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#### EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

A	For the	e 2015 calendar year, or tax year beginning and e	nding		
В	Check If applicable	C Name of organization		D Employer identific	cation number
	Addre	GREENVILLE TECH FOUNDATION, INC.			
	Name		,	57-0	565961
	lnıtıal return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Fınal return	DO BOY 5616 MC6002			250-8497
	termir ated		•	G Gross receipts \$	13,653,888.
	Amen return	GREENVILLE, SC 29606-5616		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:ROBERT E. HOWARD		for subordinates	? Yes X No
	pendi	PO BOX 5616, GREENVILLE, SC 29606-5616	<u> </u>	H(b) Are all subordinates in	ncluded? Yes No
1	Tax-ex	empt status X 501(c)(3)	r 🔲 527	If "No," attach a	list (see instructions)
		te: > WWW.GREENVILLETECHFOUNDATION.ORG		H(c) Group exemption	n number 🕨
	Form of art 1	organization: X Corporation	L Year	of formation: 1973 N	1 State of legal domicile: SC
Ð	1	Briefly describe the organization's mission or most significant activities: PROVI	DE FI	NANCIAL ASS	ISTANCE TO
Governance		GREENVILLE TECHNICAL COLLEGE AND ITS STUD			
ř	2	Check this box   If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	
∙ •ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	28
es.	5	Total number of individuals employed in calendar-year, 20,15 (Part, V, line 2a)		5	0
Activities		Total number of volunteers (estimate if necessary)		. 6	50
્ર <mark>घ</mark>	1	Total unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	0.
<u>.</u>	p	Net unrelated business taxable income from Form 990 Thine 34!	<del></del>	7b	0.
				Prior Year	Current Year
ğ.	8	Contributions and grants (Part VIII, Info DEN, UT		4,590,191.	3,876,077.
Revenue	9	Program service revenue (Part VIII, line 2g)	·	2,385,039.	2,794,659.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	• •	1,136,498.	283,283.
• .	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• •	286,292. 8,398,020.	243,240. 7,197,259.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	• •	428,192.	388,901.
-	i	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		371,574.	387,204.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	• –	0.	0.
ē	1	Total fundraising expenses (Part IX, column (D), line 25) 126, 34	.3.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,777,585.	3,569,148.
	E .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,577,351.	4,345,253.
	19	Revenue less expenses. Subtract line 18 from line 12		3,820,669.	2,852,006.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		37,651,180.	39,136,249.
gg.	21	Total liabilities (Part X, line 26)		<u>23,477,751.</u>	<u>22,469,137.</u>
캳	22	Net assets or fund balances. Subtract line 21 from line 20		14,173,429.	16,667,112.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		_	y knowledge and belief, it is
u ue,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	cn preparer	nas any knowledge.	<del>/1/</del>
Sig	n	Signature of officer ou Z. Howard		Date /	16
Her		ROBERT E. HOWARD, PRESIDENT  Type or print name and title	<del></del>		
		Print/Type preparer's name Preparer's signature	10	Date, Check	PTIN
Paid	l	FRANCES M. PATTERSON	را ہے	/// / / /   If setf-employ	P00445802
Prep	arer	Firm's name ELLIOTT DAVIS DECOSIMO, LLC/PLLC		Firm's EIN	57-0381582
Use	Only	Firm's address PO BOX 6286			
		GREENVILLE, SC 29606-6286		Phone no. 8 6	4-242-3370
May	the IF	S discuss this return with the preparer shown above? (see instructions)		····	X Yes No
5320	01 12-1	8-15 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2015)

Form	1990 (2015) GREENVILLE TECH FOUNDATION, INC. 57-0565961 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission  PROVIDE FINANCIAL ASSISTANCE TO GREENVILLE TECHNICAL COLLEGE AND ITS  STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No  If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$1,860,159. including grants of \$) (Revenue \$1,977,261.) PROVIDED HOUSING SERVICES TO STUDENTS OF GREENVILLE TECHNICAL COLLEGE.
4b	(Code) (Expenses \$426,547. including grants of \$) (Revenue \$) PURCHASED EQUIPMENT FOR VARIOUS COLLEGE PROGRAMS OFFERED AT GREENVILLE TECHNICAL COLLEGE.
4c	(Code) (Expenses \$\frac{594,821. including grants of \$\frac{1}{2}\$ (Revenue \$\frac{573,398.}{2}\$)  CONSTRUCTED CLASSROOM AND GYMNASIUM FOR THE BRASHIER CHARTER MIDDLE  SCHOOL CAMPUS AT THE REQUEST OF GREENVILLE TECHNICAL COLLEGE.  CONTINUING REVENUE AND EXPENSES ARE FOR OWNERSHIP OF BUILDING BY  GREENVILLE TECH FOUNDATION.
	Other program services (Describe in Schedule O.)  (Expenses \$ 834,769. including grants of \$ 388,901.) (Revenue \$ 244,000.)
<u>4e</u>	Total program service expenses ► 3,716,296.  Form 990 (2015)

GREENVILLE TECH FOUNDATION, INC. 57-0565961 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b 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 169 If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e 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 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 1<u>4</u>b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

Form 990 (2015)

X 18

19

complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2015) GREENVILLE TECH FOUNDATION, INC. 57-0565961 Page 4
Part IV Checklist of Required Schedules (continued)

00-	Did the same show and a second		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├—
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ <u>X</u> _
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	Δ.	
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		<b>.</b>	
04-	Schedule J	23	X	
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 24b through 24d and complete	04-		1
	Schedule K. If "No", go to line 25a	24a	X	v
b	3	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	( // // - / // // - // - / - / - / - / -			<b>.</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		
oe.	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ĺ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
27	Complete Schedule L, Part II	_26_	-	
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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)	l		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C				
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u>L</u>
		Form	990	(2015)

Form 990 (2015) GREENVILLE TECH FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 1	Ì	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ļ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	i 1	ſ	
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	/ 1		
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	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 (see instructions)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	i i	l	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	, , ,	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<b></b>
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoring organization have excess business holdings at any time during the year?	8	<u>'</u>	
9	Sponsoring organizations maintaining donor advised funds.			l
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	<b> </b> -
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		:	
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<del> </del> -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		<u> </u>	77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>D</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2015)
		FULL	ション	(2010)

Form 990 (2015) GREENVILLE TECH FOUNDATION, INC. 57-0565961 Page
Part VI 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.

	to line 6a, 6b, 6r Tob below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28	}		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Ì	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 28	İ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ì		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		•
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
	more members of the governing body?	7 <u>a</u>	<u>X</u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
	persons other than the governing body?	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	<u> X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	<u>X</u> _	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
b	Other officers or key employees of the organization	15b	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		<u>X</u> _
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KENNETH HELMS - 864-250-8536			
	225 C DIENCAMPRIDE DETVE CITTE E-11 COMPANITIES CC 29607			

GREENVILLE TECH FOUNDATION, INC.	<u> 57-0565961</u>	Page 7
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

 $\mathbf{x}$ 

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

   List all of the organization's current key employees, if any 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)	(B)			_ ((	Ç)			(D)	(E)	(F)	
Name and Title	Average	(do			ition more	l than⊲	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	ıs bot	1 an	compensation	compensation	amount of	
	week	officer and a direc			1			from	from related	other	
	(list any hours for	direct		1				the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee 01	trustee			lage Safe		(W-2/1099-MISC)	(** 2, 1000 111100)	organization	
	organizations	trust	al tru	1	oyee	를		,		and related	
	below	Individual trustee or director	Institutional t	   हु	Key employee	Highest compensated employee	Former			organizations	
	line)	를	in St	Officer	Key	星島	臣			<u> </u>	
(1) ROBERT E. HOWARD	1.00		Ì								
FOUNDATION PRESIDENT		X	_	X	ļ.,			5,000.	77,984.	14,758.	
(2) KEITH L. MILLER	50.00				:				_		
COLLEGE PRESIDENT		X	<u></u>	X	<u> </u>			75,605.	0.	0.	
(3) TIMOTHY J. REED	1.00				l	]		_	_		
CHAIRMAN		X		X				0.	0.	0.	
(4) SAMUEL L. ERWIN	1.00				ļ						
VICE-CHAIRMAN		X	<u> </u>	X	<u> </u>			0.	0.	0.	
(5) JOHN SLIPKE	1.00				١						
SECRETARY		X	<u> </u>	X	ļ	<u> </u>		0.	0.	0.	
(6) WILL W. HUSS, JR.	1.00		İ		Ì						
TREASURER		X	ļ	X	ļ_	<u> </u>		0.	0.	0.	
(7) S. HUNTER HOWARD, JR.	1.00			l						•	
IMMEDIATE PAST CHAIRMAN		X	ļ_	X	<u> </u>	<u> </u>		0.	0.	0.	
(8) MICHAEL O. ALLEN	1.00					]		1		•	
DIRECTOR		X		-	<u> </u>	-	L	0.	0.	0.	
(9) BRIAN ROGERS	1.00				ĺ						
DIRECTOR		X	<del> </del>		├-			0.	0.	0.	
(10) DON SHAW	1.00		ļ	ļ	1					•	
DIRECTOR	1 00	X	-	_				0.	0.	0.	
(11) RALPH SWEENEY	1.00				}					0	
DIRECTOR	1 00	X	-	-	├	$\vdash$		0.	0.	0.	
(12) BRENDA THAMES	1.00									^	
DIRECTOR	1 00	X	<del> </del>	-	-	-		0.	0.	0.	
(13) TOM D'AGOSTINO	1.00	3,5			1					_	
DIRECTOR	1 00	X	-		┢	├	-	0.	0.	0.	
(14) JOHN DAVEY	1.00	<b>.</b> ,			l					•	
DIRECTOR	100	X	├	-	┢╌	1	<u> </u>	0.	0.	0.	
(15) BRYAN G. DODS	1.00	7.				1				_	
DIRECTOR	1 00	X	<del> </del>	-		├		0.	0.	0.	
(16) DON ERICKSON	1.00	v			1				0.	^	
DIRECTOR	1 00	X	├-	<del> </del>	-	-	<u> </u>	0.	U •	0.	
(17) CHERYL GRANT	1.00	x	1		]			0.	0.	_	
DIRECTOR		LA	L	Щ	<u></u>		Ц	<u> </u>	<u> </u>	0.	

Form 990 (2015)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	—			
(A)	(B)			((	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	- 1		stimate	
	hours per	box	, unle	ss pe	rson	is bot	h an	•	compensation	I	an	nount	of
	week (list any	-			111000	1/11/11	T T	from	from related		000	other	+
	hours for	Individual trustee or director		ļ	ļ	_	ļ	the organization	organizations (W-2/1099-MIS)			ipensa rom th	
	related	60.0	gg P		İ	Sate		(W-2/1099-MISC)	(44-2/1099-141100	"		janizat	
	organizations	ruste	Institutional trustee	Į	8	lag lag		(11 2) 1000 (11100)		- 1	_	d relat	
	below	dual	utour	_	e	S st						anızatı	
	line)	M	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) STONE HARPER	1.00												
DIRECTOR		X	<u> </u>			_		0.		0.			0.
(19) TED LYERLY	1.00										ļ		
DIRECTOR		X	L		<u> </u>			0.		0.			0.
(20) TONY WILLIAMS	1.00									Ì			
DIRECTOR		X						0.		0.			0.
(21) HEATHER MEADORS	1.00												
DIRECTOR		X		L.				0.		0.			0.
(22) RUBEN MONTALVO	1.00		П		П								
DIRECTOR		X						0.		0.			0.
(23) LUANNE RUNGE	1.00			1						)	Í		
DIRECTOR		X						0.		0.			0.
(24) KAREN SCHWARTZ	1.00				1		1			- 1	Í		
DIRECTOR		X		L				0.		0.			0.
(25) ELIZABETH STEIFLE	1.00				1		1			_ ]			
DIRECTOR		X				į		0.		0.			0.
(26) SYDNEY T. TAYLOR	1.00	]		}		1	<b> </b>			}	İ		
DIRECTOR		X		<u></u>			L	0.		0.			0.
1b Sub-total	-						$\blacktriangleright$	80,605.	77,98	4.	1	4,7	58.
c Total from continuation sheets to Part V	II, Section A						$\blacktriangleright$	0.		0.			0.
d Total (add lines 1b and 1c)	<u> </u>						<b>&gt;</b>	80,605.	77,98	4.	<u> </u>	4,7	<u>58.</u>
2 Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) w	ho i	received more than \$100	0,000 of reportable	ŧ			
compensation from the organization												T., .	0
										ı		Yes	No
3 Did the organization list any former officer.			e, ke	y e	mple	oyee	, or	highest compensated e	mployee on	1			
line 1a? If "Yes," complete Schedule J for s											3_		X
4 For any individual listed on line 1a, is the si									the organization	}			37
and related organizations greater than \$15											4_	-	X
5 Did any person listed on line 1a receive or						-	rela	ted organization or indiv	idual for services	ļ	_		1
rendered to the organization? If "Yes," con	nplete Schedul	e <u>J</u> i	for s	<u>uch</u>	per	son		<del></del>	<del></del>		5	X	
Section B. Independent Contractors		•							¢100,000 -f			<u> </u>	
1 Complete this table for your five highest co	-									ens	ation	irom	
the organization. Report compensation for	the calendar y	ear	ena	ng v	witn	or w	<u>/ithi</u>	V	year.				
(A) Name and business	address							(B) Description of s	ervices	C		C) Insatio	n
SUMMIT BUILDING SERVICES								Decemperation of the	-			-	
PO BOX 26235, GREENVILLE	-	<b>c</b> 1 .	<u>_</u>					CLEANING/MAI	NUENTANCE		3.0	2,8	70
DUKE ENERGY CORPORATION	, SC 23	<u>0 T</u>	<u> </u>					CDEMITING MAT	NIENANCE		30	4,0	70.
PO BOX 70516, CHARLOTTE,	MC 292	7 2						UTILITIES SE	DVICE		1 0	0,2	70
FO BOX 70510, CHARDOTTE,	NC ZOZ	<u>/ 4</u>						OITHIITES SE	KVICE		<u> </u>	0,2	13.
2 Total number of independent contractors (	including but r	not li	mite	d to	the	ose li	ste	d above) who received n	nore than				
\$100,000 of compensation from the organ	_					2		•					

Part VII Section A. Officers, Directors, (A)		ıpıç	,		>)			(D)	(E)	(F)
Name and title	(B) Average hours	(ct		Pos	tion	арр	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ERIK THEISEN DIRECTOR	1.00	X						0.	0.	0.
(28) JOHN J. WARNER DIRECTOR	1.00	X						0.	0.	0.
(29) LANEY YOUNTS DIRECTOR	1.00	x			}			0.	0.	0.
(30) MIKE ZELLER DIRECTOR	1.00	х					1	0.	0.	0.
(31) RICK ERWIN DIRECTOR	1.00	x						0.	0.	0.
(32) JAMES H BENSON DIRECTOR	1.00	х						0.	0.	0
(33) KNOX L. HAYNSWORTH, JR. DIRECTOR	1.00	X		 				0.	0.	0
(34) RALPH HENDRICKS DIRECTOR	1.00	x					-	0.	0.	0
(35) DOUGLASS E. KONDRA	1.00	x		<del> </del> -				0.	0.	0
(36) JAMES C MORTON, JR. DIRECTOR	1.00	x						0.	0.	0
(37) JAMES EDWARD ROLLINGS DIRECTOR	1.00	X		_				0.	0.	0
(38) JAMES C RYAN DIRECTOR	1.00	x						0.	0.	0
(39) DAVID STAFFORD DIRECTOR	1.00	x			İ			0.	0.	0
(40) NELL W. STEWART DIRECTOR	1.00	х						0.	0.	0
(41) CLAUDE I THEISEN DIRECTOR	1.00	x						0.	0.	0
(42) CHARLES R WARNE DIRECTOR	1.00	x						0.	0.	0
				-	-	-				
		-	-	-		-				

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
A, C	С	Fundraising events	1c	219,100.				
Sift ar,		Related organizations	1d					
in's	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, grant	ts, and		İ			
혈粪		similar amounts not included above	ve <b>1f</b>	3,656,977.				
벌	g	Noncash contributions included in lines	1a-1f \$	334,448.				
<u>8</u> 0	h	Total. Add lines 1a-1f		<b></b>	3.876.077.			
				Business Code				
<u>ic</u>	2 a	STUDENT HOUSING		611710	1,977,261.	1,977,261.		<u> </u>
e S	b	BRASHIER CHARTER CAMPU	<u>s</u>	611710	<u>573,398.</u>	573,398.		
Program Service Revenue	С	MANAGEMENT FEE		611710	244,000.	244,000.		
gran Rev	d	·	<del></del>	ļ			<del></del>	
roc	е	·		ļ				
щ.	f	All other program service reve	nue .					<del>                                     </del>
		Total. Add lines 2a-2f			2,794,659,			
	3	Investment income (including	dividends, intere	est, and		1		
	_	other similar amounts)			229,067.			229,067.
	4	Income from investment of tax	x-exempt bond p	proceeds -			<del></del>	<del> </del>
ļ	5	Royalties		<u> </u>	<del></del>	<del></del>	<del></del>	<del></del>
	•	0	(i) Real	(II) Personal				
	6 a	•	1,659,750.	<del>                                     </del>				
	b		1,272,214.					
	C		387,536.		207 506			207 526
}	d 7 a	Gross amount from sales of	(i) Securities	(II) Other	387,536.		<del></del>	387,536.
Į	, a	assets other than inventory	5,053,229.	(ii) Otriei				
j	h	Less: cost or other basis	5,053,229.					
	~	and sales expenses	4,999,013.					
	С	•	54,216.					
1	d	Net gain or (loss)	34,210.	<b>—</b>	54,216.			54,216.
	8 a	Gross income from fundraising	e events (not		<u> </u>			
nue			<u>.100</u> of	] 1		}		
eve		contributions reported on line	•	[ ]				
Other Reven		Part IV, line 18	, a	37,900.		ì		
美	b	Less: direct expenses	. b					
١ ٠	С	Net income or (loss) from fund	Iraising events		<147.502.	>		<147,502,
	9 a	Gross income from gaming ac	tivities See					
[		Part IV, line 19	а					
İ	b	Less: direct expenses	b	L				
1	C	Net income or (loss) from gam	ing activities					
į	10 a	Gross sales of inventory, less	returns					
l		and allowances	. а					
1		Less: cost of goods sold	b					
ŀ	<u> </u>	Net income or (loss) from sale:		▶				<u> </u>
}		Miscellaneous Revenue	<u>e</u>	Business Code				
		MISCELLANEOUS_		611710	3,206.	<u></u>		3,206.
	b			<del></del>				<del></del>
	C							
	d	All other revenue	•	L	<del></del>			<del> </del>
		Total. Add lines 11a-11d	•		3,206.			<del></del>
	12	Total revenue. See instructions.			7 197 259.	2 794 659	0.	526_523

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	this Part IX (B)	· (C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	388,901.	388,901.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	05 262	75 605	10 757	
_	trustees, and key employees	95,362.	75,605.	19,757.	
6	Compensation not included above, to disqualified	Ì			
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	246,077.		246,077.	
8	Pension plan accruals and contributions (include	240,011.		240,011.	
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,765.		45,765.	·
10	Payroll taxes	43,703.		23//03.	
11	Fees for services (non-employees)				
а					
b		12,226.		12,226.	
С	Accounting	36,634.		36,634.	
d	<del>_</del>	54,104.		54,104.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	70,539.		70,539.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	41,204.	33,858.	7,346.	
12	Advertising and promotion				
13	Office expenses	12,835.		12,835.	
14	Information technology .	32,054.		32,054.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_ <del></del>
19	Conferences, conventions, and meetings	0E / 202	042.050	12 224	
20 21	Interest	854,383.	842,059.	12,324.	
21 22	Payments to affiliates  Depreciation, depletion, and amortization	657,206.	657,206.		
22 23	Insurance	031,200.	031,200.		
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			į	
а	STUDENT HOUSING FEES	942,763.	942,763.		
b	EQUIPMENT PURCHASES/GIF	426,547.	426,547.		
C	OTHER COLLEGE SUPPORT	118,903.	118,903.		
ď	COLLEGE DEPARTMENTAL SU	94,643.	94,643.		
е	All other expenses	215,107.	135,811.	<47,047.>	126,343
25	Total functional expenses. Add lines 1 through 24e	4,345,253.	3,716,296.	502,614.	126,343
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

ra	LA	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	534,776.	1	833,814
	2	Savings and temporary cash investments	1,017,543.	2	1,577,532
	3	Pledges and grants receivable, net	1,218,450.	3	2,402,263
	4	Accounts receivable, net	75,805.	4	74,088
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	ļ	employers and sponsoring organizations of section 501(c)(9) voluntary			
S S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	412,713.	7	404,780
Ë	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,465.	9	63,329
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 35,412,219.			
	b	Less accumulated depreciation 10b 9,761,239.	26,654,321.	10c	25,650,980
	11	Investments - publicly traded securities	7,119,560.	11	7,541,982
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	563,547.	15	587,481
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>37,651,180.</u>	16	39,136,249
	17	Accounts payable and accrued expenses	517,267.	17	381,645
	18	Grants payable		18	
	19	Deferred revenue	0.	19	77,285
	20	Tax-exempt bond liabilities	7,695,000.	20	7,530,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		) i	
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ia i		Complete Part II of Schedule L		22	
•	23	Secured mortgages and notes payable to unrelated third parties	12,001,000.	23	11,117,000
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
)	25	Other liabilities (including federal income tax, payables to related third		] [	
J		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	<u>3,264,484.</u>		3,363,207
-	26_	Total liabilities. Add lines 17 through 25	23,477,751.	26	22,469,137
ı		Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\big  X\) and			
rung balances		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	4,968,665.		5,225,457
	28	Temporarily restricted net assets	3,979,374.	28	4,942,091
₹	29	Permanently restricted net assets	5,225,390.	29	6,499,564
1		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
ן מו	30	Capital stock or trust principal, or current funds		30	
Ž	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
Met Assets O	32	Retained earnings, endowment, accumulated income, or other funds		32	40 000 110
-	33	Total net assets or fund balances	14,173,429.	33	16,667,112
	34	Total liabilities and net assets/fund balances	37,651,180.	34	39,136,249

Forn	1990 (2015) GREENVILLE TECH FOUNDATION, INC.	<u> 57-056</u>	<u>5961</u>	_Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,345		
3	Revenue less expenses Subtract line 2 from line 1	3	2,852		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	4,173		
5	Net unrealized gains (losses) on investments	5	< <u>488</u>	3,9	<u> 38.</u> >
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	130	),6	15.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 1	6,66	7,1	<u> 12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·			
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both		1		
	Separate basis X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both		}		
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		ļ	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or studies, explain why in Schodule O and describe any stone taken to undergo such audite		26		

Form **990** (2015)

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of	the organization						Employer	identification number		
	GREE	NVILLE TEC	H FOUNDATION	, INC	•			7-0565961		
Part I	Reason for Public	Charity Status (	All organizations must co	mplete th	is part.) Se	e instruction	s			
The orga	nization is not a private found	lation because it is	(For lines 1 through 11, c	heck only	one box.)					
1 🗔	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ))					
3 🖳	A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4 🗀	A medical research organiz	ation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a go	overnmental (	unit describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 🖳	A federal, state, or local go	vernment or governr	mental unit described in :	section 17	70(b)(1)(A)	(v).				
7 LX	An organization that norma	ılly receives a substa	antial part of its support f	from a gov	ernmental	unit or from 1	he general	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 🚐	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )						
9 🗀	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from		
	activities related to its exer	npt functions - subje	ect to certain exceptions,	and (2) no	more that	n 33 1/3% of	its support	t from gross investment		
	income and unrelated busi		e (less section 511 tax) fr	om busine	sses acqu	ired by the o	rganızation	after June 30, 1975.		
_	See <b>section 509(a)(2).</b> (Co	mpiete Part III )								
10	An organization organized	and operated exclus	sively to test for public sa	fety. See	section 50	9(a)(4).				
11	An organization organized	and operated exclus	sively for the benefit of, to	o perform	the functio	ns of, or to c	arry out the	purposes of one or		
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b> :	509(a)(3). C	Check the box in		
_	lines 11a through 11d that	describes the type of	of supporting organizatio	n and con	nplete lines	i 11e, 11f, an	d 11g.			
a L	☐ Type I. A supporting organical interpretation in the properties.   ☐ Type I. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II. A supporting organical interpretation.  ☐ Type II.	•								
	the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting		
	organization. You must o	complete Part IV, S	ections A and B.							
b L	Type II. A supporting org	· ·				-		-		
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	entrol or mana	age the sup	ported		
_	organization(s) You mus	t complete Part IV,	Sections A and C.							
c L	Type III functionally interest	•					Illy integrate	ed with,		
	ts supported organizatio		•	•	•	•				
ď L	☐ Type III non-functionally						_	•		
	that is not functionally int	-		•		-	d an attent	iveness		
_	requirement (see instruct									
e L	☐ Check this box if the orga   .   .   .   .   .   .   .   .   .					Type I, Type	II, Type III			
	functionally integrated, o		onally integrated support	ıng organı	zation.					
	ter the number of supported	-			• •	•		L		
g Pro	ovide the following information (i) Name of supported	about the support		(iv) Is the	rganization	(v) Amount o	f monetary	(vi) Amount of		
	organization	(1) = 111	(described on lines 1-9	listed	ın your	suppor		other support (see		
	_		above (see instructions))		document?	instruct	ions)	instructions)		
		<del></del>	<del>-</del>	Yes	No			ļ		
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	<del></del>		<del> </del>	<del>                                     </del>	<del> </del>			<del> </del>		
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Schedule A (Form 990 or 990-EZ) 2015 GREENVILLE TECH FOUNDATION, INC. 57-0565961 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	1099740.	1808553.	2813881.	4608941.	3876077.	14207192.
2	Tax revenues levied for the organ-						l
	ization's benefit and either paid to						
	or expended on its behalf						ł
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1099740.	1808553.	2813881.	4608941.	3876077.	14207192.
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					1	
	amount shown on line 11,						
	column (f)						1928363.
6	Public support. Subtract line 5 from line 4						12278829.
	ction B. Total Support	··					<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1099740.	1808553.	2813881.	4608941.	3876077.	14207192.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					1	
	and income from similar sources	937,668.	1994521.	1778525.	2593403.	1888818.	9192935.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		17,496.	<948.	> <4,799.	<b>&gt;</b> 0.	11,749.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	28,624.	22,500.	25,531.	52,207.	41,106.	169,968.
11	Total support. Add lines 7 through 10						23581844.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 13	3,154,327.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	<u>52.07 %</u>
15	Public support percentage from 2014	Schedule A, Part	ll, line 14			15	<u>47.91 %</u>
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			ightharpoons X
b	33 1/3% support test - 2014. If the c	organization did no	ot check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances test	t - 2015. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	nis box and <b>stop</b> h	ere. Explain ın Pa	rt VI how the orga	nızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		. ▶□
b	10% -facts-and-circumstances test	t - 2014. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	. ▶□
18	Private foundation. If the organization		-		• • •		ns 👤
	·					1.1. A /F	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						•
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that			1			
	are not an unrelated trade or bus-		•				
	iness under section 513						
4	Tax revenues levied for the organ-					<del> </del>	
•	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	·	<del></del>			<del></del>	<del>                                     </del>	
o	The value of services or facilities					<u>'</u>	
	furnished by a governmental unit to						
_	the organization without charge			<del> </del>		<del> </del> -	
	Total. Add lines 1 through 5			<b></b>	<del> </del>		
7 a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons			<u> </u>	<del> </del>	ļ	<u></u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b				L		
	Public support. (Subtract line 7c from line 6)				<u> </u>		
<u>Sec</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest,	ļ				ŀ	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ľ		)		Ì	
	acquired after June 30, 1975	,					
c	Add lines 10a and 10b				<del> </del>		
_	Net income from unrelated business		<del></del>		<del>                                     </del>		
	activities not included in line 10b,	,					
	whether or not the business is regularly carried on						
12	Other income. Do not include gain				<del> </del>	<del> </del>	
-	or loss from the sale of capital	ļ					
12	assets (Explain in Part VI.)				<del> </del> -	<del> </del>	<del></del>
	Total support. (Add lines 9, 10c, 11, and 12)					504(-)(0)	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
500	check this box and stop here	o Support Po	roontogo		···········	<del></del>	P
			_ <del></del>		<del></del>	45	
	Public support percentage for 2015 (I			column (f))		15	<u>%</u>
	Public support percentage from 2014			<del></del>	<del></del>	16	%
	tion D. Computation of Inves				<del>-</del>	14-1	
	Investment income percentage for 20	•		ne 13, column (f))		17	
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2015. If the	_					7 is not
	more than 33 1/3%, check this box ar	•			-		▶∟
b	33 1/3% support tests - 2014. If the	-					. —
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anızatıon qualifies	as a publicly supp	oorted organization	▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u>▶</u> L

#### **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
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	Yes

Sche	edule A (Form 990 or 990-EZ) 2015 GREENVILLE TECH FOUNDATION, INC. 57	<u>-056596</u>	1 Pa	age <b>5</b>
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	'		}
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	t		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		}
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		1
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		]
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ŧ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		
	supported organizations played in this regard.	3		1
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (si	ee instructions	:)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	<u> </u>
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		[	[
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			}
	that these activities constituted substantially all of its activities.	2a		<b> </b>
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
				<b>!</b>
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
1_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	_ 3a		<del> </del>
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	) nh		1
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b_	L	

	edule A (Form 990 or 990-EZ) 2015 GREENVILLE TECH FOUNDAT			57-0565961 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. <b>See ins</b>	structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_ 1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		,	
	see instructions)_	4	<u></u>	
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-ıntegra	ated Type III supporting	organization (see
	instructions).		<u>.</u> •	-

Schedule A (Form 990 or 990-EZ) 2015

Sche	edule A (Form 990 or 990 EZ) 2015 GREENVILLE TE			57-0565961 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<del></del>
Sect	ion D - Distributions	<u> </u>		Current Year
_1_	Amounts paid to supported organizations to accomplish exe			<del> </del>
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			<del>                                     </del>
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	<del> </del>
4_	Amounts paid to acquire exempt-use assets			<del> </del>
_5_	Qualified set-aside amounts (prior IRS approval required)			ļ <u>-</u>
6	Other distributions (describe in Part VI) See instructions.			<u> </u>
	Total annual distributions. Add lines 1 through 6			<del> </del>
8	Distributions to attentive supported organizations to which the	he organization is responsive	)	
	(provide details in Part VI) See instructions.			<del></del>
9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	<del></del>			<del> </del>
_1_	Distributable amount for 2015 from Section C, line 6			<del> </del>
2	Underdistributions, if any, for years prior to 2015			1
	(reasonable cause required-see instructions)			<del> </del>
3_	Excess distributions carryover, if any, to 2015			<del> </del>
a				<del> </del>
<u>b</u>				<del> </del>
С				<u> </u>
	From 2013	<del></del>		<del> </del>
	From 2014	<u></u>		
f_	Total of lines 3a through e	<del></del>		
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			<del></del>
_i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			}
	line 7 <sup>·</sup> \$			
_a	Applied to underdistributions of prior years			
_ <u>b</u>	Applied to 2015 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			<u> </u>
6	Remaining underdistributions for 2015. Subtract lines 3h		_	1
	and 4b from line 1 (if amount greater than zero, see			]
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
a				
b		<u> </u>		
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			+

Schedule A (Form 990 or 990-EZ) 2015

Part IV, S line 1; Pai	mental Infection A, line of IV, Section 9, lines 5, 6, a	formation. Pro s 1, 2, 3b, 3c, 4b D, lines 2 and 3,	ovide the explanations , 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lin	required by Part II, 11a, 11b, and 11c; es 1c, 2a, 2b, 3a an	line 10; Part II, line 17 Part IV. Section B. lin	7a or 17b, Part III, line 1 nes 1 and 2; Part IV, Se art V, Section B, line 1e	2; ction C,
SCHEDULE A,	PART	II, SECTI	ON B, LINE	10 DETAIL	<b>:</b>		<del></del>
MISCELLANEO	US INCO	OME	\$3,206				
FUNDRAISING	SALES	INCOME	\$37,900				
	· -						-
			<del></del>				
				<del>-</del>			
				<del>-</del>			
<del></del>				·			
<del></del>							
		<del> </del>	<del></del>			<del></del>	
<del></del>			<del></del>	<del></del>			
<del></del>							
	<del></del>						
		<del></del>					<del></del>
<del></del>	<del>-</del>		<del></del>				
				<del>-</del>			
·							
	<u>=</u>						
	<del></del>			<del></del>			
<del></del>		<del></del>		<del></del>			

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions). then

Ida	, (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	oloyer identification number
_	GREENVI	LLE TECH FOUNDAT	ION, INC.		<u> 57-0565961</u>
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c	or is a section 527	organization.
	Provide a description of the organization	zation's direct and indirect politic	al campaign activities	in Part IV	
	Political expenditures .				\$54, <u>104</u> .
3	Volunteer hours				
			law 15 504/a	1(0)	
		ganization is exempt und			<u> </u>
	Enter the amount of any excise tax				
	Enter the amount of any excise tax			o	\$
	If the organization incurred a section was a correction made?	on 4955 tax, did it file Form 4720	for this year?		Yes No
	o If "Yes," describe in Part IV	• ••	••		res No
		ganization is exempt und	ler section 501(c	), except section 501	(c)(3).
	Enter the amount directly expended				<del></del>
	Enter the amount of the filing organ		•		Ψ <del></del>
-	exempt function activities	nzanon s fanas communica to ot	nor organizations for	<b>&gt;</b>	\$
3	Total exempt function expenditures	s Add lines 1 and 2. Enter here a	nd on Form 1120-PO	•	<u> </u>
_				_, 	\$
4	Did the filing organization file Form		•		Yes No
	Enter the names, addresses and er		N) of all section 527 p	olitical organizations to wh	ch the filing organization
	made payments. For each organiza		•	_	• -
	contributions received that were pr	omptly and directly delivered to	a separate political or	ganization, such as a separ	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	/ide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
					<del>                                     </del>
				<del>-</del>	
		1			
_				ļ	<del></del>

Schedule C (Form 990 or 990 EZ) 2015	GREEN	<u> </u>	TECH FOUND	ATION, INC.	<u>57-0</u>	565961 Page 2		
Part II-A Complete if the org section 501(h)).	ganizatio	on is exei	mpt under section	on 501(c)(3) and file	ed Form 5/68 (e	lection under		
<del></del>			L-A-d / 15-1	- D. d. IV b 60-4-d		a address FIN		
expenses, and sha		-	-	in Part IV each affiliated	group member s nam	e, address, cilv,		
. —		, ,	expenditales) nd "limited control" pi	roverona analy				
Limi	ts on Lob	bying Expe	nditures		(a) Filing (b) Affiliated group organization's totals			
(The term "expen	altures" ii	eans amou	ınts paid or incurred	i.)	totals			
1a Total lobbying expenditures to infl	uence pub	lic opinion (	grass roots lobbying)					
b Total lobbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)		54,104.			
c Total lobbying expenditures (add l	ines 1a an	d 1b)			54,104.			
d Other exempt purpose expenditur	es	•			3,716,295.			
<ul> <li>Total exempt purpose expenditure</li> </ul>	es (add line	es 1c and 1c	t)		<u>3,770,399.</u>			
f Lobbying nontaxable amount. Ent	er the amo	unt from the	e following table in bo	oth columns.	338,520.	<u></u>		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable an	nount is:				
Not over \$500,000		20% of	the amount on line 1	e				
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000				
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exc	ess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.					
g Grassroots nontaxable amount (er	nter 25% c	of line 1f)			84,630.			
h Subtract line 1g from line 1a. If zei	ro or less, e	enter -0-			0.			
i Subtract line 1f from line 1c If zer	o or less, e	nter -0-			0.			
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organi	zation file Form 4720				
reporting section 4911 tax for this	year?				[	Yes No		
(Some organizations t		a section 5		er section 501(h) et have to complete all lines 2a through 2f.)	of the five columns b	elow.		
	Lob	bying Expe	nditures During 4-Ye	ear Averaging Period		<del>,</del>		
Calendar year (or fiscal year beginning in)	(a)	2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total		
2a Lobbying nontaxable amount				54,100.	54,104.	108,204.		
b Lobbying ceiling amount	•							
(150% of line 2a, column(e))	ļ					162,306.		
c Total lobbying expenditures				54,100.	54,104.	108,204.		
d Grassroots nontaxable amount					84,630.	84,630.		
e Grassroots ceiling amount (150% of line 2d, column (e))						126,945.		
f Grassroots lobbying expenditures						120,543.		

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 GREENVILLE TECH FOUNDATION, INC. 57-0565961 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed description	(a	1)	(b)	
of the lobbying activity.	Yes	No	Amou	ınt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.  Not not a 10.				
a Volunteers?				
<ul> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> </ul>				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
501(c)(6).		<del></del>	Yes	No
4. 14			163	140
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	n F01(a)	(F) or so	otion	
				0 3 ic
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	NO, O	n (b) Faii	. III-74, III I	e 3, 15
1 Dues, assessments and similar amounts from members		1		~
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cai			
a Current year		. 2a		
b Carryover from last year		. 2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		_
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure next year?	••	. 4	<del></del>	
5 Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group	list), Part I	I-A, lines 1 a	ınd 2 (see	
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART I-A, LINE 1:				
GREENVILLE TECH FOUNDATION HIRED A COMPANY TO LOBBY F	OR THE	COLL:	EGE	
NIDING 2015 - MUE COMPANY MONTMODED DELAMBD LEGICLAMI	ON T.	DDTED	EOD	
OURING 2015. THE COMPANY MONITORED RELATED LEGISLATI	ON, LO	DDTED	FOR	
INCREASED FUNDING FOR GREENVILLE TECHNICAL COLLEGE, A	ND MET	WITH		
VARIOUS COMMITTEES REGARDING DEVELOPMENT OF A NEW GRE	ENVILI	LE TEC	HNICAL	
COLLEGE CAMPUS.				

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Nam	e of the organization  GREENVILLE TECH FO	INDATION. INC.	Employer identification number 57-0565961
Pa	rt I Organizations Maintaining Donor Advise		
	organization answered "Yes" on Form 990, Part IV, Iir		of Alabamater Complete it in
	organization and voice 100 on torm 000, tale (4, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2) 20101 4411004 141140	(2)
_	•		<del> </del>
2	Aggregate value of contributions to (during year)		<del> </del>
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	<b>■</b>	
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	·	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	
Do	impermissible private benefit?  rt II Conservation Easements. Complete if the ori	<del></del>	Yes No
			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	<del></del>	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	cture
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements	it holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		•
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		,
b	If the organization elected, as permitted under SFAS 116 (A)		nt and balance sheet works of art, historica
~	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	addation, or research in fulfilleration of p	abile service, provide the following amount
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b> •
2	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1	TO (ASC 958) relating to these items.	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		\$
D	Assets included in Form 990, Part X		<b>&gt;</b> 56

		LLE TECH FO							<u>)565961</u>		<u>ge 2</u>
Ра	rt III   Organizations Maintaining C										
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following tha	t are a s	ıgnıfica	nt use of	ıts collection	items	3
	(check all that apply)										
а	X Public exhibition	d	[] ι	oan or excl	nange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how th	ev further th	ne organizati	on's exe	mpt pu	roose in F	Part XIII.		
5	During the year, did the organization solicit or			=	_						
•	to be sold to raise funds rather than to be ma		-		•	CI SIIIIIL	. 40000	1	Yes	X	No
Pa	rt IV Escrow and Custodial Arrang					"Voo" on	Form	OOO Port			110
<u> </u>	reported an amount on Form 990, Par	-	ien nie	organizatio	nanswered	res or	i Folili	990, rait	IV, IIIIE 3, OI		
	<del></del>						امريام من				
ıa	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other as	sets not	inclua	ea	<b></b> ,_		1
	on Form 990, Part X?				•			ļ	Yes	L	No
р	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
							<u> </u>		Amount		
С	Beginning balance	•					1.	c			
d	Additions during the year		••	,			1.	d			
е	Distributions during the year	•					10	e			
f	Ending balance .						1	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabi	lity?		Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part_XII	l				]
Pa	Tt V Endowment Funds. Complete if	f the organization an	swered	"Yes" on Fo	rm 990, Parl	: IV, line	10.		_		
		(a) Current year		rior year	(c) Two year			ee vears ba	ick (e) Four	years	back
1a	Beginning of year balance	7,678,402.		484,919.		2.270.		5,685,89		-	448.
b	Contributions	1,278,368,		256,292.		8,827.		796,86			513.
c	Net investment earnings, gains, and losses		<del></del>					435,73			796.
_	Grants or scholarships	<1,276.		153,714.		5,455.	-			_	
d	, , ,	189,259.		240,748.		0.991.		350,55	99.	149,	<u>079,</u>
е	Other expenditures for facilities										
	and programs			<77,046.		7.481.	≥	41,94			<u>241.</u>
f	Administrative expenses	55,023.		52,821.		8,123.		43,72		•	<u>947.</u>
g	End of year balance	8,711,212.		<u>,678,402.</u>		<u>4,919.</u>		5,482,27	70. 5.	<u>685,</u>	<u>898.</u>
2	Provide the estimated percentage of the curr		e (line 1	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment	24.83	_%								
b	Permanent endowment ► 74.61	%									
С	Temporarily restricted endowment ▶	<u>.55</u> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administe	red for t	he org	anization	_		
	by.	_							,	Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations	•							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza	· · · · tions listed as requir	red on S	Chadula R2				•	3b		_=_
4	Describe in Part XIII the intended uses of the	•						•			
	t VI Land, Buildings, and Equipm		WINGILL	iuiius							
<u> </u>			) Dowl I	/ l.m. 11 = C	` F 000	. D-4 V	line 10	,			
	Complete if the organization answered									<del></del> -	
	Description of property	(a) Cost or o		, ,	or other	( - <i>j</i>	ccumu		(d) Book	value	<del>)</del>
	<del></del>	basis (investr	nent)		(other)	de	preciat	ion			
1a	Land				4,689.				<u>1,574</u>		
b	Buildings				6,627.			191.	19,825		
C	Leasehold improvements			6,85	5,096.			004.	3,997		
d	Equipment			1,12	5,807.			044.			63.
е	Other										
	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colun	nn (B). line 1	(Oc.)			•	25,650	) . 9	80.

1	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTEREST RATE SWAP	2,882,754.
(3)	CUSTOMER DEPOSITS	80,453.
(4)	SECURITY DEPOSIT PAYABLE	400,000.
(5)		
(6)		
(7)		
(8)_		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,363,207.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

	le D (Form 990) 2015 GREENVILLE TECH FOUNDATION		57-056596	1 Page 4
Part 2		<del>_</del>	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	·	1 0 4	
	otal revenue, gains, and other support per audited financial statements		1 8,46	4,632.
	mounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	et unrealized gains (losses) on investments		4	
	onated services and use of facilities	2b	-	
	ecovenes of prior year grants .	2c	4	
	ther (Describe in Part XIII )	2d 1,267,373		
	dd lines 2a through 2d			57,373.
	ubtract line 2e from line 1		$3 \mid 7,19$	7,259.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	
	ther (Describe in Part XIII)	4b	_	_
_	dd lines <b>4a</b> and <b>4b</b>		4c	0.
	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			7,259.
Part	Il Reconciliation of Expenses per Audited Financial Statem	-	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<del></del>	T - T - E - OF	10 040
	otal expenses and losses per audited financial statements		$\frac{1}{1}$	70,949.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	onated services and use of facilities	2a	-	
	nor year adjustments	2b	_	
_	ther losses	2c	<b>-</b>	
	ther (Describe in Part XIII.)	2d 1,625,696		
	dd lines 2a through 2d			25,696.
	ubtract line 2e from line 1		3 4,34	<u>15,253.</u>
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b O	ther (Describe in Part XIII )	4b	<b>⊣</b> 1	
_	dd lines <b>4a</b> and <b>4b</b>		4c	0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_ <del></del>	5 4,34	<u>15,253.</u>
	Kill Supplemental Information.			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par		e 4, Part X, line 2; P	art XI,
lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.		
			<del></del>	
ת מיג מ	TIT I TAYES A.			
PART	III, LINE 4:			
murv	ARE BEING EXHIBITED AT THREE LOCATIONS	MIDOIGUOUM MUE	CAMDIIC AND	\
1001	ARE BEING EXHIBITED AT THREE LOCATIONS	THROUGHOUT THE	CAMPUS ANI	\ MTTT
ar u	ELD INDEFINITELY.			
ре п	EUD INDEFINITEUI.			
	<del></del>		<del></del>	
ኮልድጥ	V, LINE 4:			
I FILL I	V, DINE 4.			
тнк	ENDOWMENT FUNDS ARE USED TO GENERATE REV	ENTIR FOR SCHOLA	RSHTPS	
11111	NEW TINNENT TO THE CARD TO GENERALE KEV	ENUE FOR SCHOLA	MOIITED,	
EOIIT	PMENT, FACULTY AND STAFF DEVELOPMENT, AN	D DEDAPTMENTAI.	CIIDDI.TEC Z	כחא
пост	FMENT, PACOULT AND STAFF DEVELOPMENT, AN	D DEPARIMENTAL	POPERTED F	11/12
እ <i>ር</i> ጥፕ	VITIES.			
**C T T	A T T T T T T T T T T T T T T T T T T T			<del></del>
		<del>-</del>		
ኮልዩጥ	X, LINE 2:			
	*** ******			
ΜΔΝΔ	GEMENT HAS EVALUATED THE TAX POSITIONS O	ריייגרואוז∩ק קאיף ק( ריייגרואוז	N AND DOES	NOT
	CALLET TAND DANDONIED THE TAN LODITIONS C	T THE TOURNALTO	TI THIN DOUBL	<u>, 1101</u>
BELT	EVE THAT ANY MATERIAL UNCERTAIN TAX POSI	TIONS OR UNRECO	GNIZED TAX	ζ

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 GREENVILLE TECH FOUNDATION, INC.  Part XIII   Supplemental Information (continued)	57-0565961 Page 5
BENEFITS EXIST FOR THE YEARS ENDED DECEMBER 31, 2015 AND DE	CEMBER 31,
2014. THE POLICY OF THE FOUNDATION IS TO REPORT ACCRUED INT	PEREST RELATED
TO UNRECOGNIZED TAX BENEFITS, WHEN APPLICABLE, AS INTEREST	EXPENSE AND TO
REPORT PENALTIES AS OTHER EXPENSE. WITH FEW EXCEPTIONS, THE	FOUNDATION IS
NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U. S. E	EDERAL, STATE
OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
MCALISTER SQUARE EXPENSES	1,272,214.
CHANGE IN CHARITABLE REMAINDER TRUSTS	33,972.
UNREALIZED GAIN/LOSSES	-522,910.
FUNDRAISING EVENT EXPENSES	185,402.
CHANGE IN CSV LIFE INSURANCE	2,895.
GIFTS IN KIND RELATED TO SERVICES	119,000.
INTEREST RATE SWAP INCOME	-79,721.
RESERVE FOR UNCOLLECTIBLE ACCOUNTS	-5,944.
PERMANENTLY RESTRICTED INCOME	55,023.
GAIN/LOSS ON DISPOSAL OF FIXED ASSETS	207,442.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,267,373.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
MCALISTER SQUARE EXPENSES	1,272,214.
FUNDRAISING EVENT EXPENSES	185,402.
GIFTS IN KIND RELATED TO SERVICES	119,000.
RESERVE FOR UNCOLLECTIBLE ACCOUNTS	-5,944.
PERMANENTLY RESTRICTED INCOME	55,023.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,625,696.
532055	Schedule D (Form 990) 2015

#### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization					1 ' '	entification number
	LE TECH FOUNDATIO				57-056	
Part I required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ne 17. Form 990-E	Z filers are not
<ul> <li>1 Indicate whether the organization raise a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, Par</li> <li>b If "Yes," list the ten highest paid indivicompensated at least \$5,000 by the organization has a written or highest paid indivicompensated.</li> </ul>	e Solicitat f Solicitat g Special oral agreement with any individual t VII) or entity in connection with p duals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-ga governising of ding of nonal f	overnment grants nment grants events fficers, directors, trus undraising services?	tees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		·	
		<del>                                     </del>				<del>                                     </del>
		<del>                                     </del>				
		-	 			
		-	_			
		-				
		ļ			·	
		<u> </u>				<u> </u>
Total			<b>&gt;</b>			
3 List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	s or has been notified	I it is exempt from	registration
<del></del>						<del></del>
		-				

	edu art	lle G (Form 990 or 990-EZ) 2015 GREENVI Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported					
		or full classing event contributions and gr	(a) Event #1  WD SALUTE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
ம			(event type)	(event type)	(total number)	col (c))				
Revenue	1	Gross receipts	257,000.			257,000.				
	2	Less: Contributions	219,100.		! 	219,100.				
	3	Gross income (line 1 minus line 2)	37,900.			37,900.				
	4	Cash prizes								
es	5	Noncash prizes .								
xpens	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	54,052.			54,052.				
	8	Entertainment								
	9	Other direct expenses	131,350.		<u></u>	131,350.				
	10	,	• •		🟲	185,402.				
De	11 irt	Net income summary. Subtract line 10 from Gaming. Complete if the organization		. 000 Dart IV Iron 10 av	reported more than	<147,502.				
L'.		\$15,000 on Form 990-EZ, line 6a	answered tes on Form	1990, Part IV, line 19, or	reported more than					
Revenue		\$10,000 OH FORM \$50-LZ, line Oa	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Noncash prizes				<u> </u>				
Direct	4	Rent/facility costs	ļ <del>-</del>							
	5	Other direct expenses								
	6	Volunteer labor	Yes% No	Yes% No	Yes % No					
7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			<u> </u>				
а	is t	er the state(s) in which the organization condition he organization licensed to conduct gaming a No," explain.	ctivities in each of these	states?		Yes No				
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes No If "Yes," explain.								
	_									

<u>Sc</u>	nedule G (Form 990 or 990 EZ) 2015 GREENVILLE TECH FOUNDATION, INC57	-0565961	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in.		
ŧ	The organization's facility	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŧ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party.		
	Name ►		
	Address >	<u>.                                    </u>	
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided	<del></del>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	··· <del>)</del>	
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	il, lines 9, 9b, 10	0b, 15b,
	<del></del>		<del></del>
_			
_			

Schedule 6	G (Form 990 or 990-EZ)	GREENVILLE	TECH	FOUNDATION,	INC	57-0565961 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)				
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Parti

Grants and Other Assistance to Organizations, Governments, and Individuals in tl

Complete if the organization answered "Yes" on Forn

► Attach to Form 990.

he United States	n 990, Part IV, line 21 or 22.

Open to Public OMB No 1545-0047 2015

57-0565961

Inspection

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. INC GREENVILLE TECH FOUNDATION, General Information on Grants and Assistance Name of the organization

crite	criteria used to award the grants or assistance?	$\Box$
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
PartII	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	

			orant
	IV, line 21, for any		the Plumose of grant
	res" on Form 990, Part		(a) Description of
	anization answered "Y		(f) Method of
d Otalos.	Complete if the org	ded.	(a) IBC section (d) Amount of (e) Amount of
ומיומים ווו מופים חוונים	c Governments.	ional space is nee	(d) Amount of
נטונות נויס מסט מיוז	zations and Domesti	be duplicated if addit	(a) IBC section
I DI LI CO INDOCO	Domestic Organi	\$5,000. Part II car	NE EIN
E SOSSISS III ALLE SIGNIFICATION DISCOGNISS IN HOLINIAN IN ASS OF GIRLL IN HIS OFFICE OF SINCE	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization
	Part II		1(2)

(h) Purpose of grant or assistance					Schedule I (Form 990) (2015)
(g) Description of non-cash assistance					
(f) Method of valuation (book,	FMV, appraisal, other)				
(e) Amount of	assistance				
if additional space is needed tion (d) Amount of (e)				le line 1 table	
be duplicated if addit (c) IRC section if applicable				ganizations listed in the table	ons for Form 990.
5,000. Part II can (b) EIN				nd government or	see the Instructi
1 (a) Name and address of organization (b) EIN (c) IRC second or government				<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	LHA For Paperwork Reduction Act Notice, see the Instructions for Form

Page 2

57-0565961

(Form 990) (2015) GREENVILLE TECH FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OCHOLANSH I PS	440	388,901,	0		
Part IV   Supplemental Information. Provide the information required in	urred in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	Iditional information.	
PART I, LINE 2:					
ANY DISBURSEMENTS ARE APPROVED BY	AUTHORIZED	ED PARTY(IES)	ES) IN THE	COLLEGE.	
DISBURSEMENTS MUST BE IN AGREEMENT WITH	WITH THE	E GUIDELINES ON	ES ON FILE.	THE	
INFORMATION ON EACH STUDENT WHO RECEIVES	CEIVES A		SCHOLARSHIP THROUGH THE	THE	
FOUNDATION IS RECORDED ON A SPREAD	SPREADSHEET AND	D A HARD COPY IS	OPY IS FILED	ΩΞ	
ALPHABETICALLY. SOME INFORMATION I	IS KEPT BY	Y GREENVILLE	LE TECHNICAL	AL COLLEGE	
SINCE THE FOUNDATION ONLY SUPPORTS	STUDENTS	WHO ARE	ATTENDING GREENVILLE	GREENVILLE	
TECHNICAL COLLEGE. THIS INFORMATION	SI	OBTAINABLE BY	1	THE FOUNDATION WHEN	
CHURAN					

Schedule I (Form 990) (2015)

### **SCHEDULE J** (Form 990)

# **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number 57-0565961 GREENVILLE TECH FOUNDATION,

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			$\vdash$
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	ļ
	and the second of the second o			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			Ì
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	}		
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	X Compensation committee			ļ
	Independent compensation consultant  X Compensation survey or study			1
	Form 990 of other organizations  Approval by the board or compensation committee	}		1
		ŀ		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	Ì		1
	organization or a related organization:	1		ļ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	İ		l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		x
b	Any related organization?	5b	-	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ļ		-
	contingent on the net earnings of	ľ		
а	The organization?	6a		_ x_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u>L</u>

Schedule J (Form 990) 2015

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 57-0565961

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

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(E	3) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-())(a)	in column (B) reported as deferred on prior Form 990
	<b>E</b> (							
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Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1A:

THE COLLEGE PRESIDENT'S WIFE WHEN SHE ACCOMPANIES HIM TO CONFERENCES AND ON BUSINESS TRIPS FOR THE COLLEGE. THE FOUNDATION PAYS THE AIRFARE FOR

FORM 990, PART VII, SECTION A, QUESTION 5

HΕ ROBERT HOWARD IS THE PRESIDENT OF GREENVILLE TECH FOUNDATION INC. RECEIVED COMPENSATION DURING 2015 OF \$155,967 FROM GREENVILLE TECHNICAL

HIS COMPENSATION IS COLLEGE WHICH IS NOT A RELATED ORGANIZATION.

RELATED TO SUPPLEMENTAL SERVICES AS PRESIDENT OF GREENVILLE TECH

THIS THE FOUNDATION REIMBURSED THE COLLEGE FOR ONE-HALF OF FOUNDATION.

THE REIMBURSEMENT OF COMPENSATION AS WELL AS HALF OF HIS BENEFITS.

COLUMN HALF OF HIS BENEFITS IS LISTED ON FORM 990, PART VII, SECTION A,

THIS COMPENSATION AGREEMENT IS IN CONJUNCTION WITH THE SERVICES ᅜ

ROBERT HOWARD PROVIDES TO THE COLLEGE AS THE FOUNDATION PRESIDENT.

Schedule J (Form 990) 2015

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

OMB No 1545-0047 2015 Open to Public Inspection

Employer identification number 57-0565961 Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. INC. GREENVILLE TECH FOUNDATION, Name of the organization

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d (e) Issue price	price	(f) Description	(f) Description of purpose	(a) Defe	(g) Defeased (h) On behalf of issuer		(i) Pooled financing
							}	Yes	No Yes	Š	Yes No
JEDA BONDS - BRASHIER A CHARTER LLC	57-0960018837	837031085	07/10/08	]	000.BI	CLASSROOM 8,410,000.BUILDING	Σ		×	×	×
В									-		
ပ					,	į					
											!
Part II Proceeds							ļ				
			-	A		8	O			۵	
1 Amount of bonds retired			8	880,000.							
2 Amount of bonds legally defeased					}						
			8,4	410,000.							
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds			4.	427,261.							
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds			2	266,135.					i		
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds			7,7	736,124.							
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion				2009							
			Yes	No	Yes	No	Yes	No	Yes		N <sub>O</sub>
14 Were the bonds issued as part of a current refunding issue?	funding issue?	:		×						-	
15 Were the bonds issued as part of an advance refunding issue?	refunding issue?			×						_	
16 Has the final allocation of proceeds been made?	le?		X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	to support the final allocatio	n of proceeds?	X							-	
ヹ											
				A	3	В	ပ			۵	
1 Was the organization a partner in a partnership, or a member of an LLC,	p, or a member of an	LLC,	Yes	S <sub>O</sub>	Yes	No.	Yes	<b>№</b>	Yes	-	No
which owned property financed by tax-exempt bonds?	t bonds?		×	i	į		İ		_		
2 Are there any lease arrangements that may result in private business use	sult in private busine	ss use of		:							
bond-financed property?				×						$\frac{1}{2}$	1
532121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructic	ons for Form 990.						6)	schedule	K (Form 9	Schedule K (Form 990) 2015

NVILLE TECH FOUNDATION,	INC.		57-(	57-0565961				Page 2
Part III Private Business Use (Continued)							!	
			8			O	Δ	
3a Are there any management or service contracts that may result in private	Yes	S.	Yes	°Z	Yes	Š	Yes	2
business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								1
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government	İ	%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-						!		
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		i						
Jo		%		%	!	%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141·12 and 1.145·2?		X						
Part IV Arbitrage						,		
	•		8	-	)	၁	a	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	2	Yes	2	Yes	8	Yes	<b>8</b>
Penalty in Lieu of Arbitrage Rebate?	:	×						,
2 If "No" to line 1, did the following apply?								) 
a Rebate not due yet?		×						
b Exception to rebate?		X						
c No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	×			ļ				
b Name of provider	_							
c Term of hedge	30.	5000000						1
d Was the hedge superintegrated?		×						1
e Was the hedge terminated?		×						
532'122 10-22-15						Sch	Schedule K (Form 990) 2015	m 990) 2015

### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2015

Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 57-0565961

	GREENVILLE 1	CECH FO	UNDATION,	INC.	57	<u>-0565</u>	<u>961</u>	
Pa	rt I Types of Property						`	
-		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method of noncash conti			:s 
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods				<u> </u>			
6	Cars and other vehicles	X	3		.FMV			
7	Boats and planes	X	1	78,900	.FMV			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential		-					
16	Real estate - Commercial							
17	Real estate - Other	<u> </u>						
18	Collectibles							
19	Food inventory	-						
20	Drugs and medical supplies			<del></del>	<del>  -</del>			
21	Taxidermy	-	<del></del>	<del></del>	<del> </del>			
22	Historical artifacts			<del> </del>	<del> </del>			
23	Scientific specimens				<del>                                     </del>			
24	Archeological artifacts				<del>   </del>			
25	Other (MEDICAL EQUPM)	X	3	106,610	EM7			
26	Other (LIGHTING EQUI)	X	1					
20 27	Other (PSYPHOTOLOGY)	X	1					
28	Other (AUTOMOTIVE & )	X	2					
<u>20</u> 29	Number of Forms 8283 received by the organ				• It M v			
23	for which the organization completed Form 82			n n				
	Which the organization completed Form 62	200, Part IV,	Donee Acknowled	gement 29			V	N.
200	During the year did the exceptation received				eh 00 that it	<u> </u>	Yes	No
SUA	During the year, did the organization receive to	=	• • • •		_			
	must hold for at least three years from the dat				e usea for		\ \ \ \	
	exempt purposes for the entire holding period	17				30a	-	X
	If "Yes," describe the arrangement in Part II.		11				3.5	1
31	Does the organization have a gift acceptance					31	X	
<b>3Z</b> a	Does the organization hire or use third parties	or related or	ganizations to sol	cit, process, or sell noncas	n		'	
						32a	-	X
	If "Yes," describe in Part II.						] '	
33	If the organization did not report an amount in	n column (c) t	or a type of prope	rty for which column (a) is o	checked,			1
	describe in Part II.					1 '	1 '	1

Schedule M (Form 990) (2015) GREENVILLE TECH FOUNDATION, INC.	57-0565961	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information	and whether the organiza ination of both. Also com	ation plete
PART I, OTHER TYPES OF PROPERTY:		
UTILITY & TIRE CLEANING EQUIPMENT		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 15000.		
(D) METHOD OF DETERMINING REVENUE: FMV		
SOFTWARE & TECHNOLOGY		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5830.		
(D) METHOD OF DETERMINING REVENUE: FMV		
	· · · · · · · · · · · · · · · · · · ·	
		··

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Internal Revenue Service **Employer identification number** Name of the organization 57-0565961 GREENVILLE TECH FOUNDATION, INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAM SERVICE EXPENSES CONSIST OF MONIES SPENT FOR STUDENT PROGRAMS, SCHOLARSHIPS, COLLEGE FACULTY/STAFF DEVELOPMENT, COLLEGE DEPARTMENT SUPPLIES & ACTIVITIES, CONSULTING AND OTHER COLLEGE SUPPORT. OTHER PROGRAM SERVICE REVENUE CONSISTS OF A MANAGEMENT FEE COLLECTED FROM GREENVILLE TECHNICAL COLLEGE. INCLUDING GRANTS OF \$ 388,901. REVENUE \$ 244,000. EXPENSES \$ 834,769. FORM 990, PART VI, SECTION A, LINE 7A: THE GREENVILLE TECH ALUMNI ARE ALLOWED TO ELECT ONE EX OFFICIO MEMBER TO THE GREENVILLE TECH FOUNDATION BOARD. FORM 990, PART VI, SECTION B, LINE 11: FOUNDATION STAFF, MANAGEMENT, AND THE FINANCE/INVESTMENT COMMITTEE REVIEW THE 990 TAX RETURN WHICH IS THEN REVIEWED AND APPROVED BY THE FULL BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH DIRECTOR AND OFFICER SHALL SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; (D) UNDERSTANDS THAT THE FOUNDATION IS CHARITABLE AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization  GREENVILLE TECH FOUNDATION, INC.	Employer identification number 57-0565961
PRESIDENT AND THE FOUNDATION BOARD CHAIR. THE COLLEGE PR	ESIDENT CONDUCTS
HIS/HER ANNUAL PERFORMANCE APPRAISAL, AFTER CONSULTING WI	TH THE FOUNDATION
BOARD CHAIR.	
THE STAFF OF GREENVILLE TECH FOUNDATION, INC. ARE STATE E	MPLOYEES EMPLOYED
BY GREENVILLE TECHNICAL COLLEGE. THE FOUNDATION PAYS THE	COLLEGE FOR AN
APPROPRIATE PERCENTAGE OF THE STAFF TIME. THE STAFF ARE	HIRED ACCORDING TO
STATE HUMAN RESOURCES PROCEDURES; COMPENSATED ACCORDING T	O STATE PAY RATES;
AND RECEIVE AN ANNUAL PERFORMANCE APPRAISAL FROM THEIR SU	PERVISOR. THE
FOUNDATION EXECUTIVE COMMITTEE WILL MEET IN EXECUTIVE SES	SION AT LEAST
ANNUALLY, NORMALLY IN OCTOBER OR NOVEMBER, TO DISCUSS ANY	SUPPLEMENTS OR
BONUSES FOR STAFF TO BE RECOMMENDED TO THE FULL BOARD, NO	RMALLY AT THE
NOVEMBER BOARD MEETING (ALSO IN EXECUTIVE SESSION). THE	SUPPLEMENTS OR
BONUSES WILL NORMALLY TAKE EFFECT IN JANUARY. COMPARATIVE	DATA FROM OTHER
SOURCES, INCLUDING NONPROFIT ORGANIZATIONS AND COMMUNITY	COLLEGES IN THE
REGION, MAY ALSO BE USED AS A GUIDELINE.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART VII, COMPENSATION:	
DR. KEITH MILLER SPENDS AN AVERAGE OF 49 HOURS PER WEEK W	ORKING FOR
GREENVILLE TECHNICAL COLLEGE. THE OTHER 1 HOUR PER WEEK	HE WORKS FOR
THE FOUNDATION. THE COMPENSATION HE RECEIVES FROM THE FO	UNDATION IS A
SUPPLEMENT FOR THE COMPENSATION HE RECEIVES FROM THE COLL	
TOTAL WORK PERFORMED FOR BOTH THE COLLEGE AND FOUNDATION.	

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization  GREENVILLE TECH FOUNDATION, INC.	Employer identification number 57-0565961
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CSV OF LIFE INSURANCE	2,895.
INTEREST RATE SWAP LOSS FOR BOOKS NOT TAX	-79,721.
LOSS ON SALE OF FIXED ASSETS	207,442.
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 9	130,615.

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

INC.

Open to Public Inspection 2015

OMB No 1545-0047

Employer identification number 57-0565961

> Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. Part

GREENVILLE TECH FOUNDATION,

Name of the organization

Direct controlling REENVILLE TECH REENVILLE TECH REENVILLE TECH GREENVILLE TECH entity 7,299,040, FOUNDATION 5,703,595, FOUNDATION 12,886,734, FOUNDATION 246 254 FOUNDATION End-of-year assets e 1,977,387, 1,659,750 573,487 Total income ਉ Legal domicile (state or foreign country) SOUTH CAROLINA SOUTH CAROLINA SOUTH CAROLINA SOUTH CAROLINA Primary activity SUBSIDIARY SUBSIDIARY SUBSIDIARY SUBSIDIARY Name, address, and EIN (if applicable) GTF STUDENT HOUSING, LLC - 57-0565961 225 S PLEASANTBURG DRIVE, SULTE E-11 225 S PLEASANTBURG DRIVE, SUITE E-11 225 S PLEASANTBURG DRIVE, SUITE E-11 225 S PLEASANTBURG DRIVE, SUITE E-11 BRASHIER CHARTER, LLC - 57-0565961 -57-0565961of disregarded entity GTF MCALISTER, LLC - 57-0565961 GREENVILLE, SC 29607 GREENVILLE, SC 29607 GTF PLEASANTBURG, LLC GREENVILLE SC 29607 GREENVILLE SC 29607

Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

Page 2 57-0565961

GREENVILLE TECH FOUNDATION, INC. Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

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

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(0)	(p)	(e)	1	(6)	(F)	(E)	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	ge	Section 512(b)(13) controlled entity?	_ ଳ⊽
		country)		or trust)		assets		Yes	Š
									1
						i,		-	]
	<b>,</b>							<u></u>	
532162 09-08-15						Sche	Schedule R (Form 990) 2015	1 990) 20	315

Page 3

# Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	is with one or more r	elated organizations listed	ın Parts II-IV?	
	_			12
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				-t
e Loans or loan guarantees by related organization(s)				16
f Dividends from related organization(s)				#
g Sale of assets to related organization(s)				Đ.
h Purchase of assets from related organization(s)				÷
i Exchange of assets with related organization(s)				;=
j Lease of facilities, equipment, or other assets to related organization(s)				1j
k Lease of facilities, equipment, or other assets from related organization(s)				*
l Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Tm.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			-t
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10
p Reimbursement paid to related organization(s) for expenses				d)
q Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				- St
2 Constitution of cash of property from cash of the above is "Yes " see the instructions for information on who mist complete this line including covered relationships and transaction thresholds.	who must complete t	us line including covered	relationships and transaction thresholds	
1	יווס וווספר בסווויסופרפ	2000		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(3)				i i
(4)				
(5)				
(9)				
532 163 09-08-15			Schednic	Schedule R (Form 990) 2015

57-0565961

Page 4

Schedule R (Form 990) 2015 GREENVILLE TECH FOUNDATION, INC.

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.

tage ship		ł			[ }	2015
(k) Percent owners			 			(066 u
(j) General or managing partner?	8		 <u> </u>	 <del></del>		R (Forn
Oscillation (i) (j) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k						Schedule R (Form 990) 2015
Onsproportonate allocations?						
(g) Share of end-of-year assets						
(f) Share of total income						
Are all partners sec 501(c)(3) orgs?						
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)						
(c) Legal domicile (state or foreign country)						
<b>(b)</b> Primary activity						
(a) Name, address, and EIN of entity						

Schedule R	(Form 990) 2015	GREENVILLE	<u>TECH</u>	FOUNDATION,	INC.	<u> 57-0565961</u>	Page 5
Part VII	(Form 990) 2015  Supplemental Inf	ormation				_	
		rmation for responses to o	uestions	on Schedule B (see insti	ructions)		
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