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Schedule B (Form 990 990 EZ

or 990 PF)
Department of the Treasury
Internal Revenue Service

Fax 8642864216

Jul 18 2013 16 31

P 03

Schedule of Contributors

▶ Attach to Form 990 Form 990 EZ or Form 990 PF

QM8 No 1545 0047

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lame of the organization		Employer rochambation manager
SCANSOURCE CHARIT/FL	E FOUNDATION	57-1002959
Organization type (check one)		
filers of	Scution	
Form 990 or 990 EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation
	527 political organization	
Form 990 PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founds	ation
	501(c)(3) taxable private foundation	
	filing Form 990-990 EZ, or 990 PF that received during the year \$5,000 one contributor. Complete Parts I and II	or more (in money or
Special Rules		
under sections 509((3) organization filing Form 990 or 990 EZ that met the 33 1/3 % support a)(1) and 170(b)(1)(A)(vi) and received from any one contributor during to 000 or (2) 2% of the amount on (i) Form 990 Part VIII line 1h or (ii) Form 31 ii	he year a contribution of
during the year total	(7) (8) or (10) organization filing Form 990 or 990 EZ that received from I contributions of more than \$1 000 for use exclusively for religious charitoses or the prevention of cruelty to children or animals. Complete Parts I	able scientific literary
during the year con not total to more that year for an exclusive	וכר (10) organization filing Form 990 or 990 EZ that received from tributions for use exclusively for religious charitable etc purposes but the second in \$1,000 of this pox is checked enter he either total contributions that we ly religious charitable etc purpose Do not complete any of the parts unligization because it received nonexclusively religious charitable etc continuous.	nese contributions did ere received during the ess the General Rule
_	is not covered by the General Rule and/or the Special Rules does not file at answer. No. on Part IV. line 2 of its Form 990, or check the box on line	•

Part I line 2 of its Form 990 PF to certify that it does not meet the filing requirements of Schodule B (Form 990 990 EZ or 990 PF)

	SCAN SOURCE Fax 8642864216	Jul 18 2013 16	32 P 04
Scheaule E	(Form 990-990 EZ-or 900 PF) (201_)		د Page 2
Name of or	ganizat 🗤	Employer identification number	
SCANSOURCE CHAPITABLE FOUNDATION			<u>57-1002958</u>
Cart	Contributors (see instructions) Use duplicate copies of F	Part I if additional space is nee	ded
(a) No	(b) Name, address and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 ~	F LOGUE COURT		Person Y Payroll Noncash
	GREENVILLE, SC 19615	-	(Complete Part II if there is a noncash contribution)
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
۷	SCANSOURCE, INC FAIROLL MAICH	-	Person × Payroll Noncash
	GREFNYILLE, SC_20615	}	(Complete Part II if there is a noncash contribution)
(a) No	(b) Namc address and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SCANSOURCE, INC EMPLOYEE PAYROLL 6 LOGUE COURT CREENVILLE, 5C 29615	_ \$51,457_00	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ID TECHNOLOGIES 1072: WAL ER STRE: I CXPRESS, CA 20630	- \$13,888_00 -	Person X Payroll Noncash (Complete Part II if there is a noncesh contribution)
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution)

Person Payroll Noncash