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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

F	or ca	lendar year 2015 or tax year beginning			<u>, 2015</u>	, and endin	g		
Ī	Name	of foundation					A	Employer ident	ification number
_	SEC!	URITY'S LENDING HAND FOUNDATION	ON					57-1012	986
	Numbe	er and street (or P O box number if mail is not delivered to	street a	address)		Room/suite	В	Telephone num	ber (see instructions)
ı	PO F	3OX 811						864-237	-6225
		r town, state or province, country, and ZIP or foreign postal	code					001 201	0000
							С	If exemption appli pending, check he	cation is
_	SPAI	RTANBURG, SC 29304		T			4		
G	Che	eck all that apply. Initial return	<u> </u>	Initial return	-	oublic charit	Ур	1 Foreign organiz	
		Final return	<u> </u>	Amended re					zations meeting the there and attach
	01-	Address change		Name chang		 		computation ,	▶ ∟
Н		eck type of organization: X Section 501(c)	<u> </u>			4	E	If private foundate	on status was terminated
1		Section 4947(a)(1) nonexempt charitable trust		ther taxable pr				under section 507	(b)(1)(A), check here . P
ı		market value of all assets at J Accoun	_		asn Acc	crual	F		rs in a 60-month termination
				ecify)	· · · · · · · · · · · · · · · · · ·		-	under section 507	(b)(1)(B), check here .
			iiiii (u	i) must be on cas	sii basis)				(d) Disbursements
ناء	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		Revenue and penses per	(b) Net inve		(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	es.	books	incon	ne		income	purposes (cash basis only)
_	4	column (a) (see instructions))		456,000					(cash basis only)
	1 2	Contributions gifts, grants, etc., received (attach schedule) . Check fif the foundation is not required to		430,000			·······		
	3	attach Sch B							· · · · · · · · · · · · · · · · · · ·
	4	Dividends and interest from securities							
		Gross rents							
		Net rental income or (loss)							
a		Net gain or (loss) from sale of assets not on line 10							
evenue		Gross sales price for all assets on line 6a							
Š	7	Capital gain net income (from Part IV, line 2) .							
œ	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold .							
	С	Gross profit or (loss) (attach schedule)			<u> </u>			_	ļ
	11	Other income (attach schedule)							<u> </u>
_	12	Total. Add lines 1 through 11		456,000					
s	13	Compensation of officers, directors, trustees, etc							<u> </u>
Se	14	Other employee salaries and wages					-	VED	
ě	15	Pension plans, employee benefits				-RH(;El	VED	
X		Legal fees (attach schedule)			1	4			<u> </u>
ē		Accounting fees (attach schedule)				AM KAY	18	2016	
흟		Other professional fees (attach schedule)				<u>ii</u> m/0		<u> </u>	
Str	17	Interest			1		<u>YFI</u>	A 2 200	<u> </u>
Ë	18	Taxes (attach schedule) (see instructions)			4		儿	<u>V. U.</u>	-
Administrative Expense	19 20	Depreciation (attach schedule) and depletion. Occupancy							-
	l	Travel, conferences, and meetings	-						
and	21	Printing and publications							-
Q.	22	Other expenses (attach schedule)							-
Ë	23 24 25	Total operating and administrative expenses.							
era		Add lines 13 through 23							
ă	25	Contributions, gifts, grants paid		456,000					456,000
_	26	Total expenses and disbursements Add lines 24 and 25		456,000		-			456,000
_	27	Subtract line 26 from line 12							
	l .	Excess of revenue over expenses and disbursements		_					
	Ь	Net investment income (if negative, enter -0-)							
	c	Adjusted net income (if negative, enter -0-)							

Part I		Balance Sheets	Attached schedules and amounts in the ance Sheets description column should be for end-of-year			End of year		
_			amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	
	1	Cash - non-interest-beam	ng	28,658	28,65	8	28,658	
	2	Savings and temporary	cash investments	· · · · · · · · · · · · · · · · · · ·	-			
	3	Accounts receivable ▶			<u> </u>		and the same	
		Less allowance for dou	Later to a construct to the				······································	
	4	Pledges receivable ▶						
		Less allowance for dou	btful accounts ▶					
	5							
	6	Receivables due from	officers, directors, trustees, and other					
		disqualified persons (att	tach schedule) (see instructions)					
	7		eceivable (attach schedule)				,	
		Less allowance for doul	hater I management .					
ţs	8	Inventories for sale or us	e					
ssets	9	Prepaid expenses and de	eferred charges					
Ä	10a	Investments - U S and state	e government obligations (attach schedule),					
	Ь	Investments - corporate	stock (attach schedule)					
	C	Investments - corporate	bonds (attach schedule)					
	11	Investments - land, buildings and equipment basis	<u> </u>					
	ŀ	Less accumulated deprecia (attach schedule)	ition ▶					
	12	` '	loans					
	13	Investments - other (atta	nch schedule)		- -			
	14	Land, buildings, and equipment basis	>					
		Less accumulated deprecia (attach schedule)	tion >					
	15	Other assets (describe						
	16	· ·	completed by all filers - see the					
			age 1, item I)	28,658	28,65	8	28,658	
	17						•	
	18	7 -						
S	19							
itie	20		rs, trustees, and other disqualified persons.					
Liabilities	21		tes payable (attach schedule)					
Ľį	22	• •	; ▶)					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ļ	23	Total liabilities (add line	s 17 through 22)					
			ow SFAS 117, check here				,	
es			24 through 26 and lines 30 and 31.				,	
nc	24	Unrestricted					-	
aga	25							
8	26	Permanently restricted .	_ · · · · · · · · · · · · · · · · · · ·				· / 7.5	
Ē	24 25 26 27 28 29 30 31		not follow SFAS 117, ▶				7 (No. 1) *** 3	
屲			plete lines 27 through 31.					
ō	27		cipal, or current funds	28,658	28,65	8		
ets	28	•	land, bldg, and equipment fund	·	•			
SS	29	* * * * * * * * * * * * * * * * * * * *	slated income, endowment, or other funds					
Ä	30	•	balances (see instructions)	28,658	28,65	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ę	31		net assets/fund balances (see		•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		instructions)		28,658	28,65	8		
P	art II		nges in Net Assets or Fund Balar		20700		<u> </u>	
			alances at beginning of year - Part I		nust agree with			
•			d on prior year's return)		-	1	28,658	
						<u>.</u> 2	20,000	
3 Other increases not included in line 2 (itemize) ▶							_	
				 		4	28,658	
		reases not included in				5		
			alances at end of year (line 4 minus	line 5) - Part II, column (h		6	28,658	
_						_		

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
	, (a) List an	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)		
_		rick warehouse, or common stock, 200 s	sns MLC Co)	D - Donation	(mo , day, yr)	(IIIO , day, yi)
	N/A					-
<u>b</u>		· · · · · · · · · · · · · · · · · · ·				
_c d	-				_	
e						
<u> </u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo	
_		(or allowable)	pius experise or sale	_	(e) plus (f) minu	
a						
_ <u>b</u>						_ _
_ <u>c</u>						
e						
_	Complete only for assets	showing gain in column (h) and owned	by the foundation on 12/31/69	"	Gains (Col (h) g	ain minus
	(I) = 141/	(i) Adjusted basis	(k) Excess of col (i)		(k), but not less t	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
а						
b						
<u>c</u>						
<u>d</u>						
<u>e</u>						
2	Capital gain net income	or indicanital locel	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ا'' ا ain or (loss) as defined in sections 1				
	· · ·	art I, line 8, column (c) (see insti				
	<u> </u>			3		
Pa	rt V Qualification (Jnder Section 4940(e) for Red	luced Tax on Net Investment li	ncome		
Wa		the section 4942 tax on the distribinot qualify under section 4940(e)	• •	ase period	12	Yes X No
1		nount in each column for each year	•	a anv entr	ies	
	(a) Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	_	(d) Distribution ra	
Ca	lendar year (or tax year beginning in) 2014	416,000	27,613		(cor (b) divided by	15.0654
_	2013	391,500	37,115			10.5483
	2012	5,000	156			32.0513
	2011	337,800	362			933.1492
	2010	305,000	978			311.8609
						_
2	Total of line 1, column (d	I)	. 	2		1302.6751
3		for the 5-year base period - divide				
	number of years the four	ndation has been in existence if less	s than 5 years	3		260.5350
4	Enter the net value of no	ncharitable-use assets for 2015 fro	om Part X, line 5	4		35,822
5	Multiply line 4 by line 3.			5		9,332,885
_	F 40/			6		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) .		- 		
7	Add lines 5 and 6			7		9,332,885
8		ons from Part XII, line 4 reater than line 7, check the box i			using a 1% ta	456,000 rate See the
	Part VI instructions		•	•	-	

Form	990-PF (2015)		f	Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		
1a b	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 27b			0
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3 4 5	Add lines 1 and 2			0
6 a b c d	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015 6a Exempt foreign organizations - tax withheld at source			0
8 9 10 11	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
Pai	rt VII-A Statements Regarding Activities			
1a b	Instructions for the definition)?	1a 1b	Yes	X X
c d	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$	1c		Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	***************************************	X
4a b	Incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	3 4a 4b		X
5 6	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
7	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6 7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► SOUTH CAROLINA			

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"

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Х

Χ

8b

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Χ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► JONATHAN W. NORWOOD Telephone no ► 864-237-	622	<u> </u>	
	Located at ► 181 SECURITY PLACE, SPARTANBURG, SC ZIP+4 ► 29307			ТІ
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• • •	▶	ш
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		163	
	over a bank, securities, or other financial account in a foreign country?	16	L	<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Γ	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			'
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			_
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		l l	
	were not corrected before the first day of the tax year beginning in 2015?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	, , , , , , , , , , , , , , , , , , ,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ļ		
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	26		
4-	foundation had excess business holdings in 2015)	3b 4a	\vdash	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
	The state of the s	, 70		

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Pai	t VII-B Statements Regarding Activities	s for Which Form	4720 May Be Red	uired (continued)		
5a	During the year did the foundation pay or incur any am	ount to				
	(1) Carry on propaganda, or otherwise attempt to influ	uence legislation (section	on 4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public e	lection (see section -	4955), or to carry or			
	directly or indirectly, any voter registration drive?.			. Yes X No)	
	(3) Provide a grant to an individual for travel, study, or	other similar purposes?	·	Yes X No)	
	(4) Provide a grant to an organization other than	a charitable, etc., org	ganization described i			
	section 4945(d)(4)(A)? (see instructions)			. Yes X No	>	
	(5) Provide for any purpose other than religious, of		•		ļ	
	purposes, or for the prevention of cruelty to children					
b	If any answer is "Yes" to 5a(1)-(5), did any of the		•	•		
	Regulations section 53 4945 or in a current notice rega				<u>5b</u>	
	Organizations relying on a current notice regarding dis-				니	
С	If the answer is "Yes" to question 5a(4), does the					
	because it maintained expenditure responsibility for the	=		Yes No	'	
_	If "Yes," attach the statement required by Regulations s	` '				
6a	Did the foundation, during the year, receive any fu	-				
_	on a personal benefit contract? Did the foundation, during the year, pay premiums, dir				i '	
b	If "Yes" to 6b, file Form 8870	ectly or indirectly, on a	i personai benelit contra	act /	6b	X
72	At any time during the tax year, was the foundation a	narty to a prohibited to	v shelter transaction?	Vos X No		
	If "Yes," did the foundation receive any proceeds or ha					İ
	Information About Officers, Director					
	and Contractors List all officers, directors, trustees, foundation				· · · · · · · · · · · · · · · · · · ·	
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e account
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	
SUSZ	AN A BRIDGES	PRESIDENT, 0				-
PO I	BOX 811 SPARTANBURG, SC 29304		.0	0		0
	CY HYDER ROBINSON	SECRETARY, 0				
PO I	BOX 811 SPARTANBURG, SC 29304		0	0		0
	ATHAN W. NORWOOD	TREASURER, 0				
PO I	BOX 811 SPARTANBURG, SC 29304		0	0		0
		.				
	On the second se					
2	Compensation of five highest-paid employees "NONE."	s (other than thos	ie included on lin	e 1 - see instructi	ons). It no	one, enter
		(b) Title, and average		(d) Contributions to		
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expens other all	
NON				compensation		
NOINI	<u> </u>	•				
		 	. -			
		-				
		 				
		·				
						
		<u> </u>				
						-
Total	number of other employees paid over \$50,000		· · · · · · · · · · · · · · · · · · ·	. .		

Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employers and Contractors (continued)	ees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	. "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NC	NE	
		
	· · · · · · · · · · · · · · · · · · ·	
Tota	I number of others receiving over \$50,000 for professional services ▶	
Pa	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
	ASH CONTRIBUTIONS TO QUALIFY FOR A NON-PROFIT ORGANIZATION; SEE PART XV 3	
' -	Non contributions to gonditt town non-thorit endmishiton, and that he s	
-	-	456,000
2		
-		
3 _		
-		
4 -		
-		
Pai	t IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1]	IONE	
-		
2 _		
-		
A	other program-related investments. See instructions	
3		
-		
Tota	LAdd lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions)	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b		1b	36,368
С	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	36,368
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets] 2	
3	Subtract line 2 from line 1d	3	36,368
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	546
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	35,822
6	Minimum investment return. Enter 5% of line 5	6	1,791
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	ndations	· · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	1	1,791
	Tax on investment income for 2015 from Part VI, line 5		· ·
- h	Income tax for 2015 (This does not include the tax from Part VI).	1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		1,791
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	1,791
6	Deduction from distributable amount (see instructions)	 	-/::-
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	1,791
_			2,,31
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	456,000
	Program-related investments - total from Part IX-B	1b	·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	456,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		, 500
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		456,000
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating wh	
	qualifies for the section 4940(e) reduction of tax in those years	· · · · · · · · · · · · · · · · ·	

Form **990-PF** (2015)

Pa	rt XIII. Undistributed Income (see insti	ructions)			
	-	(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				1,791
2	Undistributed income, if any, as of the end of 2015				
_	Enter amount for 2014 only				
	Total for prior years 20,20,20				
	Excess distributions carryover, if any, to 2015				
	From 2010				
	From 2011				•
	From 2012 4,992				
	200 644				
	42.4 62.0				
	1101112014 11111	1,451,988			
	Total of lines 3a through e	1,431,700			
4	Qualifying distributions for 2015 from Part XII, line 4 > \$ 456,000				
а	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				
	required - see instructions)				1 701
d	Applied to 2015 distributable amount				1,791
е	Remaining amount distributed out of corpus	454,209			
5	Excess distributions carryover applied to 2015.				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,906,197			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		_		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount - see instructions				
					-
T	Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2016				
7	Amounts treated as distributions out of corpus				
-	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
R	Excess distributions carryover from 2010 not				
Ŭ	applied on line 5 or line 7 (see instructions)	304,951			
9	Excess distributions carryover to 2016.				
•	Subtract lines 7 and 8 from line 6a	1,601,246			
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012 4,992				
	Excess from 2013 389, 644				
	Excess from 2014 414,619				
	Excess from 2015				
<u> </u>			<u></u>		-

Pa	rt XIV Private Op	erating Foundation	s (see instructions a	and Part VII-A, quest	tion 9)	
1 a	If the foundation has	received a ruling or o	determination letter that	at it is a private opei	rating	
	foundation, and the rulin	g is effective for 2015, e	enter the date of the ruling]	▶N/A	
b	Check box to indicate	whether the foundation	is a private operating	foundation described in	n section 4942(j)(3) or 4942(j)(5)
2.0	Enter the leaser of the ad-	Tax year	_	Prior 3 years		(a) Takel
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	I or the minimum investment		.,			-
	return from Part X for each year listed					
D	85% of line 2a			 		
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .			-	<u> </u>	
u	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying			*		
	under section 4942(j)(3)(B)(i)		•			
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	Ine 6 for each year listed "Support" alternative test - enter					
·	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)).					
	or royalties) (2) Support from general			-		
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)		· · · · · · · · · · · · · · · · · · ·			
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income			1 10 11 1		<u> </u>
Pa				only if the founda	ation had \$5,000 o	r more in assets at
	_	uring the year - see	•			· · -
	Information Regardin	•				
а	List any managers of before the close of any					
	before the close of any	r tax year (but only if ti	ley have continuated i	more man \$5,000) (3	see section 307(u)(z))	
N/Z						
b	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greate	r interest	
N/I	A				_	
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsl	hip, etc., Programs:		- "
	Check here ► X If t	he foundation only	makes contributions	to preselected chai	ritable organizations	and does not accept
	unsolicited requests for	or funds. If the found	ation makes gifts, gr	ants, etc (see instruc	ctions) to individuals of	or organizations under
	other conditions, comp	olete items 2a, b, c, an	d d			
a	The name, address, a	nd telephone number	or e-mail address of	the person to whom ap	oplications should be ac	ldressed
N/A	A					
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include.	
	, ,			•		
N/A	2					
71/1	Any submission deadli	nes			 	
•	, coomission acadi					
NT / 1						
$\frac{N/R}{d}$	Any restrictions or li	mitations on awards	such as hy googs	anhical areas short	able fields kinds of	institutions or other
u	factors	tations on awalus	, such as by geogr	apinoai aicas, Ciidill	abie lielus, kilius Ul	manunona, or other

N/A JSA 5E1490 1 000

Part XV Supplementary Information (Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid Duri	ng the Year or Appi		Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	or substantial contributor	recipient	contribution							
a Paid during the year										
SEE STMT 2				456,000						
				i						
T-4-1		l .	<u> </u>	456 000						
b Approved for future payment	<u> </u>	<u></u>	▶ 3a	456,000						
b Approved for future payment										
				1						
			1							
Total	·		► 2h	 · · · - · · · · · · · - · · · · · 						

Part 2	XVI-A Analysis of Income-Prod	ucing Act	<u>ivities </u>	<u></u>		
Enter gr	oss amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Prog	gram service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
а_				<u> </u>		
Ь_	····					
				 		
						 -
f _				<u>.</u>		
•	ees and contracts from government agencies			 		
	nbership dues and assessments					
	est on savings and temporary cash investments					
. –	dends and interest from securities rental income or (loss) from real estate					
	Debt-financed property					
	Not debt-financed property					
	rental income or (loss) from personal property.					
	er investment income					-
	or (loss) from sales of assets other than inventory					
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
11 Othe	er revenue a		_			
b _						
c _						
d _						
е_				<u> </u>		
	total Add columns (b), (d), and (e)		<u> </u>			
13 Tota	al. Add line 12, columns (b), (d), and (e)				¹³	
Part X	rksheet in line 13 instructions to verify calcity Relationship of Activities		ccomplishment of Ex	romnt Dur	2000	
Line N∙ ▼	 Explain below how each activity accomplishment of the foundation 	-			•	
	N/A					
	N/A		<u>-</u>			
		_				- .
					-	
		·				
						
						<u> </u>
			·			
			<u> </u>		<u> </u>	
_						
						
						

Part XVII

	<u> </u>									,.
Part	XVII	Information R Exempt Organ		nsfers To and Trans	actions and	Relations	ships With None	chari	table	,
1 [Oid the	e organization direct	ly or indirectly ei	ngage in any of the follo	owing with any	other organ	nization described		Yes	No
				ection 501(c)(3) organiz						
		zations?	•		·					
	_		g foundation to a	noncharitable exempt of	rganization of					
(1) Ca	sh		· · · · · · · · · · · · · · ·				1a(1)		Χ_
										Х
		transactions								
(1) Sa	les of assets to a no	ncharitable exem	pt organization				16(1)		Х
				le exempt organization.						Х
				ssets						Х
										Х
										X
				or fundraising solicitatio						X_
с :	Sharın	g of facilities, equipm	nent, mailing lists	, other assets, or paid er	nployees			_1c		Х
				" complete the following						
				es given by the reporting						
'	/alue	in any transaction or	sharing arrange	ment, show in column	(d) the value of	of the goods,	other assets, or s	ervice	s rec	eived
(a) Lin	e no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Desc	ription of transfe	ers, transactions, and shar	nng ama	angeme	nts
							_			
_										
			<u> </u>							
										_
				· · · · · · · · · · · · · · · · · · ·						
							 _			
		•	•	ated with, or related to		•		- ,,	Γ ν	٦
				er than section 501(c)(3)) or in section	52/7	L	Y	es <u>X</u>	No
b I	<u>T Yes</u>	s," complete the follow		(b) Type of organizat	on		Nosarintian of relations			
-		(a) Name of organization		(b) Type of organizat	OII		c) Description of relations	iiip		
										
										
	_									
	Unde	r penalties of perjury, I decla	ire that I have examine	d this return, including accompan	/ing schedules and	statements, and to	the best of my knowledg	e and I	oelief, it	is true
	1	ct, and complete Declaration of	reparer (other than tax	payer) is based on all information of	which preparer has ar	ny knowledge				
Sign	4 PC)	5/6/16	TREA	SURER	May the IRS			return
Here	Sig	nature of officer or trustee		Date	Title	<u> </u>	with the pro-		Yes	below No
	5.9	1 1		-			toco manacion	-/ L		
	_l	Rrint/Type preparer's nai	me	Preparer's signature		Date	Check If F	PTIN		
Paid				_			self-employed			
^o rep	arer	Firm's name	_	-1		1	Firm's EIN			
	Only	Firm's address			•			-		
							Phone no			

Schedule B (Form 990, 990-EZ, . or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Employer identification number

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990. 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

SECURITY'S LENDING	HAND FOUNDATION	57-1012986
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	ion
	4947(a)(1) nonexempt charitable trust r	not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust t	treated as a private foundation
	501(c)(3) taxable private foundation	
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for bo	oth the General Rule and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received yor property) from any one contributor. Complete to contributions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or sections 509(a)(1) and 170(b)(1)(A)(vi), that checkind that received from any one contributor, during to the amount on (i) Form 990, Part VIII, line 1h, o	ked Schedule A (Form 990 or 990-EZ), Part II, line the year, total contributions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing g the year, total contributions of more than \$1,000 ional purposes, or for the prevention of cruelty to c	exclusively for religious, charitable, scientific,
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing the year, contributions exclusively for religious, ched more than \$1,000. If this box is checked, enter an exclusively religious, charitable, etc., purpose lies to this organization because it received nonexclusion more during the year	naritable, etc , purposes, but no such here the total contributions that were received Do not complete any of the parts unless the
Caution. An organization the	at is not covered by the General Rule and/or the Sp	pecial Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

SECUR	TITY'S LENDING HAND FOUNDATION		57-1012986
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PO BOX 811 SPARTANBURG, SC 29304-0811	\$ 456,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

57-1012986

Part II	Ioncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number SECURITY'S LENDING HAND FOUNDATION 57-1012986 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Statement 1

SECURITY'S LENDING HAND FOUNDATION

TOTAL CONTRIBUTIONS RECEIVED

57-1012986

\$456,000

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

Name and Address	<u>Date</u>	Direct Public Support
Security Finance Corporation of Spartanburg 181 Security Place Spartanburg, SC 29307	10-07-2015	\$200,000
Security Finance Corporation of Spartanburg 181 Security Place Spartanburg, SC 29307	12-16-2015	\$256,000

STATEMENT #2
SECURITY'S LENDING HAND FOUNDATIONS

Amount for 2015	Organization (Check made out to)	Contact person	Phone	ADDRESS Line	City, State Zip
\$ 5,000.00 MARR	MARR	Gigi Barnes	678-805-5112	2815 Clearview Place	Doraville, GA 30340
\$ 2,500.00	2,500.00 The Salvation Army of Spartanburg	Donald Marvels	864-576-6670	PO Box 2909	Spartanburg, SC 29304
\$ 2,500.00	2,500.00 Spartanburg Humane Society	Darwin Simpson	864-583-4805	150 Dexter Rd	Spartanburg, SC 29303
\$ 2,500.00	2,500.00 Chapman Cultural Center	Jennifer Evins	864-583-2776	200 E. St. John St	Spartanburg, SC 29306
\$ 225,000.00	\$ 225,000.00 American Red Cross	Ann Wright	864-271-8222	PO Box 9035	Greenville, SC 29604
\$ 5,000.00	5,000.00 Spartanburg Methodist College	Scott Cochran	864-587-4000	1000 Powell Mill Rd	Spartanburg, SC 29301
\$ 1,000.00	1,000.00 Spartanburg Area Conservancy, Inc.		864-948-0000	100 E. Main St, Suite 7B	Spartanburg, SC 29306
\$ 2,500.00	2,500.00 Spartanburg Soup Kitchen	Lou Sartor	864-585-0022	136 South Forest St.	Spartanburg, SC 29306
\$ 200,000.00	\$ 200,000.00 Childrens Miracle Network	Angie Otasua	801-214-7400	205 West 700 South	Salt Lake City, UT 84101
\$ 2,500.00	2,500.00 Hope Center for Children	Chamlee Loscuito	864-583-7688	PO Box 1731	Spartanburg, SC 29304
\$ 7,500.00	7,500.00 Mobile Meals	Jayne McQueen	864-573-7684	419 East Main St	Spartanburg, SC 29302
\$ 456,000.00					