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2016

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-	2016 , a	nd ending 12-31	-2016		
		Indation		A Employer io	lentification numbe	r	
	INCAST	ER COUNTY PARTNERS FOR YOUTH	57-0628085				
	ber and O BOX :	d street (or P O $$ box number if mail is not delivered to street addre $$ 1023 $$	B Telephone no	B Telephone number (see instructions)			
Citi		abobs an analysis and ZID as favored and	(803) 286-146	(803) 286-1465			
		n, state or province, country, and ZIP or foreign postal code R, SC 297211023	C If exemption	application is pendin	g, check here		
G Cł	neck al	ll that apply 🔲 Initial return 🖂 Initial return o	f a former public charity	D 1. Foreign o	rganızatıons, check he	ere . \square	
		☐ Final return ☐ Amended retu	rn		rganizations meeting		
		\square Address change \square Name change			ck here and attach co	· -	
H C	neck ty	/pe of organization $oxedsymbol{oxtime}$ Section 501(c)(3) exempt priva	te foundation		undation status was t on 507(b)(1)(A), chec		
	Section	n 4947(a)(1) nonexempt charitable trust					
of	year <i>(f</i>	ket value of all assets at end from Part II, col (c),	☐ Cash ☑ Accru		ation is in a 60-month on 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes	
		equal the amounts in column (a) (see instructions))	books			(cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	645,925	5			
	2	Check ▶ ☐ If the foundation is not required to attach					
	_	Sch B	•				
	3	Interest on savings and temporary cash investments Dividends and interest from securities	100.202	109,293			
	4 5a	Gross rents	109,293	109,293	<u>'</u>		
	b	Net rental income or (loss)	'				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-1,084	1			
Revenue	b	Gross sales price for all assets on line 6a 226,	·				
Sev	7	Capital gain net income (from Part IV, line 2)					
_	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	754,134	109,293	0		
	13	Compensation of officers, directors, trustees, etc	64,771		0	0	
	14	Other employee salaries and wages					
ses	15 16a	Pension plans, employee benefits	1,650		0	0	
ĕ			96-1 2.850		0	0	
and Administrative Expenses	b	Accounting fees (attach schedule)	2,850				
Ve	17°	Interest	507	98	1		
ratı	17 18		4,955	5 0	0	0	
JI St	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	4,955 • 4 ,955		_		
<u>=</u>	20	Occupancy					
Ad	21	Travel, conferences, and meetings	3,454	1 0	0	0	
pu	22	Printing and publications			1		
	23	Other expenses (attach schedule)	25,751	ı	0	0	
Operating	24	Total operating and administrative expenses.			1		
Der.		Add lines 13 through 23	103,997	98	0	0	
Ō	25	Contributions, gifts, grants paid	576,355	5		576,355	
	26	Total expenses and disbursements. Add lines 24 an 25	d 680,352	2 98	3 0	576,355	
	27	Subtract line 26 from line 12	333,332			2.5,535	
	а	Excess of revenue over expenses and	73,782	2			
	Ь	disbursements Net investment income (if negative, enter -0-)		109,195	5		
	c	Adjusted net income(if negative, enter -0-)		105,130	0		
For		work Reduction Act Notice, see instructions.		Cat No 11289	I X For	<u> </u> m 990-PF (2016)	

1,543

3,773,967

3,632,275

1,543

3,773,967

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Less allowance for doubtful accounts ▶ ___

	5
	6
	7
3	8
Issets	9
S	100

Liabilities

Net Assets or Fund Balances

Part

2 3

5

_	,		_			
C	Investments—corporate bonds (attach schedule)					
11	Investments—land, buildings, and equipment basis ▶					
	Less accumulated depreciation (attach schedule) ▶					
12	Investments—mortgage loans					
13	Investments—other (attach schedule)					
14	Land, buildings, and equipment basis ► 6,238					
	Less accumulated depreciation (attach schedule) ▶ 6,238	59	49 ,]		o	0
15	Other assets (describe		_			
16	Total assets (to be completed by all filers—see the					_
	instructions Also, see page 1, item I)	3,806,723			3,946,243	3,946,243
17	Accounts payable and accrued expenses	12,354			12,913	
18	Grants payable					
19	Deferred revenue					
20	Loans from officers, directors, trustees, and other disqualified persons					
21	Mortgages and other notes payable (attach schedule)					
22	Other liabilities (describe P)	9 300	% J		1,944	
23	Total liabilities(add lines 17 through 22)	12,654			14,857	
	Foundations that follow SFAS 117, check here ▶ ✓ and complete lines 24 through 26 and lines 30 and 31.					
24	Unrestricted	3,397,544			3,790,545	
25	Temporarily restricted	396,525			140,841	
26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.					
27	Capital stock, trust principal, or current funds					
28	Paid-in or capital surplus, or land, bldg , and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)	3,794,069			3,931,386	
31	Total liabilities and net assets/fund balances (see instructions) .	3,806,723			3,946,243	
art II	Analysis of Changes in Net Assets or Fund Balances					
	tal net assets or fund balances at beginning of year—Part II, column (a), line year figure reported on prior year's return)	e 30 (must agree with	end-	1		3,794,069
2 En	ter amount from Part I, line 27a		. [2		73,782
3 Ot	her increases not included in line 2 (itemize) ▶	% j	[3		63,535
1 Ad	d lines 1, 2, and 3		.	4		3,931,386
	creases not included in line 2 (itemize)			5		0
5 To	tal net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30		6		3,931,386
					Fo	orm 990-PF (2016)

Page **3**

List and describe	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	eal estate,	How acquired P—Purchase	(c) Date acquired	(d) Date sold
2-story brick war	(mo , day, yr)	(mo , day, yr)			
1 a JOHN HANCOCK FDS ST	2012-01-24	2016-12-06			
b PAT BURNS SCHOLARSH					
С					
d					
e					
(e)	(f)		(g)		h)
Gross sales price	Depreciation allowed (or allowable)		other basis ense of sale		r (loss)) minus (g)
a 22	25,000	pido emp	227,552	(0) p.u.c (-2,552
b	1,468				1,468
С	,				
 e					
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		1)
	(j)		(k)	Gains (Col (נין h) gain minus
(i) FMV as of 12/31/69	Advicted basis	Excess	of col (ı)	col (k), but not	less than -0-) or
	as of 12/31/69	over col	(j), if any	Losses (fro	om col (h))
a					-2,552
ь					1,468
С					
d					
e					
2 Capital gain net income	e or (net capital loss)	If gain, also enter in P If (loss), enter -0- in I	' 1 1		
	1		'	2	-1,084
3 Net short-term capital	gain or (loss) as defined in sections	1222(5) and (6)			
If gain, also enter in Pa in Part I, line 8	art I, line 8, column (c) (see instructi	ons) If (loss), enter -0)- []	3	
iii Fait 1, iiile 0					
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
_	private foundations subject to the se				
	-			- ,	
If section 4940(d)(2) applies, I	eave this part blank				
Was the foundation liable for th	ne section 4942 tax on the distributa	ble amount of any year	r in the base period?	>	es 🗹 No
If "Yes," the foundation does n	ot qualify under section 4940(e) Do	not complete this part			
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar	(b)	(c)		(d) Distribution rati	10
year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	(col (b) divided by c	
2015	411,503		3,744,647		0 109891
2014	212,141		3,792,479		0 055937
2013	303,301		3,997,030		0 075882
2012	188,071		3,857,100		0 048760
2011	771,210		0		0 000000
2 Total of line 1, column (0 290470
	o for the 5-year base period—divide				0.059004
	ndation has been in existence if less oncharitable-use assets for 2016 fror		· · · · <u>3</u>		<u>0 058094</u> 3,806,682
5 Multiply line 4 by line 3		•	5		221,145
• • • • • • • • • • • • • • • • • • • •	ent income (1% of Part I, line 27b)		6		1,092
	ent income (170 or Part 1, line 270)				222,237
	ions from Part XII, line 4 ,		8		576,355
	eater than line 7, check the box in Pa			u a 1% tax rate. Se	
Instructions			.p. see and part don't		
				Fc	orm 990-PF (2016)

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				∟ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) mame and address	(b) devoted to position	-0-)	benefit plans and deferred	(e)	other	allowa	nces
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "I	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid ove	r¢	50,000	1					
OLA	in number of other employees paid over	н фС		· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

1a

1b

2

За 3b

4

5

576,355

576.355

1.092

575,263

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

(c)

2015

Page 9

189.242

189,242

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Form 990-PF (2016)							
Part XIII	Und						

b Total for prior years

From 2011. . .

d From 2014. . . .

XII, line 4 > \$

From 2012. . . . c From 2013. .

e From 2015.

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Part XIII Undistributed						
	•					

P	art XIII	Undistributed Income (see instruc	tions)
1	Distributab	le amount for 2016 from Part XI, line 7	
2	Undistribut	ed income, if any, as of the end of 2016	
а	Enter amou	unt for 2015 only	

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part

a Applied to 2015, 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). d Applied to 2016 distributable amount.

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c 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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 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) 8 Excess distributions carryover from 2011 not

indicated below:

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

c Excess from 2014. .

d Excess from 2015. .

e Excess from 2016. .

same amount must be shown in column (a))

771,210

227,197

104,993

23.835

227,197

387.113

(a)

Corpus

1,127,235

387.113

1,514,348

771,210

743,138

(b)

Years prior to 2015

Excess distributions carryover, if any, to 2016 104.993 23,835

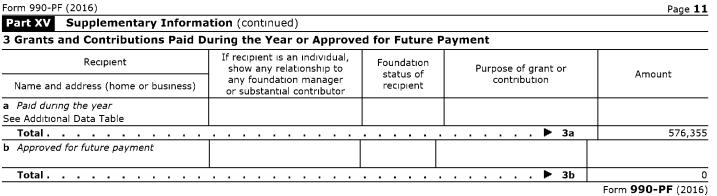
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

EACH PROGRAM HAS ITS OWN SUBMISSION DEADLINE

RESTRICTIONS ARE DEFINED ON EACH APPLICATION



nter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
_	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash ments					
	ds and interest from securities			14	109,293	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property notering the state of th					
	r (loss) from sales of assets other than					
	ory			18	-1,084	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue a					
d	_					
е			0		108,209	
e 2 Subtota 3 Total.	Add columns (b), (d), and (e)		0	13	108,209	
e 2 Subtota 3 Total. A		ns)			· · · · · · · · · · · · · · · · · · ·	
e 2 Subtota 3 Total. A	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation B Relationship of Activities to th Explain below how each activity for which it	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209
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e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions) PROGRAM RELATED INVESTMENT INCOME	ns) e Accomplishi income is reporte empt purposes (c	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions) PROGRAM RELATED INVESTMENT INCOME	ns) e Accomplishi income is reporte empt purposes (c	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions) PROGRAM RELATED INVESTMENT INCOME	ns) e Accomplishi income is reporte empt purposes (c	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions) PROGRAM RELATED INVESTMENT INCOME	ns) e Accomplishi income is reporte empt purposes (c	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's exinstructions) PROGRAM RELATED INVESTMENT INCOME	ns) e Accomplishi income is reporte empt purposes (c	ment of Exempled in column (e) of	pt Purposes f Part XVI-A contribut	Bted importantly to	108,209

Page **13**

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part XVI	Exempt Organi	-	anst	ers 10 a	and Iransaction	ons ar	іа кеіатіо	nsnips with Noi	ncnaritable			
	rganization directly or in Code (other than section	directly enga							on 501	Yes	No	
, ,	nsfers from the reporting foundation to a noncharitable exempt organization of 1a(1)											
									. 1a(1)		No	
(2) Other assets											No	
b Other tra												
(1) Sale		. 1b(1)		No								
(2) Purc		1b(2)		No								
(3) Ren		1b(3)		No								
(4) Rein		. 1b(4)		No								
(5) Loar		. 1b(5)		No								
` .	ormance of services or m	•		-					. 1b(6)		No	
_	of facilities, equipment, r										No	
	swer to any of the above ods, other assets, or ser											
	ansaction or sharing arra											
(a) Line No	(b) Amount involved	l (a) Nama of	noncha	ritable eve	mpt organization	(4)	Doccription of	transfers, transactions	and charing arra	naomon	te	
(a) Lille No	(b) Amount involved	(C) Name of	ПОПСПА	птаріе ехе	inpt organization	(u)	Description of	transfers, transactions,	, and sharing arra	ngemen	LS	
<u> </u>					1.							
	undation directly or indire	•			•		, ,					
	d in section 501(c) of the		than s	section 50	01(c)(3)) or in sec	tion 52	.//		∐Yes	✓ N	0	
b If "Yes,"	complete the following s (a) Name of organization		1	(1	b) Type of organizat	ion	ı	(a) Description	otion of relationship			
	(a) Name or organization	лі			b) Type of organizat	1011		(c) Description	i or relationship			
	der penalties of perjury, my knowledge and belief											
	ich preparer has any kno		mect,	and com	piete Declaration	or prep	Jarer (other	than taxpayer) is be	aseu on an imo	mation	1 01	
Here L	*****				2017-11-15		*****	r	May the IRS discu	ss this re	eturn	
						— I			with the preparer			
	Signature of officer or t	rustee			Date	,	Title	((see instr)? 🗹 🕻	es ⊔ N	lo	
	Print/Type preparer's	name	Prepa	rer's Sigi	nature	Date			PTIN			
	, .,,,		-F-			Date		Check if self-	P0055	7097		
	ALAN F GRIMSLEY	СВА						employed ▶ ☐	P0055	/002		
Paid	ALANT ONINGLET	SI A										
Prepare	Thin 5 hance	LDIN & JENK	INS			-		1	Eirmia FIN N FO	06020	142	
Use Only									Fırm's EIN ▶58	-00920	143	
	Firm's address ► 50	8 HAMPTON	STREE	T 1ST FL	OOR							
	co	DLUMBIA, SC	2920	1					Phone no (803) 799-!	5810	
	1											

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter hours per week Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation TAMI CRENSHAW **BOARD MEMBER** 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 SHANA DRY **BOARD MEMBER** 0 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 DIANNE EVANS BOARD MEMBER 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 TYROM FAULKNER BOARD MEMBER 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 ROBERT FOLKS 0 0 BOARD MEMBER 1 00 PO BOX 1023 LANCASTER, SC 29721 ANNETTE GAUSE 0 0 **BOARD MEMBER** 0 1 00 PO BOX 1023 LANCASTER, SC 29721 CHARLENE MCGRIFF **BOARD MEMBER** 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 JANICE MCPHERSON 0 0 BOARD MEMBER 1 00 PO BOX 1023 LANCASTER, SC 29721 MAX MELTON 0 0 **BOARD MEMBER** 1 00 PO BOX 1023 LANCASTER, SC 29721 GENE MOORE **BOARD MEMBER** 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 **BOBBY PARKER** BOARD MEMBER 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 BRYAN PETTIT 0 0 **BOARD MEMBER** 1 00 PO BOX 1023 LANCASTER, SC 29721 PAMELA TRIMNAL **BOARD MEMBER** 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721 SHARON NOVINGER EXECUTIVE DIRECTOR 64,771 1,650 40 00 PO BOX 1023 LANCASTER, SC 29721 JERRY WITHERSPOON CHAIRMAN 0 0 1 00 PO BOX 1023 LANCASTER, SC 29721

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation BRAD SMALL VICE CHAIRMAN 1 00 PO BOX 1023

LANCASTER, SC 29721				
LORI SHORT	SECRETARY	0	0	0
PO BOX 1023 LANCASTER, SC 29721	1 00			

TREASURER 1 00

BENJI RIGGINS

PO BOX 1023 LANCASTER, SC 29721

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

a Paid during the year				
LANCASTER COUNTY SCHOOL DISTRICT	N/A	SCHOOL	PAT BURNS PROFESSIONAL	3,000

= , a.a aa,g a , .a.				
LANCASTER COUNTY SCHOOL DISTRICT 300 CATAWBA STREET LANCASTER, SC 29720	N/A	SCHOOL DISTRICT	PAT BURNS PROFESSIONAL DEVELOPMENT	3,000
WINTUROR LINE (EDCIT)	81/8	LINE /EDCITS/	FUTURE TEACHER	2 500

LANCASTER, SC 29720				
WINTHROP UNIVERSITY 701 OAKLAND AVE ROCK HILL, SC 29733	N/A		FUTURE TEACHER SCHOLARSHIPS	2,500
CLEMSON UNIVERSITY 105 SIKES HALL	N/A	UNIVERSITY	LANCASTER COUNTY CLEMSON	16,000

NEW DEDDY COLLEGE	21/2		SUTUED STOLED	
CLEMSON UNIVERSITY 105 SIKES HALL CLEMSON, SC 29634	N/A	UNIVERSITY	LANCASTER COUNTY CLEMSON CLUB	16,000
701 OAKLAND AVE ROCK HILL, SC 29733	IN/A	UNIVERSITY	SCHOLARSHIPS	2,500

CLEMSON UNIVERSITY 105 SIKES HALL CLEMSON, SC 29634	N/A	UNIVERSITY	LANCASTER COUNTY CLEMSON CLUB	16,000
NEWBERRY COLLEGE 2100 COLLEGE STREET	N/A	UNIVERSITY	FUTUTRE TEACHER SCHOLARSHIP	2,250

CELMSON, 3C 23034			CLOB	
NEWBERRY COLLEGE 2100 COLLEGE STREET NEWBERRY, SC 291082197	N/A	UNIVERSITY	FUTUTRE TEACHER SCHOLARSHIP	2,250

NEWBERRY COLLEGE 2100 COLLEGE STREET NEWBERRY, SC 291082197	N/A		FUTUTRE TEACHER SCHOLARSHIP	2,250
USC 902 SUMTER STREET	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1.250

2100 COLLEGE STREET NEWBERRY, SC 291082197			SCHOLARSHIP	
JSC 902 SUMTER STREET	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1,

NEWBERRY, SC 291082197				l
JSC 902 SUMTER STREET	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1,2

	1			
SC 902 SUMTER STREET OLUMBIA, SC 29208	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1,:

OLUMBIA, SC 29208		I
Total		 576 355

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
LANDER UNIVERSITY 320 STANLEY AVENUE GREENWOOD, SC 296492099	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1,250		
MEGAN PHILLIPS PO BOX 803 KERSHAW, SC 29067	SCHOLARSHIP RECIPIENT	INDIVIDUAL	INDIVIDUAL	500		
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1,000		
LANCASTER COUNTY SCHOOL DISTRICT 300 CATAWBA STREET LANCASTER, SC 29720	N/A	SCHOOL DISTRICT	TEACHER CLASSROOM GRANTS	5,517		

1				
ANDERSON UNIVERSITY 316 BOULEVARD ANDERSON, SC 29621	N/A	UNIVERSITY	FUTURE TEACHER SCHOLARSHIP	1,000
LANCASTER COUNTY SCHOOL DISTRICT 300 CATAWBA STREET LANCASTER, SC 29720	N/A	SCHOOL DISTRICT	TEACHER CLASSROOM GRANTS	5,517
THE CHILDREN'S COUNCIL PO BOX 171 LANCASTER, SC 29721	N/A	PUBLIC CHARITY	COMMUNITY GRANT	4,500

Total . . За

576,355

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
COMMUNITIES IN SCHOOLS P O BOX 3241 LANCASTER, SC 29721	N/A	PUBLIC CHARITY	COMMUNITY GRANT	7,500		
LANCASTER COUNTY FIRST STEPS 121 SOUTH WYLIE STREET LANCASTER, SC 29720	N/A	PUBLIC CHARITY	COMMUNITY GRANT	7,000		
LANCASTER COUNTY COUNCIL OF THE ARTS PO BOX 613 LANCASTER, SC 29721	N/A	PUBLIC CHARITY	COMMUNITY GRANT	2,760		
CLINTON ELEMENTARY SCHOOL 110 CLINTON SCHOOL ROAD LANCASTER, SC 29720	N/A	SCHOOL DISTRICT	COMMUNITY GRANT	3,740		
LANCASTER COUNTY SCHOOL DISTRICT 300 CATAWBA STREET LANCASTER, SC 29720	N/A	SCHOOL DISTRICT	GOOD BEHAVIOR GAME, AFTER SCHOOL PROGRAMS, ADULT EDUCATION PROGRAMS	250,958		

За

576,355

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE CHILDREN'S COUNCIL PO BOX 171 N/A PUBLIC PARENT CHILD HOME 129,284 LANCASTER SC 29721 CHARITY VISITATION PROGRAM

EARCASTER, SC 23721		CHARTI	VISITATION TROCKAM	
UNITED WAY OF LANCASTER COUNTY PO BOX 56 LANCASTER, SC 29721	N/A	PUBLIC CHARITY	COMMUNITY GARDEN	4,345
HOPE CENTER CHURCH PO BOX 1896	N/A	PUBLIC	PARENTING CLASSES	36,810

HOPE CENTER CHURCH PO BOX 1896 LANCASTER, SC 29721	N/A	PUBLIC CHARITY	PARENTING CLASSES	36,810
PALMETTO CITIZENS AGAINST SEXUAL ASSAULT 106 N YORK STREET LANCASTER, SC 29720	N/A	PUBLIC CHARITY	MENTORING CLASSES	3,437

PALMETTO CITIZENS AGAINST SEXUAL ASSAULT 106 N YORK STREET LANCASTER, SC 29720	N/A	PUBLIC CHARITY	MENTORING CLASSES	3,43
CAREHEALTH 838 W MEETING STREET	N/A	PUBLIC	MEDICAL AWARENESS	53

106 N YORK STREET LANCASTER, SC 29720				
CAREHEALTH 838 W MEETING STREET LANCASTER, SC 29720	N/A	PUBLIC CHARITY	MEDICAL AWARENESS	537

				1
CAREHEALTH 838 W MEETING STREET LANCASTER, SC 29720	N/A	PUBLIC CHARITY	MEDICAL AWARENESS	

Total. 576,355

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
SE CENTER FOR STRATEGIC COMMUNITY DEVELOPMENT 941 N MAIN STREET LANCASTER, SC 29721	N/A	PUBLIC CHARITY	EVALUATION	10,000	
LANCASTER COUNTY PARTNERS FOR YOUTH PO BOX 1023 LANCASTER, SC 29721	N/A	PRIVATE FOUNDATION	ADMINISTRATIVE SUPPORT	43,837	
LANCASTER COUNTY PARTNERS FOR YOUTH PO BOX 1023 LANCASTER, SC 29721	N/A	PRIVATE FOUNDATION	DIRECT PROGRAMMING	20,260	
THE READING WAREHOUSE P O BOX 41328 NORTH CHARLESTON, SC 29423	N/A	N/A	10 BOOKS FOR EACH CLINTON STUDENT	15,902	
COSTUME CURIO 1704A LAURENS ROAD GREENVILLE, SC 29607	N/A	N/A	PLAY COSTUMES AND SET	2,218	

Total . 3a 576,355

efile GRAPHIC print - DO NOT P	ROCESS As Filed I	Data -	ta - DLN: 93491319008327			
TY 2016 Accounting Fe	es Schedule					
_						
Name: LANCASTER COUNTY PARTNERS FOR YOUTH EIN: 57-0628085						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
PROFESSIONAL FEES	2,850	0	0	0		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: LANCASTER COUNTY PARTNERS FOR YOUTH

EIN: 57-0628085

Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
HP LASERJET 1200PR	2003-02-28	423	423	200DB	5 000000000000	0	0	0	
DELL COMPUTER EQ	2003-03-21	1,664	1,664	200DB	5 000000000000	0	0	0	
ERF EQUIPMENT	2008-02-07	733	733	200DB	5 00000000000	0	0	0	
ERF EQUIPMENT	2008-02-05	896	896	200DB	5 000000000000	0	0	0	
HP PROBOOK NOTEBOOK	2011-01-06	455	428	200DB	5 000000000000	27	0	0	
VIEWSONIC PROJECTOR	2011-01-06	374	353	200DB	5 000000000000	21	0	0	
COMPUTER ACCESSORIES	2008-06-30	183	172	200DB	5 000000000000	11	0	11	
CC LAPTOP AND PRINTER	2008-06-30	1,510	1,510	200DB	5 000000000000	0	0	0	

DLN: 93491319008327

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319008327			
TY 2016 Investments Corporate Stock Schedule					

Name: LANCASTER COUNTY PARTNERS FOR YOUTH

EIN: 57-0628085		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESCO UNIT TRS UNIT 1714 UTILITY	256,603	256,603
JOHN HANCOCK FDS STRATEGIC INC.	1,349,129	1,349,129
LORD ABBETT SHORT DURATION	1,027,149	1,027,149
LORD ABBETT SHORT DURATION	173,872	173,872
VIRTUS MULTI-SECTOR SHORT TERM BONDS	967,214	967,214

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TY 2016 Land, Etc. Schedule

Name: LANCASTER COUNTY PARTNERS FOR YOUTH

EIN: 57-0628085				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
HP LASERJET 1200PR	423	423	0	0
DELL COMPUTER EQ	1,664	1,664	0	0
ERF EQUIPMENT	733	733	0	0
ERF EQUIPMENT	896	896	0	0
HP PROBOOK NOTEBOOK	455	455	0	0
VIEWSONIC PROJECTOR	374	374	0	0
COMPUTER ACCESSORIES	183	183	0	0
CC LAPTOP AND PRINTER	1,510	1,510	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491319008327		
TY 2016 Other Expenses Sche	edule			_		
Name: LANCASTER COUNTY PARTNERS FOR YOUTH						
EIN: 57-0628085						
Other Expenses Schedule						
Description Revenue and Expenses per Income Books Revenue and Expenses per Income Books Revenue and Expenses per Income Books Disbursements for Charitable Purposes						
OFFICE EXPENSE	10,359	0	0	0		
INSURANCE	1,528	0	0	0		

1,521

12,343

SUBSCRIPTIONS AND DUES

FUNDRAISING EXPENSE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319008327		
TY 2016 Other Increases Schedule					
Name:	LANCASTER C	OUNTY PARTNERS FOR YOUTH	I		
EIN: 57-0628085					
De	escription		Amount		
UNREALIZED GAIN ON INVESTMENTS			63,535		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491319008327	
TY 2016 Other Liabilities Sche	dule				
Name	LANCACTER	CUNTY DADT	NEDC FOR VOLUTIL		
name:	LANCASTER C	OUNIT PAKI	NERS FOR YOUTH		
EIN: 57-0628085					
EIN:	57-0628085				
EIN:	57-0628085				
EIN: Description			Beginning of Year	End of Year -	
			Beginning of Year - Book Value	End of Year - Book Value	

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Name: LANCASTER COUNTY PARTNERS FOR YOUTH EIN: 57-0628085						
TY 2016 Other Professional Fees Schedule						
efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491319008327		

98

Category	Amount	Net Investment Income	Adjusted Net Income	Disburse for Char Purpo

409

98

PUBLIC RELATIONS

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	Data - DLN: 93491319008327					
TY 2016 Taxes Schedule							
Name: LANCASTER COUNTY PARTNERS FOR YOUTH							
EI	N: 57-0628085	;					
Category							
Income Income for Charitable Purposes							
PAYROLL TAXES	4,955	0	0	0			

efile GRAPHIC print -	OO NOT PROCESS As Filed Data -		I	DLN: 93491319008327	
Schedule B (Form 990, 990-EZ,	Schedule of	Contributors	-	OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 99 Information about Schedule B (Form 990, www.irs.gd	990-EZ, or 990-PF) and its instructio	ns is at	2016	
Name of the organizat			Employer ide	entification number	
			57-0628085		
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	orm 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation				
•	ation filing Form 990, 990-EZ, or 990-PF that re r property) from any one contributor Complete		_	•	
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing Form 9509(a)(1) and 170(b)(1)(A)(vi), that checked Sc ny one contributor, during the year, total contrib ne 1h, or (ii) Form 990-EZ, line 1 Complete Pa	hedule A (Form 990 or 990-EZ), Pa outions of the greater of (1) \$5,000 o	art II, line 13,	16a, or 16b, and that	
during the year.	tion described in section 501(c)(7), (8), or (10) total contributions of more than \$1,000 exclusion the prevention of cruelty to children or animals	<i>vely</i> for religious, charitable, scienti			
during the year. If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) contributions <i>exclusively</i> for religious, charitable ked, enter here the total contributions that we complete any of the parts unless the General able, etc., contributions totaling \$5,000 or more	e, etc., purposes, but no such cont re received during the year for an e Rule applies to this organization be	ributions total exclusively rel ecause it rece	ed more than \$1,000 igious, charitable, etc , eved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/ t it must answer "No" on Part IV, line 2, of its F Form 990PF, Part I, line 2, to certify that it does	orm 990, or check the box on line H	of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		at No 30613X Schedul	e B (Form 990,	990-EZ, or 990-PF) (2016)	

Name of organization

Employer identification number

ANCASTER COUN	TY PARTNERS FOR YOUTH	57-0628085	
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF EDUCATION 550 12TH STREET SW ROOM 6087	# 550 007	Person Payroll
	WASHINGTON, DC20202	\$ 552,807	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LANCASTER COUNTY CLEMSON CLUB 2010 HAVENWOOD DRIVE	\$ 16,500	Person Payroll
	LANCASTER, SC29720	φ 10,500	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM BOAN 1301 GERVAIS STREET SUITE 1050	\$ 5,000	Person Payroll Noncash
	COLUMBIA, SC29201		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PO BOX 1007	\$ 9,500	Person Payroll Noncash
	CHARLOTTE, NC28202		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions) (d) Type of contribution
-		\$	Person Payroll Noncash
		Schodulo P /F	(Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization		Employer ident	ification number
LANCASTER COUNTY	AKTINEKS FOR TOOTH	57-0628085	
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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
(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) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organization LANCASTER COUNTY PARTNERS FOR YOUTH			Employer identification number 57-0628085
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I			
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)