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

Name of the organization	Employer identification number
SOUTH CAROLINA RESEARCH FOUNDATION	57-0967350

FORM 990, PART VI, SECTION B, QUESTION 12

ORGANIZATION'S WRITTEN POLICIES

THE RESEARCH FOUNDATION IS A FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION TO THE UNIVERSITY OF SOUTH CAROLINA. FOUNDATION POLICIES REGARDING CONFLICTS OF INTEREST, USE OF SOCIAL CLUBS, TRAVEL, WHISTLEBLOWER PROVISIONS, ETC. ARE CONSISTENT WITH THOSE OF THE UNIVERSITY.

FORM 990, PART VI, SECTION B, QUESTION 15A

PROCESS FOR DETERMINING COMPENSATION FOR TOP MANAGEMENT OFFICIAL

THE FOUNDATION'S BOARD CHAIR ALSO SERVES AS EXECUTIVE DIRECTOR. HE IS NOT COMPENSATED AS OR CONSIDERED A FOUNDATION EMPLOYEE. THE FOUNDATION PAYS HIM UNDER A CONTRACTUAL ARRANGEMENT.

FORM 990, PART VI, SECTION B, QUESTION 15B

PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS/EMPLOYEES

THE FOUNDATION DOES NOT HAVE EMPLOYEES OF ITS OWN; ALL EMPLOYEES ARE UNIVERSITY OF SC EMPLOYEES LEASED TO THE FOUNDATION. THE FOUNDATION REIMBURSES USC ON A MONTHLY BASIS FOR ITS SALARIES AND FRINGES. THE FOUNDATION DOES NOT FILE A FORM 941 DUE TO THE REIMBURSEMENT ARRANGEMENT WITH USC. USC DETERMINES COMPENSATION IN ACCORDANCE WITH STATE OF SC GUIDELINES.

FORM 990, PART VI, SECTION C, LINE 19

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S WEBSITE. ALL

Name of the organization	Employer identification number
SOUTH CAROLINA RESEARCH FOUNDATION	57-0967350

OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII

FINANCIAL STATEMENTS AND REPORTING

THE RESEARCH FOUNDATION'S FINANCIALS INCLUDE ACTIVITY FOR HEALTH SCIENCES SOUTH CAROLINA, THE INSTITUTE FOR MEDICINE AND PUBLIC HEALTH, BOTH SUPPORTED ORGANIZATIONS OF THE FOUNDATION, AS WELL AS THE CONSORTIUM FOR ENTERPRISE SYSTEMS MANAGEMENT, A DISREGARDED ENTITY.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE SOUTH CAROLINA RESEARCH FOUNDATION OPERATES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF, THE UNIVERSITY OF SOUTH CAROLINA, MEDICAL UNIVERSITY OF SOUTH CAROLINA, CLEMSON UNIVERSITY, PALMETTO HEALTH, GREENVILLE HOSPITAL SYSTEM AND SPARTANBURG REGIONAL HEALTH SYSTEM INCLUDING BUT NOT LIMITED TO PROMOTING, ENCOURAGING, AND AIDING SCIENTIFIC RESEARCH AND INVESTIGATION.

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ANMED HEALTH 800 NORTH FANT STREET ANDERSON, SC 29621	MEDICAID SERVICE PRO	829,316.
RECOMBINANT DATA CORP. 255 WASHINGTON ST NEWTON, MA 02458	IT SUPPORT	527,668.
MANATT PHELPS AND PHILLIPS 11355 WEST OLYMPIC BLVD LOS ANGELES, CA 90064	CONSULTING SERVICES	393,842.

Name of the organization: SOUTH CAROLINA RESEARCH FOUNDATION

Employer identification number: 57-0967350

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PPC, INC. 1233 WASHINGTON ST COLUMBIA, SC 29201	LEASING SERVICES	332,381.
CSC LEASING 6806 PARAGON PLACE RICHMOND, VA 23230	LEASING SERVICES	314,779.
TOTAL COMPENSATION		2,397,986.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	12,378.			12,378.
TOTALS	12,378.			12,378.

ATTACHMENT 4

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: NOTE FOR OFFICE EQUIPMENT
ORIGINAL AMOUNT: 268,744.
INTEREST RATE: 6.500000
DATE OF NOTE: 11/20/2010
MATURITY DATE: 10/20/2015
PURPOSE OF LOAN: FINANCE PURCHASE OF OFFICE EQUIPMENT

BEGINNING BALANCE DUE	236,459.
ENDING BALANCE DUE	187,632.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	236,459.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	187,632.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SOUTH CAROLINA RESEARCH FOUNDATION

Employer identification number
57-0967350

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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
(1) CONSORTIUM FOR ENTERPRISE SYSTEMS MGMT 1301 GERVAIS STREET, SUITE 200 COLUMBIA, SC 29201	IT EDUCATION	SC	1,611,893.	469,886.	SCRF
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) UNIVERSITY OF SOUTH CAROLINA 57-6001153 208 OSBORNE ADMIN COLUMBIA, SC 29208	EDUCATION	SC	501(C)(3)	6	N/A		X
(2) MEDICAL UNIVERSITY OF SOUTH CAROLINA 57-6007222 18 BEE STREET CHARLESTON, SC 29425	EDUCATION	SC	501(C)(3)	6	N/A		X
(3) CLEMSON UNIVERSITY 57-6000254 SIKES HALL CLEMSON, SC 29634	EDUCATION	SC	501(C)(3)	6	N/A		X
(4) GREENVILLE HOSPITAL SYSTEM 57-6007863 701 GROVE ROAD GREENVILLE, SC 29605	HEALTHCARE	SC	501(C)(3)	3	N/A		X
(5) PALMETTO HEALTH 58-2296052 293 GREYSTONE BLVD COLUMBIA, SC 29210	HEALTHCARE	SC	501(C)(3)	3	N/A		X
(6) SPARTANBURG REGIONAL HEALTHCARE 57-6000934 101 E WOOD STREET SPARTANBURG, SC 29303	HEALTHCARE	SC	501(C)(3)	6	N/A		X
(7) HEALTH SCIENCES SOUTH CAROLINA 20-2849804 1320 MAIN STREET COLUMBIA, SC 29201	SUPPORT ORG	SC	501(C)(3)	11A	N/A		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
SOUTH CAROLINA RESEARCH FOUNDATION

Employer identification number
57-0967350

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SOUTH CAROLINA INSTITUTE MEDICINE & -EAL 32-0350642 2221 DEVINE STREET SUITE 216 COLUMBIA, SC 29205	EDUCATION	SC	501(C)(3)	11A	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **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)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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 or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n	X	
o	Reimbursement paid to related organization(s) for expenses	1o	X	
p	Reimbursement paid by related organization(s) for expenses	1p	X	
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

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.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

REPORTING OF FINANCIAL INFORMATION

FORM 990, SCHEDULE R, PART I & II

THE RESEARCH FOUNDATION'S FINANCIAL STATEMENTS INCLUDE THE ACTIVITY FOR HEALTH SCIENCES SOUTH CAROLINA, A SUPPORTED ENTITY TO THE FOUNDATION ACCORDING TO THE ORGANIZATION'S BYLAWS AND THE CONSORTIUM FOR ENTERPRISE SYSTEMS MANAGEMENT, A DISREGARDED ENTITY FOR TAX PURPOSES.