

FORVIS, LLP  
500 RIDGEFIELD COURT  
ASHEVILLE, NC 28806

SCANSOURCE CHARITABLE FOUNDATION  
6 LOGUE CT.  
GREENVILLE, SC 29615



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CLIENT'S COPY



# FORVIS

May 9, 2023

ScanSource Charitable Foundation  
6 Logue CT.  
Greenville, SC 29615

Dear Shelley:

On behalf of our team at **FORVIS**, we would like to express our deepest gratitude for allowing us to assist you with your 2022 tax reporting needs. Our mission is to provide an **Unmatched Client Experience™** through an uncommon commitment to excellence. Enclosed you will find your completed 2022 tax returns.

Jurisdiction- Form	Filing Method	Refund/Balance Due	Amount
Federal Form 990-PF	E-File	NA	NA

#### Information Provided:

- **ACTION ITEMS:** The documents enclosed need to be signed and returned to FORVIS' office, or mailed to the appropriate taxing authority by May 15, 2023. If your returns are to be filed electronically, they will not be filed until the signed documents are received by our office.
- **2022 TAX RETURNS:** Included are copies of your returns and any supporting documents you may have furnished.

Your tax returns were prepared from information provided by you, without verification by FORVIS. Upon examination, taxing authorities may request additional information. FORVIS strongly recommends that you preserve all original source documents and other supporting information in the event of such requests. We also advise you to retain copies of your 2022 returns, indefinitely.

Please note that the tax advice FORVIS has provided above and within this package, in connection with the preparation of your U.S. federal tax return, is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service.

If you have further questions on any details contained in this letter, or on any other matter, please do not hesitate to contact us.

Warm Regards,

Amy Bibby  
FORVIS, LLP



# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

**FOR THE YEAR ENDING**

December 31, 2022

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**Prepared For:**

ScanSource Charitable Foundation  
6 Logue CT.  
Greenville, SC 29615

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**Prepared By:**

FORVIS, LLP  
500 Ridgefield Court  
Asheville, NC 28806

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**Amount Due or Refund:**

An overpayment of \$2,166. The entire overpayment has been applied to the estimated tax payments.

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**Make Check Payable To:**

No amount is due.

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

Please note that the Form 990-PF return contains excess distribution carryover of \$2,312,896. This may be applied to tax year 2023 and subsequent years.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SCANSOURCE CHARITABLE FOUNDATION EIN or SSN 57-1002959

Name and title of officer or person subject to tax TARISSA KNEZEVICH TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize FORVIS, LLP to enter my PIN 02959. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56926052977

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMY BIBBY Date 05/09/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

**2023**

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....		1	
2	Tax on the amount on line 1 .....		2	
3	Alternative minimum tax for trusts .....		3	
4	Total. Add lines 2 and 3 .....		4	
5	Estimated tax credits .....		5	
6	Subtract line 5 from line 4 .....		6	
7	Other taxes .....		7	
8	Total. Add lines 6 and 7 .....		8	
9	Credit for federal tax paid on fuels .....		9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a		
b	Enter the tax shown on the 2022 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	2,092.	
c	<b>2023 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	<b>ADJUSTED TO</b>		10c 2,120.

		(a)	(b)	(c)	(d)
11	Installment due dates .....	11 05/15/23	06/15/23	09/15/23	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d) .....	12 530.	530.	530.	530.
13	2022 Overpayment .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			

Form **990-W**

ESTIMATED TAX	2,120.
OVERPAYMENT APPLIED	2,166.
AMOUNT DUE	0.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Taxpayer identification number (TIN) <b>57-1002959</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6 LOGUE CT.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREENVILLE, SC 29615</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**TARISSA KNEZEVICH**

- The books are in the care of ▶ **6 LOGUE COURT - GREENVILLE, SC 29615**

Telephone No. ▶ **864-329-8288** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	2,092.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	4,260.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**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.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2022**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or tax year beginning , and ending

Name of foundation <b>SCANSOURCE CHARITABLE FOUNDATION</b>		<b>A Employer identification number</b> 57-1002959
Number and street (or P.O. box number if mail is not delivered to street address) <b>6 LOGUE CT.</b>	Room/suite	<b>B Telephone number</b> 864-286-4603
City or town, state or province, country, and ZIP or foreign postal code <b>GREENVILLE, SC 29615</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>4,686,137.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	225,269.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	110,493.	110,493.		<b>STATEMENT 1</b>
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	135,865.			
	<b>b</b> Gross sales price for all assets on line 6a .....	1,006,110.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		135,865.		
	<b>8</b> Net short-term capital gain .....			N/A	
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	471,627.	246,358.	0.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.	0.	0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....	STMT 2 9,350.	9,350.	0.	0.
	<b>c</b> Other professional fees .....	STMT 3 65,076.	63,274.	0.	1,802.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....	STMT 4 17,257.	0.	0.	0.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....	645.	0.	0.	0.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses .....	STMT 5 51,669.	23,263.	0.	28,380.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	143,997.	95,887.	0.	30,182.
	<b>25</b> Contributions, gifts, grants paid .....	354,667.			354,667.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	498,664.	95,887.	0.	384,849.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	-27,037.				
<b>b Net investment income</b> (if negative, enter -0-) .....		150,471.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	263,028.	308,756.	308,756.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 6	5,256,679.	4,377,381.	4,377,381.
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		5,519,707.	4,686,137.	4,686,137.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	5,519,707.	4,686,137.	
	29 Total net assets or fund balances	5,519,707.	4,686,137.	
30 Total liabilities and net assets/fund balances	5,519,707.	4,686,137.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	5,519,707.
2 Enter amount from Part I, line 27a	2	-27,037.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	5,492,670.
5 Decreases not included in line 2 (itemize) <b>UNREALIZED GAINS/LOSSES</b>	5	806,533.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	4,686,137.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES		01/01/22	12/31/22
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 994,189.		870,245.	123,944.
b 11,921.			11,921.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			123,944.
b			11,921.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	135,865.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	123,944.

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	2,092.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	2,092.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2,092.
6 Credits/Payments:		
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	4,260.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	4,260.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	2.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	2,166.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 2,166. Refunded	11	0.

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year? .....		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
b If "Yes," has it filed a tax return on Form 990-T for this year? .....		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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? .....	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>NONE</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	X	
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
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 .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address <u>WWW.SCANSOURCE.ORG</u>		
14 The books are in care of <u>TARISSA KNEZEVICH</u> Telephone no. <u>864-329-8288</u> Located at <u>6 LOGUE COURT, GREENVILLE, SC</u> ZIP+4 <u>29615</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ..... <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	15	N/A
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b. 'Yes' column is shaded. 'No' column has 'X' marks for 1a(1), 1a(2), 1a(3), 1a(4), 1a(5), 1a(6), 1d, 2a, 3a, 4a, 4b. 'N/A' is entered for 1b, 2b, 3b.

Form 990-PF (2022)

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. 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 VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.



**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	4,752,993.
b	Average of monthly cash balances .....	1b	271,939.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	5,024,932.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	5,024,932.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	75,374.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	4,949,558.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	247,478.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	247,478.
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	2,092.
b	Income tax for 2022. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	2,092.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	245,386.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	245,386.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	245,386.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	384,849.
b	Program-related investments - total from Part VIII-B .....	1b	0.
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:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	384,849.

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**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				245,386.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017	841,206.			
b From 2018	1,251,509.			
c From 2019	238,939.			
d From 2020	453,619.			
e From 2021	229,366.			
f Total of lines 3a through e	3,014,639.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$	384,849.			
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2022 distributable amount				245,386.
e Remaining amount distributed out of corpus	139,463.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	3,154,102.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0.
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)	0.			
8 Excess distributions carryover from 2017 not applied on line 5 or line 7	841,206.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	2,312,896.			
10 Analysis of line 9:				
a Excess from 2018	1,251,509.			
b Excess from 2019	238,939.			
c Excess from 2020	453,619.			
d Excess from 2021	229,366.			
e Excess from 2022	139,463.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling \_\_\_\_\_

**b** Check box to indicate whether the foundation is a private operating foundation described in section \_\_\_\_\_  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
<b>b</b> 85% (0.85) of line 2a _____					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed _____					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities _____					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets _____					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
<b>(3)</b> Largest amount of support from an exempt organization _____					
<b>(4)</b> Gross investment income _____					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 8**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

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

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MILL VILLAGE FARMS 2801 PELHAM ROAD GREENVILLE, SC 29615	NONE	PC	COMMUNITY OUTREACH	100,000.
UPSTATE CIRCLE OF FRIENDS 29 RIDGEWAY DR GREENVILLE, SC 29605	NONE	PC	FAMILY ASSISTANCE	20,000.
BUILD CAROLINA 411 UNIVERSITY RIDGE, SUITE 235 GREENVILLE, SC 29601	NONE	PC	COMMUNITY OUTREACH	13,000.
HANNA BOYS CENTER 17000 ARNOLD DRIVE SONOMA, CA 95476	NONE	PC	COMMUNITY OUTREACH	10,000.
CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIR ANDERSON, SC 29621	NONE	PC	COMMUNITY OUTREACH	10,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>354,667.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				
				0.

**Part XV-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....			14	110,493.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....					
8 Gain or (loss) from sales of assets other than inventory .....			18	135,865.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		246,358.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....					13 246,358.

(See worksheet in line 13 instructions to verify calculations.)

**Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1c regarding transfers and transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content is N/A.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content is N/A.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Date Title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's address Firm's EIN Phone no.

May the IRS discuss this return with the preparer shown below? See instr. Yes No

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SWITCH PO BOX 5394 GREENVILLE, SC 29606	NONE	PC	COMMUNITY OUTREACH	10,000.
RONALD MCDONALD HOUSE CHARITIES OF THE CAROLINAS 706 GROVE RD GREENVILLE, SC 29605	NONE	PC	FAMILY ASSISTANCE	10,000.
UNITED MINISTRIES 606 PENDLETON ST GREENVILLE, SC 29601	NONE	PC	FELLOSHIPS	8,000.
PROJECT HOST PO BOX 345 GREENVILLE, SC 29602	NONE	PC	COMMUNITY OUTREACH	8,000.
JULIE VALENTINE CENTER 2905 WHITE HORSE ROAD GREENVILLE, SC 29611	NONE	PC	FAMILY ASSISTANCE	8,000.
MAKE-A-WISH SOUTH CAROLINA 225 S PLEASANTBURG DR C17 GREENVILLE, SC 29607	NONE	PC	FAMILY ASSISTANCE	7,500.
MULTIPLYING GOOD 348 WEST 57TH STREET, SUITE 115 NEW YORK, NY 10019	NONE	PC	COMMUNITY OUTREACH	7,500.
CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302	NONE	PC	EDUCATIONAL ASSISTANCE	5,900.
SC SCHOOL FOR THE DEAF AND BLIND FOUNDATION 355 CEDAR SPRINGS RD SPARTANBURG, SC 29302	NONE	PF	EDUCATIONAL ASSISTANCE	5,500.
TELECOM FOR CHANGE 20827 N. CAVE CREEK RD. SUITE 104 PHOENIX, AZ 85024	NONE	PC	COMMUNITY OUTREACH	5,106.
<b>Total from continuation sheets</b>				<b>201,667.</b>

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAVOR GREENVILLE 355 WOODRUFF RD #303 GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	5,000.
ANGEL FLIGHT SOARS INC 2000 AIRPORT ROAD, SUITE 227, ATLANTA, GA, 30341 ATLANTA, GA 30341	NONE	PC	FAMILY ASSISTANCE	5,000.
UPCOUNTRY HISTORY MUSEUM 540 BUNCOMBE ST GREENVILLE, SC 29601	NONE	PC	COMMUNITY OUTREACH	5,000.
PENDLETON PLACE 1133 PENDLETON ST GREENVILLE, SC 29601	NONE	PC	FAMILY ASSISTANCE	5,000.
CHILDREN'S MUSEUM OF THE UPSTATE 300 COLLEGE STREET GREENVILLE, SC 29601	NONE	PC	COMMUNITY OUTREACH	5,000.
CORTNEY'S PLACE 7000 E. SHEA BLVD. SUITE 1430 SCOTTSDALE, AZ 85254	NONE	PC	COMMUNITY OUTREACH	5,000.
FOOTHILLS ALLIANCE 216 EAST CALHOUN STREET ANDERSON, SC 29621	NONE	PC	FAMILY ASSISTANCE	5,000.
SPARTANBURG METHODIST COLLEGE 1750 POWELL MILL ROAD SPARTANBURG, SC 29301	NONE	PC	COMMUNITY OUTREACH	5,000.
HOMES OF HOPE 227 GRANITE RUN DR., STE 250 LANCASTER, PA 17601	NONE	PC	COMMUNITY OUTREACH	5,000.
SERVANTS FOR SIGHT PO BOX 2122 GREENVILLE, SC 29602	NONE	PC	FAMILY ASSISTANCE	5,000.
<b>Total from continuation sheets</b>				



**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
S.C. GOVERNOR'S SCHOOL FOR SCIENCE & MATH FOUNDATION 1122 LADY ST SUITE 700 COLUMBIA, SC 29201	NONE	PC	EDUCATIONAL ASSISTANCE	5,000.
JASMINE ROAD, INC. P.O. BOX 25452 GREENVILLE, SC 29609	NONE	PC	COMMUNITY OUTREACH	5,000.
ROPER MOUNTAIN SCIENCE CENTER 402 ROPER MOUNTAIN RD GREENVILLE, SC 29615	NONE	PC	EDUCATIONAL ASSISTANCE	5,000.
MOSAIC EDUCATIONAL & ARTS PROGRAM 7 SHANNON DRIVE GREENVILLE, SC 29615	NONE	PC	FAMILY ASSISTANCE	4,500.
PRISMA HEALTH 701 GROVE RD, GREENVILLE, SC 29605	NONE	PC	FAMILY ASSISTANCE	4,366.
SPECIALIZED ALT. FOR FAMILIES & YOUTH-SC 4925 LACROSS ROAD, SUITE 111 NOTH CHARLESTON, SC 29406	NONE	PC	COMMUNITY OUTREACH	4,000.
PUBLIC EDUCATION PARTNERS 225 S PLEASANTBURG DR, SUITE E6 GREENVILLE, SC 29607	NONE	PC	EDUCATIONAL ASSISTANCE	4,000.
GIRLUP GVL 2121 ANDERSON RD GREENVILLE, SC 29611	NONE	PC	COMMUNITY OUTREACH	3,025.
GREER RELIEF AND RESOURCES AGENCY 202 VICTORIA ST GREER, SC 29651	NONE	PC	FAMILY ASSISTANCE	3,000.
TRAVELERS REST UNITED METHODIST CHURCH 19 SOUTH MAIN STREET TRAVELERS REST, SC 29690	NONE	PC	COMMUNITY OUTREACH	3,000.
<b>Total from continuation sheets</b> .....				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAKES & BRIDGES CHARTER SCHOOL 1600 E MAIN ST EASLEY, SC 29640	NONE	PC	EDUCATIONAL ASSISTANCE	2,500.
MEALS ON WHEELS 15 OREGON STREET GREENVILLE, SC 29605	NONE	PC	COMMUNITY OUTREACH	2,500.
HISPANIC ALLIANCE 225 S PLEASANTBURG DR GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	2,500.
HABITAT FOR HUMANITY OF GREENVILLE COUNTY P.O. BOX 1206 GREENVILLE, SC 29615	NONE	POF	FAMILY ASSISTANCE	2,500.
GLOW LYRIC THEATRE 22 STONEBURY DRIVE SIMPSONVILLE, SC 29680	NONE	PC	COMMUNITY OUTREACH	2,500.
GABRIEL'S ANGELS 727 E. BETHANY HOME ROAD SUITE C-100 PHOENIX, AZ 85014	NONE	PC	COMMUNITY OUTREACH	2,500.
UPSTATE CAROLINA ADAPTIVE GOLF 25 LOUISE AVENUE GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	2,500.
LEAD COLLECTIVE 1220 LAURENS RD GREENVILLE, SC 29607	NONE	PC	COMMUNITY OUTREACH	2,000.
BEST BUDDIES INTERNATIONAL 100 SOUTHEAST SECOND STREET, SUITE 2200 MIAMI, FL 33131	NONE	PC	COMMUNITY OUTREACH	2,000.
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS 900 S. PINE STREET SUITE F SPARTANBURG, SC 29302	NONE	PC	FAMILY ASSISTANCE	2,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KIDS IN FOCUS 3104 E CAMELBACK RD #831 PHOENIX, AZ 85016	NONE	PC	COMMUNITY OUTREACH	2,000.
STRIDES 109 NEW PERRY RD GREENVILLE, SC 29617	NONE	PC	EDUCATIONAL ASSISTANCE	2,000.
GENERATIONS GROUP HOME PO BOX 80009 SIMPSONVILLE, SC 29680	NONE	PC	COMMUNITY OUTREACH	1,500.
THE SALVATION ARMY 417 RUTHERFORD STREET GREENVILLE, SC 29609	NONE	PC	FAMILY ASSISTANCE	1,400.
CALGARY FOOD BANK 5020 12A STREET SE CALGARY, CANADA T2G 5K9	NONE	PC	COMMUNITY OUTREACH	1,179.
ARIZONA CHILDREN'S ASSOCIATION 3636 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85012	NONE	PC	COMMUNITY OUTREACH	631.
HARVEST HOPE 1800 BREWTON DR CHARLOTTE, NC 28206	NONE	PC	COMMUNITY OUTREACH	560.
CITY UNION MISSION 1100 EAST 11TH STREET KANSAS CITY, MO 64106	NONE	PC	COMMUNITY OUTREACH	500.
CHILDREN'S ATTENTION HOME 1149 EDMONT AVE ROCK HILLE, SC 29730	NONE	PC	COMMUNITY OUTREACH	2,000.
<b>Total from continuation sheets</b> .....				

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

SCANSOURCE CHARITABLE FOUNDATION

Employer identification number

57-1002959

Organization type (check one):

**Filers of:**

**Section:**

Form 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number  <b>57-1002959</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCANSOURCE PR MATCH  6 LOGUE COURT  GREENVILLE, SC 29615	\$ 57,350.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCANSOURCE EMPLOYEES - PR WH  6 LOGUE COURT  GREENVILLE, SC 29615	\$ 57,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number  <b>57-1002959</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number  <b>57-1002959</b>
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**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 info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

**2022**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>SCANSOURCE CHARITABLE FOUNDATION</b>	Employer identification number <b>57-1002959</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		1	2,092.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b		
c Credit for federal tax paid on fuels (see instructions) .....	2c		
d Total. Add lines 2a through 2c .....	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3		2,092.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4		4,209.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5		2,092.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	05/15/22	06/15/22	09/15/22	12/15/22
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	523.	523.	523.	523.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11		2,130.		2,130.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12			1,084.	561.
13 Add lines 11 and 12 .....	13		2,130.	1,084.	2,691.
14 Add amounts on lines 16 and 17 of the preceding column .....	14		523.		
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	1,607.	1,084.	2,691.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	523.			
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18		1,084.	561.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			<b>2.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.





## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK SERVICE CHARGES	73.	73.	0.	0.
OFFICE SUPPLIES	23,190.	23,190.	0.	0.
COAT PROJECT	15,000.	0.	0.	15,000.
OTHER PROGRAM EXPENSES	11,507.	0.	0.	11,481.
MISCELLANEOUS	1,899.	0.	0.	1,899.
TO FORM 990-PF, PG 1, LN 23	51,669.	23,263.	0.	28,380.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 6

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH #726-04204 - CASH HOLDING FUNDS	FMV	4,911.	4,911.
MERRILL LYNCH #726-04204 - GOVERNMENT SECURITIES	FMV	215,449.	215,449.
MERRILL LYNCH #726-04204 - CORPORATE BONDS	FMV	92,847.	92,847.
MERRILL LYNCH #726-04204 - MUTUAL FUNDS/CEF/UIT	FMV	103,893.	103,893.
MERRILL LYNCH #726-04204 - ESTIMATED ACCRUED INTEREST	FMV	1,881.	1,881.
MERRILL LYNCH #726-04205 - CASH HOLDING FUNDS	FMV	21,301.	21,301.
MERRILL LYNCH #726-04205 - EQUITIES	FMV	2,014,835.	2,014,835.
MERRILL LYNCH #726-04206 - CASH HOLDING FUNDS	FMV	23,012.	23,012.
MERRILL LYNCH #726-04206 - MUTUAL FUNDS/CEF/UIT	FMV	1,403,193.	1,403,193.
MERRILL LYNCH #726-04206 - ALTERNATIVE INVESTMENTS	FMV	496,059.	496,059.
TOTAL TO FORM 990-PF, PART II, LINE 13		4,377,381.	4,377,381.

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSLYN ROZEMA 6 LOGUE CT GREENVILLE, SC 29615	PRESIDENT 8.00	0.	0.	0.
HASSIE DEMUTH 6 LOGUE CT GREENVILLE, SC 29615	VICE PRESIDENT 6.00	0.	0.	0.
JILL KREMER 6 LOGUE CT GREENVILLE, SC 29615	SECRETARY 4.00	0.	0.	0.
TARISSA KNEZEVICH 6 LOGUE CT GREENVILLE, SC 29615	TREASURER 4.00	0.	0.	0.
ABIGAIL DORMAN 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
FRANCISCO MENDEZ 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
SAVANNAH SEEGARS-HARRIS 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
ANTHONY SORBIN 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
CHASEN RODGERS 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.
MEGHAN BLEVINS 6 LOGUE CT GREENVILLE, SC 29615	BOARD MEMBER 1.00	0.	0.	0.

SCANSOURCE CHARITABLE FOUNDATION

57-1002959

PAULA OZMINT  
6 LOGUE CT  
GREENVILLE, SC 29615

BOARD MEMBER  
1.00

0.

0.

0.

TIM TOTTON  
6 LOGUE CT  
GREENVILLE, SC 29615

BOARD MEMBER  
1.00

0.

0.

0.

VIRGINIA CEBE  
6 LOGUE CT  
GREENVILLE, SC 29615

EXECUTIVE DIRECTOR THRU MAY  
20.00

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

0.

0.

0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XIV, LINES 2A THROUGH 2D

STATEMENT 8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOSLYN ROZEMA  
6 LOGUE COURT  
GREENVILLE, SC 29615

TELEPHONE NUMBER

864-286-8257

FORM AND CONTENT OF APPLICATIONS

SCANSOURCE CHARITABLE FOUNDATION REQUEST FOR FUNDING - INCLUDE ADDITIONAL  
INFO AS NEEDED

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE NEED MUST BE FOR AN AREA IN WHICH A SCANSOURCE OFFICE IS LOCATED