNITY COLLEGE

FOUNDATION. INC.

Employer identification number 57 - 0751500

P	art I	Reaso	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) Se	e ins	ruction	is.		
Γhe	orga	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, con	vention of churches, or assoc	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	۱)(i).						
2		A school desc	ribed in section 170(b)(1)(A))(ii). (Attach Schedule E)									
3	П	A hospital or a	cooperative hospital service	organization described in section	on 170(b)	(1)(A)(iii).							
4	П	A medical res	earch organization operated i	n conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospita	al's name,		
	_	city, and state											
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	l unit de	scnbed	ın			
		section 170(t)(1)(A)(iv). (Complete Part II)									
6		A federal, stat	e, or local government or gov	vernmental unit described in sec	tion 170(l	o)(1)(A)(v).						
7	П	An organization	on that normally receives a su	ibstantial part of its support from	a govern	mental un	t or from	the ger	neral pu	blic			
		described in s	ection 170(b)(1)(A)(vi). (Cor	mplete Part II)	•			_					
8		A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II)								
9	П	An organization	on that normally receives (1)	more than 33 1/3 % of its suppo	rt from co	ntributions	s, memb	ership fe	es, and	gross			
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) n	o more t	han 33	1/3 % of	its			
		support from g	gross investment income and	unrelated business taxable inco	me (less	section 51	1 tax) fro	om busii	nesses				
		acquired by th	e organization after June 30,	1975 See section 509(a)(2). (0	Complete	Part III.)							
10		An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a)(4).						
11	X	An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	it the				
		purposes of o	ne or more publicly supported	d organizations described in sect	tion 509(a)(1) or sec	ction 509	(a)(2) S	See se c	tion			
		509(a)(3). Che	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thro	ough 11	h				
	_	a Type	I b Type II	c X Type III-Functiona	ılly ıntegra	ted	d	Тур	e III-Otl	ner			
0	X	By checking the	nis box, I certify that the orgai	nization is not controlled directly	or indirec	lly by one	or more	dısqualı	ıfied				
		persons other	than foundation managers at	nd other than one or more public	cly suppor	ted organi	zations o	describe	d in sec	tion			
			ection 509(a)(2)										
f		If the organiza	ition received a written deterr	nination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the							
		following pers	sons?										
		(i) A person	who directly or indirectly con	trols, either alone or together wi	th persons	s describe	d ın (ıı)					Yes	No
		and (III) b	elow, the governing body of t	the supported organization?							11g(i)		X
			member of a person describe	•••							11g(ii)		X
		• •	ontrolled entity of a person de								11g(iu)	L	<u>X</u>
<u>h</u>			ollowing information about the		Τ				T				
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) is the c	rganization sted in your	(v) Did you the organ		(vi) l organizat	s the	(vii) Ame supp		
	0.5	jumzuton		above or IRC section	1	document?	∞l (i)	of your	(ı) organı	zed in the			
				(see Instructions))		No	supp		 	3 ?			
		TANBURG	COMMUNITY COI	TECE	Yes	No	Yes	No	Yes	No			
Э.	PAR	CIANBURG	57-0439615	2	X	ļ	х		X		2	ο Λ	439
			37-0433613		_ ^		Λ					60,	433
				·						 			
					1				 				
	•		'		†				 				
Tota	al				1		<u> </u>	l			2	80,	439

Sche	dule A (Form 990 or 990-EZ) 2009 SPA	ARTANBURG	COMMUNITY	COLLEGE	57	-0751500	Page 2
_	art II Support Schedule for O						
	(Complete only if you che				, , ,	· / / / /	
Sec	tion A. Public Support		•	•	· · · · · ·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					_	-
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-	second, third, four	n, or titth tax year a	as a section 501(c)	(3)	<u> </u>
800	organization, check this box and stop here tion C. Computation of Public Su		199				<u> </u>
	• • • •	• • • • • • • • • • • • • • • • • • • •	· 	(0)			
14	Public support percentage for 2009 (line 6,	• • •	•	(1))		14	<u>%</u>
15	Public support percentage from 2008 Sche	•		0	4/2.0/	15	<u>" </u>
16a	33 1/3 % support test—2009. If the organ			3, and line 14 is 33	1/3 % or more, che	eck this dox	
	and stop here. The organization qualifies		•	404145	22 4/2 8/		▶
b	33 1/3 % support test—2008. If the organ				is 33 1/3 % or mor	e, check this	_
4-	box and stop here. The organization quali	•	· · · · ·		40b	400/	▶
17a	10%-facts-and-circumstances test—200	_					
	more, and if the organization meets the "fa					v now the	_
	organization meets the "facts-and-circums		_		=	45 4004	▶
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fa					v now the	
40	organization meets the "facts-and-circums					anta intiona	
18	Private foundation. If the organization did	i not check a box of	riine 13, 16a, 16b,	i/a, or i/b, cneck	cuiis oox and see ii	กรแนะแบกร	▶ ∟

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
	tion A. Public Support		 -			,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		:				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		1				
	amount on line 13 for the year						
С	Add lines 7a and 7b	ļ				ļ	
8 	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			,	,		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						<u>▶</u>
Sec	tion C. Computation of Public Su	pport Percenta	age			·····	···
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche					16	%
	tion D. Computation of Investmen					······································	
17	Investment income percentage for 2009 (lin		-	column (f))		17	%
18	Investment income percentage from 2008					<u> 18 </u>	%
19a	33 1/3 % support tests—2009. If the orga					•	
L	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the orga line 18 is not more than 33 1/3 %, check the						⊾ □
20		· ·	-	•		£	[[

Schedule A (Form 990 or 990-EZ) 2009 SPARTANBURG COMMUNITY COLLEGE 57-0751500

Part W Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE,D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009 Open to Public

OMB No 1545-0047

Inspection

	e of the organization		Employe	r identification number
	PARTANBURG COMMUNITY COLLEGE			
	OUNDATION, INC.			751500
Pa	ort I Organizations Maintaining Donor Advised Fund the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Acc Part IV, line 6.	ounts.	Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	-		
	used only for charitable purposes and not for the benefit of the donor or d			
	purpose conferring impermissible private benefit?	•		Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 9	990. Pa	
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant land	l area
	Protection of natural habitat	Preservation of certified historic stri		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on	
_	easement on the last day of the tax year	alon community and form of a control value		
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			2b	
c		ed in (a)	2c	
d		, ,	2d	- · · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, released, extin			
5	the taxable year	guistics, or terminates by the organization t	Juning	
4	Number of states where property subject to conservation easement is loc	eated >		
_	Does the organization have a written policy regarding the periodic monitor			
5		ring, inspection, nanding of		Yes No
	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	n consequence occoments during the year		162 NO
6	Stan and volunteer riours devoted to morntoning, inspecting, and emorcing	g conservation easements during the year		
-	Amount of auroccook was used in monitoring upon other and onforcing cou	account on accompanie during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor \$ \$	iservation easements during the year		
	· ·	a consuments of control		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		Yes No
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			165 NO
9	In Part XIV, describe how the organization reports conservation easemen			
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	ganization's infancial statements that descri	Des	
Do	art III Organizations Maintaining Collections of Art, F	distorical Treasures or Other Sin	ailar A	ecate
.! :	Complete if the organization answered "Yes" to		illiai A	33003.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic servic	e,
	provide, in Part XIV, the text of the footnote to its financial statements tha	t describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its r	revenue statement and balance sheet works	of art,	
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	ervice,	
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		•	
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 relating to the	•		
а	B		•	· \$
	Assets included in Form 990, Part X		•	\$
_			,	

che	dule D (Form 990) 2009 SPARTANBUR	G COMMUNITY	COLLEGE	<u> 57-07</u>	51500		P	age 2			
Pa	rt III Organizations Maintaining C	ollections of Art, I	Historical Treasu	res, or Other S	imilar Assets (c	ontinue	d)				
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check	any of the following t	hat are a significant	use of its	•					
а	Public exhibition	d Loan	or exchange program	s							
b	Scholarly research	e Other									
С	Preservation for future generations	_									
4	Provide a description of the organization's collect Part XIV	tions and explain how th	ey further the organization	ation's exempt purpo	ese in						
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	eive donations of art, hi maintained as part of th	storical treasures, or o	other similar ction?		Ye	s [No			
Pa	rt IV Escrow and Custodial Arran	gements. Complet	e if the organizat	ion answered "\	es" to Form 990), Part					
	IV, line 9, or reported an amo										
1a	Is the organization an agent, trustee, custodian of			assets not		-					
	included on Form 990, Part X?	·				Ye	s	No			
b If "Yes," explain the arrangement in Part XIV and complete the following table											
	, ,					Amount					
c	Beginning balance				1c						
	Additions during the year				1d						
	Distributions during the year				16						
f	Ending balance				1f		-				
	Did the organization include an amount on Form	000 Part Y line 212			L-2'	T va	_	No			
	If "Yes," explain the arrangement in Part XIV	330, Fait A, line 21				Ye	S) NO			
	ert V : Endowment Funds. Complete	e if organization ar	nswered "Yes" to	Form 990 Part	IV line 10						
	Lite 1 Endownient Funds. Complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	vears	hack			
4.	Degraping of year belongs	508,220		(e) The years back	(a) Times years back	(0) (00)	ycuio				
	Beginning of year balance	10,848	659,137			 					
	Contributions	10,648	38,222			<u> </u>					
С	Net investment earnings, gains,	71 200	150 471								
	and losses	71,280	-152,471		 	ļ					
	Grants or scholarships	18,674	26,751			 					
9	Other expenditures for facilities										
	and programs										
f	Administrative expenses	8,370	9,917								
g	End of year balance	563,304	508,220			L					
2	Provide the estimated percentage of the year en	d balance held as									
а	Board designated or quasi-endowment ▶1	<u>0</u> 0 <u>.</u> 0 <u>0</u> %									
þ	Permanent endowment ▶ %										
C	Term endowment ▶ %										
3a	Are there endowment funds not in the possession	n of the organization tha	it are held and adminis	stered for the							
	organization by						Yes	No			
	(i) unrelated organizations					3a(i)	_X_				
	(ii) related organizations					3a(ii)		X			
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Sche	dule R?			3b					
4	Describe in Part XIV the intended uses of the org	anization's endowment	funds								
Pa	rt VI Investments—Land, Building	gs, and Equipmen	t. See Form 990,	Part X, line 10.							
	Description of investment	(a) Cost or other basis	(b) Cost or oth	er (c) Aco	cumulated	(d) Book	value				
		(investment)	basis (other)) depr	reciation						
1a	Land		432	,877		4	32,	877			
	Buildings	1,280,02			326,366	3,7					
	Leasehold improvements		•				_				
	Equipment		14	,083	7,536		6.	547			
	Other		7	,445	25,918			527			
	1 Add lines 1a through 1a. (Column (d) must equa	I Form 000 Part Y sale	•	<u>, 1</u>	,			000			

Schedule D (Fo		SPARTANBURG			<u>57-0</u> 751500	Page 3
Part VII	Investments	-Other Securities	. See Form 990,	Part X, line 12.		
		otion of security or category		(b) Book value	(c) Method o	
	(includ	ding name of security)	<u> </u>		Cost or end-of-ye	ar market value
Financial deriv	atives					
Closely-held ed	quity interests					
Other						<u></u>
				<u> </u>		
		orm 990, Part X, col (B) li		<u></u>		· · · · · · · · · · · · · · · · · · ·
Part VIII		Program Related	I. See Form 990		·	
	(a) Desci	ription of investment type		(b) Book value	(c) Method o	
					Cost or end-of-ye	ar market value
		O ENDOWMENT F		563,304	MARKET	
HELD A	T SPARTAN	BURG COUNTY	FOUNDATIO			
		·				
						··-
			· ,			
	-		-			
						-
				562 204		
	(b) must equal Fo	orm 990, Part X, col (B) li s. See Form 990, P	ne 13) >	563,304	<u> </u>	
Part IX	Other Asset	s. See Form 990, F	(a) Description		<u></u>	(h) Peak value
 -		<u></u>	(a) Description			(b) Book value
					·	
						
				 -		
		- 10		····	7	
						
			<u> </u>	····	- , , , , , , , , , , , , , , , , , , ,	-
			· · · · · · · · · · · · · · · · · · ·			
-						
Total (Column	(b) must equal Fo	orm 990, Part X, col (B) li	ne 15)		•	
Part X		ities. See Form 990			· · · · · · · · · · · · · · · · · · ·	<u> </u>
1		Description of liability		(b) Amount		
Federal income	e taxes					
					1	
					1	
					1	
]	
					1	
				1	1	
		-			1	
					1	
					1	
Total. (Column	n (b) must equal F	orm 990, Part X, col (B) I	ine 25)		1	
				ation's financial statements	that reports the	
		in tax positions under FIN	-			

Sche	dule D (Form 990) 2009 SPARTANBURG COMMUNITY COLLEGE	57-075150	0	Page 4
Pa	rt,XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	327,717
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	331,130
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-3,413
4	Net unrealized gains (losses) on investments		4	65,092
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 through 8		9	65,092
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	61 , 679
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements		1	420,959
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,		
а	Net unrealized gains on investments	2a 65,092		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d 36,520	_	
0	Add lines 2a through 2d		2е	101,612
3	Subtract line 2e from line 1	,	3	319,347
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 8,370		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	8,370
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	327,717
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per R	eturn	
1	Total expenses and losses per audited financial statements		1	359,280
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а		2a		
b	· · · · ·	2b		
С		2c		
d	,	2d 36,520		
0	Add lines 2a through 2d		2е	36,520
3	Subtract line 2e from line 1	r	3	322,760
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a 8,370		
b	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	8,370
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	331,130
	art XIV Supplemental Information	14.5 (1)(1)		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 46 Also complete		
	art to provide any additional information	OTHER		
_ =	ART XI, LINE_8RECONCILIATION OF_CHANGES	OIHEK		
_S	PECIAL_EVENT_DIRECT_EXPENSES_OFFSET_AGAINST_G	ROSS INCOME \$		0
<u>.</u>	ROM FUNDRAISING	ے		2 600
_ F	ROM TOMORAISING			_ 3,699
_D	<u>EPRECIATION EXPENSE ON RENTAL PROPERTY OFFSET</u>	AGAINST GRO \$		_3 <u>2,821</u>
s	PECIAL_EVENT_DIRECT_EXPENSES_OFFSET_AGAINST_G	ROSS INCOME \$		0
				_3 600
	ROM FUNDRAISING	· 3		3,699
_ D	<u>EPRECIATION EXPENSE ON RENTAL PROPERTY OFFSET</u>	AGAINST GRO \$		<u>-32,821</u>

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

OMB No 1545-004/	2009	Open to Public

► Attach to Form 990.

Inspection			X Yes No	rred "Yes" to re than \$5,000. Use	(h) Purpose of grant or assistance	DONATION OF SUPPLIES	AND STUDENT SCHOLAR-	SHIPS.				
	Employer identification number $57-0751500$		pu	ganization answ vient received mo	(g) Description of non-cash assistance	DO	AN	HS				
	Employer i 57 – 07		ts or assistance, an	nplete if the org if no one recipi	(f) Method of valuation (book, FMV, appraisal, other)							
.0.	SPARTANBURG COMMUNITY COLLEGE FOUNDATION, INC.	eligibility for the gran	eligibility for the gran iited States. Cor Check this box	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance? The selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States The Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Jnited States. Co	(e) Amount of non-cash assistance						
► Attach to Form 990.			assistance, the grantees nds in the United States		(d) Amount of cash grant (e) Amount of non-cash assistance	101,147						
		l Assistance	ants or ass		(c) IRC section if applicable							
			General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the gr the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grants.		d Other Assistance to Governments ar Part IV, line 21, for any recipient that red Schedule I-1 (Form 990) if additional	d Other Assistance to Governments are Part IV, line 21, for any recipient that not be schedule I-1 (Form 990) if additional	d Other Assistance to Governments are, Part IV, line 21, for any recipient that r d Schedule I-1 (Form 990) if additional	(p) EIN	57-0439615			
		nformation on Grants and						(a) Name and address of organization or government	SCC-PUBLIC INSTITUTION OF HIGHER BUSINESS INTERSTATE 85 AT NEW CUT R SPARTANBURG SC 29305			
Department of the Treasury Internal Revenue Service	Name of the organization SP	Part I General Ir	1 Does the organization r the selection criteria us 2 Describe in Part IV the	Part II Grants an Form 990 Part IV an	1 (a) Name and av	SCC-PUBLIC INSTITUTION BUSINESS INTERSTATE 85 SPARTANBURG						

Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

57-0751500

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) 2009 SPARTANBURG COMMUNITY COLLEGE

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Peril

9)	(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)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
Partiv	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE FOUNDATION RECEIVES MONTHLY AND PERIODIC REPORTS FROM THE SPARTANBURG

COMMUNITY COLLEGE REGARDING THE USE OF FUNDS GIVEN FOR ASSISTANCE.

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SCHEDULE K (Form 990)

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Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047 2009

▶ Attach to Form 990. See separate instructions.

Open to Public Inspection

ž × (h) On behalf of ŝ ŝ **Employer identification number** Yes ш 57-0751500 ž (g) Defeased Yes × Yes Yes 0 ŝ ŝ TO DEFRAY THE COST ۵ (f) Description of purpose Yes Yes ŝ ŝ O 2,500,000 (e) Issue price Yes Yes ŝ Ŷ 10/11/05 (d) Date issued 8 ω Yes Yes (c) CUSIP# 2,500,000 2,500,000 57-0960018 NONE 2 N٥ × × COLLEGE 2007 (b) Issuer EIN Yes Yes SPARTANBURG COMMUNITY A SC JOBS ECONOMIC DEVELOPMENT AUTHOR 9 Were the bonds issued as part of a current refunding issue? INC SEE SCHEDULE O member of an LLC, which owned property financed by 12 Does the organization maintain adequate books and 1 Was the organization a partner in a partnership, or a records to support the final allocation of proceeds? 11 Has the final allocation of proceeds been made? FOUNDATION, 3 Proceeds in refunding or defeasance escrows 10 Were the bonds issued as part of an advance Working capital expenditures from proceeds Private Business Use Capital expenditures from proceeds (a) Issuer name Gross proceeds in reserve funds Issuance costs from proceeds Year of substantial completion Proceeds Other unspent proceeds Total proceeds of issue Bond Department of the Treasury Internal Revenue Service Name of the organization refunding issue? Part III Part II Parti

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

financed property which may result in private business use?

2 Are there any lease arrangements with respect to the

tax-exempt bonds?

Schedule K (Form 990) 2009

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Schedule K (Form 990) 2009 SPARTANBURG COMMUNITY COLLEGE

· e ŝ Yes Yes 8 8 % ŝ ŝ ۵ Yes Yes % % ŝ ŝ Yes Yes 8 % % ŝ ŝ Yes Yes % % % ž ŝ × × × \bowtie Yes Part III Private Business Use (Continued) Has a Form 8038-T, Arbitrage Rebate, Yield Reduction **b** Are there any research agreements with respect to the or other outside counsel to review any management or financed property which may result in private business Was the regulatory safe harbor for establishing the fair Does the organization routinely engage bond counsel Has the organization adopted management practices 3a Are there any management or service contracts with service contracts or research agreements relating to respect to the financed property which may result in identified a hedge with respect to the bond issue on and Penalty in Lieu of Arbitrage Rebate, been filed Enter the percentage of financed property used in a private 3a Has the organization or the governmental issuer Were any gross proceeds invested beyond an activity carned on by your organization, another section compliance of its tax-exempt bond liabilities? business use as a result of unrelated trade or business and procedures to ensure the post-issuance 501(c)(3) organization, or a state or local government 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use by entities other than a section 4a Were gross proceeds invested in a GIC? Is the bond issue a variable rate issue? market value of the GIC satisfied? with respect to the bond issue? Arbitrage the financed property? its books and records? private business use? Total of lines 4 and 5 **b** Name of provider b Name of provider c Term of hedge Term of GIC Part IV use, σ S

% %

 \times

6 Did the bond issue qualify for an exception to rebate?

available temporary period?

SCHEDULE O (Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SPARTANBURG COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 57-0751500

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES TO DEVELOP AND ADMINISTER PROGRAMS ORGANIZED EXCLUSIVELY TO RECEIVE AND HOLD BY BEQUEST, GIFT, OR PURCHASE ANY PROPERTY AND TO MANAGE, INVEST, AND USE THE PROPERTY FOR SCIENTIFIC, EDUCATIONAL, AND CHARITABLE PURPOSES FOR THE ADVANCEMENT OF SPARTANBURG COMMUNITY COLLEGE.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD IN A REGULAR MEETING, REVIEWED A COPY OF THE 990 BEFORE IT WAS FILED WITH THE IRS. EACH MEMBER OF THE BOARD WAS FURNISHED A COPY OF THE 990 BEFORE THIS MEETING AND REVIEW TOOK PLACE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MAINTAINED AT THE SPARTANBURG COMMUNITY COLLEGE FOUNDATION'S OFFICE AND ARE AVAILABLE TO THE PUBLIC IN CERTAIN CIRCUMSTANCES UPON REQUEST.

SCH K - PURPOSE OF ISSUE DESCRIPTION SC JOBS ECONOMIC DEVELOPMENT AUTHOR COUNTY CAMPUS FOR USE BY SPARTANBURG COMMUNITY COLLEGE.

SCHEDULE O - ADDITIONAL INFORMATION

SCHEDULE K PART II # 5

THE FOUNDATION WILL NOT HAVE ISSUANCE COST BECAUSE THE SC JOBS ECONOMIC DEVELOPMENT AUTHORITY ISSUED THE TAX EXEMPT REVENUE BOND IN BEHALF OF THE FOUNDATION.

Schedule R (Form 990) 2009 Open to Public OMB No 1545-0047 SC TECH BO 2009 **Employer identification number** Inspection (f) Direct controlling (f) Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 57-0751500 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Exempt Code section (d) Total income 501C3 Related Organizations and Unrelated Partnerships ► See separate instructions. (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) SC(b) Primary activity (b) Primary activity COLLEGE ▶ Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 57-0439615 SPARTANBURG COMMUNITY COLLEGE (a)
Name, address, and EIN of related organization BUSINESS INTERSTATE 85 AT NEW CUT R (a)Name, address, and EIN of disregarded entity SC 29305 INC. SPARTANBURG COMMUNITY COLLEGE FOUNDATION, Name of the organization Department of the Treasury Internal Revenue Service SPARTANBURG SCHEDULE R (Form 990) Part Part

Page 2.

Schedule R (Form 990) 2009 SPARTANBURG COMMUNITY COLLEGE

57-0751500

Yes No Schedule R (Form 990) 2009 . (j) General or manaçıng partne*r?* Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of <u>6</u> (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity ਉ (d)
Direct controlling a entity Legal domicile foreign country) (state or છ (c) Legal domicile (state or foreign country) Primary activity Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Bartiv Part III A A

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

57-0751500

			L	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	۱ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			-]
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		-+	\dashv	×
b Gift, grant, or capital contribution to other organization(s)		1p	×	
c Gift, grant, or capital contribution from other organization(s)		10	_	×
d Loans or loan quarantees to or for other organization(s)		10		×
e Loans or loan quarantees by other organization(s)		1 e		 ×
f Sale of assets to other organization(s)		#	-	×
g Purchase of assets from other organization(s)		19		×
		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×	
		}	- 1	;
j Lease of facilities, equipment, or other assets from other organization(s)		-	1	\ ~1:
k Performance of services or membership or fundraising solicitations for other organization(s)	٠	*		, ,
I Performance of services or membership or fundraising solicitations by other organization(s)		4	+	 ا*
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	
n Sharing of paid employees		Ę	×	-
			:	
 Reimbursement paid to other organization for expenses 		+	×	-
p Reimbursement paid by other organization for expenses		-	×	
				×
q Other transfer of cash or property from other organization(s)		-		: _:
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	in thresholds			
	3	(3)		
organization	(b) Transaction	(c) Amount involved	8	
	type (a-r)			
(1) SPARTANBURG COMMUNITY COLLEGE	н	i i	199,000	00
				ļ
(2) SPARTANBURG COMMUNITY COLLLEGE	В	1	101,1	147
(3) SPARTANBURG COMMUNITY COLLLEGE	<u>-</u>		10,000	00
(7)				
(5)				
(9)				
	Schedi	Schedule R (Form 990) 2009	990) 2	600

Schedule R (Form 990) 2009 SPARTANBURG COMMUNITY COLLEGE

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Perit W

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

1	General or	managing partner?	S No						900) 2009
L	<u>ა</u>		Yes		 _				 erm 6
(6)	Code V—UBI	amount in box 20 of Schedule K-1 (Form 1065)							Schedule R (Form 990) 2009
	honate	2Sur	° ×						
9	Disproportionate	allocatio	Yes						
(9)		end-of-year assets	1			•			
	artners	(3)	2 2						
2 5	Are all partners	section 501(c)(3)	Yes		-				
dinencial partice		(state or foreign country)	<u> </u>						
Anaion for caram my	(b) Primary activity								
or gross revenue) that was not a related organization over illustructions regarding exclusion to certain investment particles in partic	(a) Name, address, and EIN of entrty								

Tax-Exempt Bond Liabilities							
Form 990		-			0.0.15.5	2009	
Name	For calendar year 2009, or tax y	year beginning	07/01/09	, and ending	06/30/		
Name SPARTANBUR	G COMMUNITY COLLEG	Ε			Empi	oyer Identification Number	
FOUNDATION, INC.					57-	0751500	
FORM 990,	PART X, LINE 20 -	ADDITIONAL	INFORMATIO	N			
	Name of lender Purpose of issue						
Name of lender (1) SC JOBS ECONOMIC DEVELOPMENT AUTHORI			Turpose stribute				
(2)							
(3)					· ·· ·		
(4) (5)						· · · · · · · · · · · · · · · · · · ·	
(6)							
(7)							
(8)							
(9) (10)							
1.0/	· · · · · · · · · · · · · · · · · · ·						
	Original amount	Form 8038 filed		Co	mpletion date	Unexpended	
$\frac{\text{Issue date}}{(1) 10/17/05}$	of issue 2,500,000	Y/N Date filed			of project 9/27/07	bond proceeds	
(1) 10/17/05 (2)	2,300,000	1/1	10/01/	25 0:	9/2//0/		
(3)							
(4)							
(5)							
<u>(6)</u> (7)							
(8)							
(9)							
(10)							
Third party use percent	Maturity date		Repayment term	<u> </u>		Interest rate	
(1)	10/01/25	PAYABL	E SEMI-ANN			4.240	
(2)							
(3)				· · · · · · · · · · · · · · · · · · ·	<u> </u>	-	
(4) (5)	•			·		-	
(6)							
(7)		······································	· · · · · · · · · · · · · · · · · · ·		·		
(8)							
(10)	· · · · · · · · · · · · · · · · · · ·						
	Security provided by born	rower		Amount o	outstanding ing of year	Amount outstanding at end of year	
(1) LEASE INCOME				2,2	273,245	2,175,670	
(2)							
(3)		- 				<u> </u>	
(4)				 		 	
(6)							
(7)							
(8)						 	
(9) (10)							
Totals				2.2	273,245	2,175,670	

	Fund Raising
Federal Statements Form 990, Part IX, Line 24f - All Other Expenses	Seneral Senera
	Program Service
	990, Part IX, Line 24f- Total Expenses \$ 136 \$ 136
	Form
	Description
57-0751500	BANK FEES TOTAL

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue	e Service						
 If you are 	filing for an Automatic 3-Month Extension, c	omplete only Part I and check this box		▶ X			
If you are	filing for an Additional (Not Automatic) 3-Mo	nth Extension, complete only Part II (on page 2 of this fo	orm)	_			
		nted an automatic 3-month extension on a previously filed	· -	68			
Part I		Time. Only submit original (no copies neede					
A corporation Part I only	required to file Form 990-T and requesting an	automatic 6-month extension—check this box and compl	lete	▶ 🗆			
•	orations (including 1120-C filers), partnerships ome tax returns	, REMICs, and trusts must use Form 7004 to request an e	extension (of			
one of the retuelly returns, or a c	erns noted below (6 months for a corporation r f (1) you want the additional (not automatic) 3 omposite or consolidated Form 990-T Instead	ile Form 8868 if you want a 3-month automatic extension equired to file Form 990-T). However, you cannot file Form-month extension or (2) you file Forms 990-BL, 6069, or 8 d, you must submit the fully completed and signed page 2 is it www.irs.gov/efile.and.click.on.e-file.for.Charities & Nor	m 8868 8870, grou ! (Part II) o	up			
Type or	Name of Exempt Organization		Employ	Employer identification number			
print	SPARTANBURG COMMUNITY	COLLEGE		Employer racinimoditor manuscr			
File by the	FOUNDATION, INC.		57-0	57-0751500			
due date for	Number, street, and room or suite no. If a P	O box see instructions					
filing your	• •	BOX 4386-LEDBETTER BLDG RM 231_					
return See Instructions	City, town or post office, state, and ZIP code						
	SPARTANBURG	SC 29305-4386					
X Form 99 Form 99 Form 99	00-BL 00-EZ	Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A		Form 4720 Form 5227 Form 6069 Form 8870			
Telephone If the orga If this is for the whole of a list with the until 0 for the co	names and EINs of all members the extension at an automatic 3-month (6 months for a corpo $2/15/11$), to file the exempt organization or calendar year or	FAX No usiness in the United States, check this box r digit Group Exemption Number (GEN) or part of the group, check this box n will cover ration required to file Form 990-T) extension of time on return for the organization named above The extension	If this is lattach	▶ □			
► X	tax year beginning $07/01/09$, and end						
2 If this ta	x year is for less than 12 months, check reason	on I Initial return Final return Change	in accoun	iting period			
3a If this a	oplication is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, enter the tentative tax,	T				
less an	nonrefundable credits. See instructions		3a	\$			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax							
paymer	3b	\$					
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,							
deposit							
) See instructions		3c	\$			
Caution If yo		awal with this Form 8868, see Form 8453-EO and Form 8	879-EO				
		a Instructions		Form 8868 (Rev 4-2009)			
TO FINACY F	act and Paperwork Reduction Act Notice, se	e manuonona.		5556 (167 4 2005)			