OMB	No.	1545-0047

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The organization may have to use a copy of this return to satisfy state report, requirements. Utspection For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012 Pare 4 styletet C Name of organization TURNAN UNIVERSITY FOUNDATION INC. D Employer identification number Number and street (or P.0. tox I mail is not delevered to street address) Room/suite E Telephone number Number and street (or P.0. tox I mail is not delevered to street address) Room/suite E Greens reaches \$ Number and street (or P.0. tox I mail is not delevered to street address) Room/suite E Greens reaches \$ Number and street (or P.0. tox I mail is not delevered to street address) Room/suite E Greens reaches \$ 87.6,7 Tare exempt struct X 500 (c)(X) 501(c)(X) (meet no.) 4947(a)(1) or \$ \$ 100 or organization Yes [100 or organization 100 organization 100 organization 100 organization <t< th=""><th>partment of the Tr</th><th>Under sec</th><th>eturn of Organizati ation 501(c), 527, or 4947(a) benefit tru</th><th></th><th>- rnal Revenue</th><th></th><th></th><th>9</th><th>2011 en to Pu</th></t<>	partment of the Tr	Under sec	eturn of Organizati ation 501(c), 527, or 4947(a) benefit tru		- rnal Revenue			9	2011 en to Pu
Prevent is stated: C Hame of regenciation FURMAIN UNIVERSITY FOUNDATION INC. D Employer identification number Advances FURMAIN UNIVERSITY FOUNDATION INC. D Employer identification number Turninated Number and street (or P.D. box If mail is not delivered to street address) Room/suite E Telephone number Turninated City or town, state or country, and ZIP + 4 (864) 294 - 2141 G Gross neoptits \$ 876, 7. Turninated File State: segment attract: None and attracts of principal officer: MARY LOU MERKT High is this segment inform Ves. [2 Tax-exempt status: X 10010(3) 5010(c) Insection 4947(a)(1) or 527 High is this segment inform Ves. [2 Tax-exempt status: X 10010(2) S0(c) Insection 4947(a)(1) or 107 Ves. [2 High is this segment inform Ves. [2 Tax-exempt status: X 10010(2) S0(c) Insection 4947(a)(1) or 107 107 Ves. [2 High is this segment inform Ves. [2 Tax-exempt status: X 10010(2) Total (1) A sociation Other L Yes of formation: 1997] M State of legad admicle. This figure status: X 10010(2) Total (1) Number of no	ernal Revenue Ser	vice The	°,	.,	,	•	rting requirements.	In	spection
Provide structure FURMAN_UNIVERSITY FOUNDATION_INC. 57-1061363 Name stage FURMAN_UNIVERSITY FOUNDATION_INC. 57-1061363 Name stage Signification controls Cong Business As Text-add 3300 POINSETT HIGHWAY (864) 294-2141 City or town, state or county, and ZiP + 4 (864) 294-2141 Text-add G Gross receipts \$ 876, 2 Address of principal officer: MARY LOU MERKT H(9) is this agrow network of the second state at due to mature in the mature in the second state at due to mature in the second state at due to mature in the second state at due to mature in the second state in the due to the mature in the	For the 201	1 calendar year, or ta	ax year beginning	07/01 ,20)11, and end	ling	06/	/30,20) ₁₂
Address FORMAN UNIVERSITY FOUNDATION INC. 57-1061363 Marker ower Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Institution 3300 POINSETT HIGHWAY (B 64) 294-2141 (B 64) 294-2141 Amended Address of principal officer: MARY LOU MERKT H(a) is the group return for		C Name of organization					D Employer identifica	ation num	ıber
accept Instruct eterm During balances As Diff Diff Diff Diff Instruct eterm 3300 POINSETT HIGHWAY (864) 294-2141 Instruct eterm Gross necepts \$ 876,7 Instruct eterm Sign PoinsetT HIGHWAY (864) 294-2141 Instruct eterm Gross necepts \$ 876,7 Instruct eterm Sign PoinsetT HIGHWAY (GREENVILLE, SC 29613 H0) Areal affects agreen eterms for Ves Tax exempt status: X 501(c)(3) 501(c)(1) (inset no.) 4947(a)(1) or 527 Tax exempt status: X 501(c)(3) 501(c)(1) (inset no.) 4947(a)(1) or 527 The field describe the organization's mission or most significant activities: TH (b) Areal affects agreen eterms H0) Areal affects agreen eterms THE FURMAN UNIVERSITY FOUNDATION ACCEPTS GIFTS OF REAL ESTATE AND FURCHASES AND HOLDS REAL ESTATE FOR THE EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY FOUNDATION ACCEPTS GIFTS OF REAL ESTATE AND FURCHASES AND HOLDS REAL ESTATE FOR THE EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY, AN EDUCATIONAL ORGANIZATION. 3 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of volumers of the governing body (Part VI, line 1a) 3 4 5 5 Total number of volumeres of	_	FURMAN UNIVER	RSITY FOUNDATION INC	с.					
International relation 3300 POINSETT HIGHWAY (864) 294-2141 Termination City or town, state or country, and ZP + 4 G Gross receipts \$ 876, 2 Amenetic									
Translated Hanno	Name change	Number and street (or F	P.O. box if mail is not delivered to stree	et address)	Room/suite	э	E Telephone number		
Account GREENVILLE, SC 29613 G Gross receipts \$ 876,7 F Name and address of principal officer: MARY LOU MERKT H(a) Is this a group return for Yes 2 Tax-example status: X 300 POINSETT HIGHWAY GREENVILLE, SC 29613 H(b) Ke and and dress of principal officer: (mark no.) 4947(a)(1) or 527 Tax-example status: X 50(c)(3) 50(c)(.) (mset no.) 4947(a)(1) or 527 Torm of organization: X Corporation Trust Association Other ▶ L Year of formation: Yea 1 The FURMAN UNIVERSITY FOUNDATION ACCEPTS GIFTS OF REAL ESTATE AND PURCHASES AND HOLDS REAL ESTATE FOR THE EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY, AN EDUCATIONAL ORGANIZATION. 2 Check this box ▶ If the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2011 (Part VI, line 1a). 4 4 4 Number of individuals employed in calendar year 2011 (Part VI, line 1a). 5 5 6 Total number of individuals employed in calendar year 2011 (Part VI, line 1a). 7a 7a 7 total number of individuals employed in calendar year 2011 (Part VI, line 1a). 7a 7a 7 total number of individuals employed in caleandar year 2011 (Part VI, line 1a). 7	Initial return						(864) 294-21	141	
International of the second secon		City or town, state or cou	untry, and ZIP + 4						
3300 POINSETT HIGHWAY GREENVILLE, SC 29613 Hb Area all affiliates included? Yes Tax-exempt status: X 501(c)(3) 501(c)(1) (inset no.) 4947(a)(1) or 527 Website: N/A High Area all affiliates included? Yes High Area all affiliates included? Yes Form of organization: X Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile: THE FURNAN UNIVERSITY FOUNDATION ACCEPTS GIFTS OF REAL ESTATE AND FURCHASES AND HOLDS REAL ESTATE FOR THE EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY, AN EDUCATIONAL ORGANIZATION. 2 Check this box ► if the organization discontinue dis operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2011 (Part V, line 1a) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 5 Total number of volunteer (estimate if necessary) 6 6 6 7a Total organization (A), lines 3, 4, and 70) 134, 719. 194, 7 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 134, 719. 194, 7 11 Other e	return								
Tax-exempt status: X 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) Website: N N/A H(C) Group exemption number H(C) Form of organization: X Corporation Tust Association Other L Year of formation: 1997 M State of legal domicile: THE FURMAN UNIVERSITY FOUNDATION ACCEPTS GIFTS OF FEAL ESTATE AND PURCHASES AND HOLDS REAL ESTATE FOR THE EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY AN EDUCATIONAL ORGANIZATION 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 4 4 Number of individuals employed in calendar year 2011 (Part V, line 2a) 5 5 5 6 Total number of othoreser (setting the necessary) 7a 6 7a 6 7a 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year 6 6 6 6 6 6 7a 6 7		F Name and address	of principal officer: MARY LOU	U MERKT			H(a) Is this a group return affiliates?	n for	Yes
Website: N/A H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1.937 M State of legal domicile: TI Summary 1 Briefly describe the organization's mission or most significant activities:		· · · ·	I HIGHWAY GREENVILLE	E, SC 2961	3		H(b) Are all affiliates inclu	Jded?	Yes
Form of organization: X Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile: ITI Summary 1 Briefly describe the organization's mission or most significant activities:	Tax-exempt s	atus: X 501(c)(3)	501(c) () ◀ (insert no	o.) 4947(a)	(1) or 5	527	If "No," attach a list.	(see instruc	ctions)
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art II Signature Block	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Bener 15 Salar 16a Profe b Total 17 Other 18 Total 19 Revent	tment income (Part VIII, revenue (Part VIII, colur revenue - add lines 8 thr is and similar amounts pa fits paid to or for member ies, other compensation, ssional fundraising fees (fundraising expenses (Part expenses (Part IX, colur expenses. Add lines 13- nue less expenses. Subtr assets (Part X, line 16) liabilities (Part X, line 26)	t VIII, line 2g) column (A), lines 3, 4, and 7d) imn (A), lines 5, 6d, 8c, 9c, 10c, a irough 11 (must equal Part VIII, c aid (Part IX, column (A), lines 1-3 irs (Part IX, column (A), line 4) , employee benefits (Part IX, colu (Part IX, column (A), line 11e) art IX, column (D), line 25) ▶ mn (A), lines 11a-11d, 11f-24f) -17 (must equal Part IX, column (iract line 18 from line 12	(A), line 25)	2) 2)		0 -4,592. 134,719. 810,127. 0 0 0 403,401. 403,401. 403,401. 406,726. ing of Current Year 6,816,455. 1,124,845.	– End 8, 2,	194, ' -34, (124, 9 63, 4 188, (-222, 2 dof Year , 693, (, 654, 9
der 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 t	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Bener 15 Salar 16a Profe b Total 17 Other 18 Total 19 Revent	tment income (Part VIII, revenue (Part VIII, colur revenue - add lines 8 thr is and similar amounts pa fits paid to or for member ies, other compensation, ssional fundraising fees (fundraising expenses (Part expenses (Part IX, colur expenses. Add lines 13- nue less expenses. Subtr assets (Part X, line 16) liabilities (Part X, line 26)	t VIII, line 2g) column (A), lines 3, 4, and 7d) imn (A), lines 5, 6d, 8c, 9c, 10c, a irough 11 (must equal Part VIII, c aid (Part IX, column (A), lines 1-3 irs (Part IX, column (A), line 4) , employee benefits (Part IX, colu (Part IX, column (A), line 11e) art IX, column (D), line 25) ▶ mn (A), lines 11a-11d, 11f-24f) -17 (must equal Part IX, column (iract line 18 from line 12	(A), line 25)	2) 2)		0 -4,592. 134,719. 810,127. 0 0 0 403,401. 403,401. 403,401. 406,726. ing of Current Year 6,816,455. 1,124,845.	– End 8, 2,	194, ' -34, (124, 9 63, 4 188, (-222, 2 dof Year , 693, (, 654, 9

	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN					
Paid				self- employed	P00389595					
Preparer Use Only	Firm's name CHERRY BEKAER'		EIN ► 56-0	574444						
	Firm's address ► GREENVILLE,	SC 29601		Phone no. 🕨						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
For Panel	For Paperwork Poduction Act Notice, son the senarate instructions									

FURMAN UNIVERSITY FOUN	IDATION	INC.
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For	n 990 (2011) FORMAN UNIVERSITY FOUNDATION INC. 57-1061565 Page 2
-	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	THE FOUNDATION OPERATES AS A PERMANENT FOUNDATION TO ACCEPT GIFTS
	OF REAL ESTATE AND PURCHASES AND HOLDS REAL ESTATE FOR THE
	EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY. THE MAIN SOURCES OF REVENUE FOR THE FOUNDATION ARE LAND DONATIONS AND RENTAL
	INCOME. FOR THE TAX YEAR ENDED JUNE 30, 2012, THE FOUNDATION DID
	NOT RECEIVE ANY REAL ESTATE DONATIONS. THE FOUNDATION RENTS
	RESIDENTAL PROPERTY UNDER MONTH TO MONTH AND ANNUAL AGREEMENTS AND
	INCURS EXPENSES SUCH AS DEPRECIATION, MAINTENANCE AND REPAIRS, AND
	OTHER OPERATING EXPENSES, AS NEEDED, ON THESE RENTAL PROPERTIES.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$) THE CASH RECEIVED FROM THE SALE OF A PROPERTY DONATED TO THE
	FOUNDATION WAS TRANSFERRED TO FURMAN UNIVERSITY TO HELP FUND
	IMPROVEMENTS TO THE BASEBALL FACILITY PER THE DONOR'S
	INSTRUCTIONS.
4.0	
4 C	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 154,260.

FURMAN UNIVERSITY FOUNDATION INC.

Form 9	990 (2011)			Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
. – .	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19		Х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
∠∪a		Lua		- 23

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 9	990 (2011)		ł	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		Х
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
Ň	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part N</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			3.7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note , All Form 990 filers are required to complete Schedule O.	20		Х
	19 (NOLE, ALL FOLLI 990 THEIS ALE LEQUILED TO COLLIDELE SCHEDULE O.	30		~~

Form 990 (2011)

FURMAN UNIVERSITY FOUNDATION INC.

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h	account)? If "Yes," enter the name of the foreign country: ►	Ψa		21
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Uu	organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		~ ~ ~

Form 990 (2011)

Form 9	90 (2011) FURMAN UNIVERSITY FOUNDATION INC. 57-1061	.363		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	elow, es in	and Sch	for a edule
	Check if Schedule O contains a response to any question in this Part VI			Χ
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
_	stockholders, or persons other than the governing body?	7b		A
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
	The governing body?	8a 85	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0-		х
	with a taxable entity during the year?	<u>16a</u>		Δ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Secti	on C. Disclosure	100		L
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			
10	Section on the requires an organization to make its rorms 1023 (OF 1024 if applicable), 330, and 330-1 (Section 3	01(0)	ບອງຮັບ	. ny)

- Own website X Another's website X Upon request
- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20
 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ LINDA SARRATT 3300 POINSETT HIGHWAY GREENVILLE, SC 29613

 JSA
 F

Page **7**

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(1) W. LINDSAY SMITH PRESIDENT	0	X		X				0	0	0
(2) MARY LOU MERKT SECRETARY/TREASURER	0	X		X				0		44,813.
(3) L. STEWART SPINKS VICE PRESIDENT	0	X		Х				0	0	0
J. EARLE FURMAN BOARD MEMBER	0	Х						0	0	0
(5) WILLIAM R. TIMMONS III BOARD MEMBER	0	Х						0	0	0
(6)										
(7)										
(8)	-									
(9) 										
(10)										
(12)										
(13)										

Page	8
I aye	•

Form 990 (2011)													je 8
Part VII Sec	ction A. Officers, Directors, Tru		ey En	nplo			and H	ligl			yees (co		
	(A) Name and title	(B) Average hours per week	Average Position Reportable Report		on from	on from amount of							
		(describe hours for related organizations in Schedule O)					or/tru Highest compensated employee		(W-2/1099-MISC)	organiza (W-2/1099	tions	compensation from the organization and related organizations	
		-											
		-											
		-											
		_											
		_											
		_											
		_											
		-											
		-											
		-											
		_											
1b Sub-total c Total from	continuation sheets to Part VII, S				••	•••	•••	•	0		,045. 0	44,81	<u>3.</u> 0
d Total (add	lines 1b and 1c)					•••			0		,045.	44,81	3.
	er of individuals (including but not compensation from the organization			liste	ed a	bove	e) who	o re	ceived more than	\$100,000	of		
	rganization list any former offic		or or	tri	iste		kev e	mn	lovee or highes	compens	ated	Yes N	10
	in line 1a? If "Yes," complete Sched											3	Х
4 For any incorrection	dividual listed on line 1a, is the s n and related organizations gro	sum of rep eater than	oortab \$15	ole (50,0	com	ipen ? If	isatioi "Yes	n ar s," (nd other compens complete Schedu	ation from	the such		
												4 X	_
for services	rson listed on line 1a receive or rendered to the organization? If "Ye											5	X
1 Complete tl	ependent Contractors his table for your five highest com ion from the organization. Report c												
	(A) Name and business add	dress							(B) Description of se	rvices	Co	(C) ompensation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Form 990 (2011)

FURMAN UNIVERSITY FOUNDATION INC.

Par	t VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1b					
ilar,	d	Related organizations						
Sim,	е	Government grants (contribu	itions) 1e					
her	f	All other contributions, gifts, grar						
dd	-	and similar amounts not included						
a C	g h	Noncash contributions included Total. Add lines 1a-1f			0			
nue				Business Code				
Program Service Revenue	2a							
S R	b							
ezio	С							
ы Б	d							
graı	e f	All other program service rev	(00)10					
Pro	g	Total. Add lines 2a-2f			0			
	3	Investment income (includin						
		other similar amounts)			13,276.			13,276
	4	Income from investment of			0			
	5	Royalties	(i) Real	► (ii) Personal	0			
	•							
	6a b	Gross rents	149,052. 4,894.					
	c	Rental income or (loss)	144,158.					
	d	Net rental income or (loss) .			144,158.			144,158
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		663,346.				
	b	Less: cost or other basis						
		and sales expenses		905,477. -242,131.				
	c d	Gain or (loss)			-242,131.			-242,131
e	8a	Gross income from fundra			, , , ,			
Other Revenue		events (not including \$	-					
Š		of contributions reported on	line 1c).					
يد بر		See Part IV, line 18						
the		Less: direct expenses Net income or (loss) from fu			0			
0		Gross income from gaming a			0			
	Ja	See Part IV, line 19						
		Less: direct expenses	b					
		Net income or (loss) from ga		▶	0			
		Gross sales of invent returns and allowances	a					
		Less: cost of goods sold Net income or (loss) from sa			0			
		Miscellaneous Reven	lue	Business Code	0			
	11a				50,609.			50,609.
	b							
	С			T				
	d	All other revenue						
		Total. Add lines 11a-11d			50,609.			
	12	Total revenue. See instruction	ons		-34,088.			-34,088

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	124,588.	124,588.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and	0			
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section	0			
0	401(k) and 403(b) employer contributions)	0			
9 ^	Other employee benefits	0			
0 1	Payroll taxes	0			
1 2	Fees for services (non-employees): Management	n			
		32,735.		32,735.	
	Accounting	0		02,7000	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other	113.		113.	
2	Advertising and promotion	0			
3	Office expenses	0			
4	Information technology	0			
5	Royalties	0			
6	Occupancy	10,654.	10,654.		
7	Travel	0			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	0			
0	Interest	0			
1	Payments to affiliates	0	10.515		
2	Depreciation, depletion, and amortization	10,745.	10,745.		
3	Insurance	0			
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	REPAIRS & MAINTENANCE	6,857.	6,857.		
_	NON-CAPITAL_FURNITURE/EQUIPM _	1,416.	1,416.		
		697.	±, ±, ±, ±, 0,	697.	
		239.		239.	
	All other expenses	200.		200.	
	Total functional expenses. Add lines 1 through 24e	188,044.	154,260.	33,784.	
6					
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0			
S۵					

Part	Balance Sheet			Page 11
r art z		(A) Beginning of year		(B) End of year
1		16,494.	1	606,470.
	Savings and temporary cash investments	0	2	С
3		0	3	C
4		4,563,474.	4	5,448,550.
	employees, and highest compensated employees. Complete Part II of			
		0	5	(
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary	0	6	ſ
<u>د</u> 1	employees' beneficiary organizations (see instructions)	0	•	45.000
ssets		8		45,000.
∢∣`	· · · · · · · · · · · · · · · · · · ·	0	-	(
5		0	9	(
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 2,684,404.			
	b Less: accumulated depreciation 10b 90, 736.	2,236,487.		2,593,668.
11			11	(
12			12	(
13			13	(
14			14	(
15	Other assets. See Part IV, line 11		15	(
16		6,816,455.		8,693,688.
17	· · · · · · · · · · · · · · · · · · ·	651.	17	18,394.
18	Grants payable		18	(
19			19	(
20			20	(
ဖ္မွ 21		0	21	(
Ē 22	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	0	22	(
23		0	23	(
24		0	24	(
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,124,194.	25	2,636,159.
26		1,124,845.	26	2,654,553.
es	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ũ 27		4,629,298.	27	5,396,894.
28 28	· · · · · · · · · · · · · · · · · · ·	1,062,312.	28	642,241.
29		0	29	(
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
र्थ 30			30	
tes 31			31	
SA 32			32	
Net 33		5,691,610.	33	6,039,135.
2 34	Total liabilities and net assets/fund balances	6,816,455.	34	8,693,688.
		0,010,100,	J +	Form 990 (2011)

Form **990** (2011)

Form 990 (2011) Part X Balan

FURMAN UNIVERSITY FOUNDATION INC.

57-1061363

For	n 990 (2011)			Pa	age 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-34,	088.
2	Total expenses (must equal Part IX, column (A), line 25)	2		188,04	
3	Revenue less expenses. Subtract line 2 from line 1	3		-222,132	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,	5,691,610.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		569,	657.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	6,	039,	135.
Pa	art XII Financial Statements and Reporting	-11			
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in		
_	Schedule O.				
2a	· · · · · · · · · · · · · · · · · · ·		2a		X
b				X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			x	
	of the audit, review, or compilation of its financial statements and selection of an independent accounta If the organization changed either its oversight process or selection process during the tax year, e			X	
	Schedule O.	explain	In		
Ь	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the y	oor wa	aro		
u	issued on a separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in		
	the Single Audit Act and OMB Circular A-133?		3 9		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo 1	the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	S	36		

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2011

		oompiete n	4947(a)(1) nonexemp			-		ection				
Departmen	t of the Treasury venue Service	Attack	1 to Form 990 or Form 990-				instruct	ions.			Open to I Inspect	
	he organization							Emplo	yer iden	tificati	on numb	
FURMAN	UNIVERSITY	FOUNDATION INC	•						57.	-106	1363	
Part I	Reason for F	Public Charity Statu	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instr	uctions			
The orga	nization is not a	private foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church, conv	ention of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i)).			
2	A school descr	ibed in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3			ervice organization descr			-						
4			erated in conjunction wi	th a h	nospita	l descr	ibed in	sectio	n 170(k)(1)(<i>I</i>	4)(iii) . E	Enter the
		e, city, and state:										
5	-		nefit of a college or univ	ersity	owned	l or ope	erated I	oy a go	vernme	ntal u	init des	cribed in
•		(1)(A)(iv). (Complete F						• • • •				
6		-	or governmental unit des									ما من ام
7	-	-	es a substantial part of it	s supp	ort fro	om a go	vernme	ental ur	nt or tro	om tn	e gener	a public
8		ection 170(b)(1)(A)(vi).	on 170(b)(1)(A)(vi). (Com	nlata E	Dart II \							
9	•		es: (1) more than 331/3%	•	,		contrik	outions	memb	ershir	fees a	nd aross
	-	-	exempt functions - sub									-
	-		ome and unrelated busi									
		-	ne 30, 1975. See section				-			,		
10		-	ted exclusively to test for			-		-	I).			
11 X	An organizatio	n organized and ope	rated exclusively for the	bene	fit of,	to perf	orm th	e funct	tions of	, or t	o carry	out the
	purposes of or	ne or more publicly su	pported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)	(2). See	section
	509(a)(3). Che	ck the box that describ	es the type of supporting	organ	ization	and co	mplete	lines 1	1e thro	ugh 1	1h.	
	a 🔄 Type I	b X Type				ally inte	•		d		e III - Ot	
e X		-	the organization is not			-		-	-			-
	-		gers and other than one	or mo	re pub	licly su	pported	d organ	izations	des	cribed ir	n section
		ction 509(a)(2).							-			
f	-		n determination from th	e irs	that it	is a i	ype I, I	уре п,	or typ	ems	supporti	
~	organization, cl		nization accorted any aif									X
g	following perso		nization accepted any gif		IIIIDUI		i aliy oi	ule				
			ectly controls, either alor	ne or t	onethe	ar with	nersor	is desc	rihed in	n (ii)	Г	Yes No
			dy of the supported organ		-	SI WILLI	persor	15 4656		(11)	11g(i)	X
		ember of a person des					• • • •	• • • •		• • •	11g(ii)	X
			on described in (i) or (ii) a		• • •						11g(iii)	X
h		• •	ut the supported organiza									
(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the		ou notify		Is the	()	vii) Amou	
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in Iisted in		anization . (i) of		zation in organized		suppo	rt
			(see instructions))	your go docu	overning ment?		upport?		U.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
· ATTA	CHMENT 1											
(B)												
(C)												
(D)												
(E)						1		1	1	1		

124,588.

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or flecal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total (f) Total (d) fits, grants, contributions, and membership fees received. (Do not include any 'unusual grants'). Tot receives levice (Do not include any 'unusual grants'). Tot value of services or facilities (or againzation's benefit and either paid organization's organisation's	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusuit grants"). Image: Section 2. Section 2. Section 2. Section 2. Section 3. Section 2. Section 3. Section 2. Section 3. Section 4. Section 2. Section 3. Section 4. Section 3. Section 4. Section 4. Section 3. Section 4. Sec	Caler	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
organization's benefit and either paid to or expended on its behalf	1	membership fees received. (Do not						
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4.	3	furnished by a governmental unit to the						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount included included Section B. Total Support Section B. Total Support (e) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4	4	Total. Add lines 1 through 3						
6 Public support. Subtract line 5 from line 4. Section B. Total Support 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4	6							
Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 .								
7 Amounts from line 4			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
payments received on securities loans; rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on	_							
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar						
loss from the sale of capital assets (Explain in Part IV.) 11 11 Total support. Add lines 7 through 10. 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this	9	activities, whether or not the business						
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 5 Section C. Computation of Public Support Percentage 14 14 15 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 331/3% support test - 2010. If the organization qualifies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2011. If the organization dual fies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2011. If the organization dual not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" tes	10	loss from the sale of capital assets						
 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 b 331/3% support test - 2010. If the organization qualifies as a publicly supported organization 16 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. 16 b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organizatio	12							
14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 331/3% support test - 2010. If the organization qualifies as a publicly supported organization ▶ 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported orga		organization, check this box and stop here						
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Explain in Part IV how the organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	5			-				
supported organization								
	18	supported organization						▶∟
	10	•						

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

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

 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees										
	received. (Do not include any "unusual grants.")										
2	Gross receipts from admissions, merchandise										
	sold or services performed, or facilities										
	furnished in any activity that is related to the										
	organization's tax-exempt purpose										
3	Gross receipts from activities that are not an										
5											
	Unrelated trade or business under section 513										
4											
	organization's benefit and either paid										
	to or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to the										
	organization without charge										
6	Total. Add lines 1 through 5										
7 a	Amounts included on lines 1, 2, and 3										
	received from disqualified persons										
b	Amounts included on lines 2 and 3										
	received from other than disqualified persons that exceed the greater of \$5,000										
	or 1% of the amount on line 13 for the year										
с	Add lines 7a and 7b.										
8	Public support (Subtract line 7c from										
	line 6.)										
Sec	tion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
-	Amounts from line 6.	(-)	((0) = 0 = 0	(1)	(-)	(1)				
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
h	Unrelated business taxable income (less										
	section 511 taxes) from businesses										
_	acquired after June 30, 1975										
	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on										
12	Other income. Do not include gain or										
	loss from the sale of capital assets										
	(Explain in Part IV.)										
13	Total support. (Add lines 9, 10c, 11,										
	and 12.)										
14	First five years. If the Form 990 is for	the organizatio	n's first, second.	third, fourth, or	fifth tax vear a	as a section 501	(c)(3)				
	organization, check this box and stop here .	-			•						
Sec	tion C. Computation of Public Sup										
15	Public support percentage for 2011 (line 8,			mn (f))		15	%				
16	Public support percentage from 2010 Scher					16	%				
						10	70				
	ection D. Computation of Investment Income Percentage 7 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %										
17											
18	8 Investment income percentage from 2010 Schedule A, Part III, line 17 18 % 9a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line										
19a											
	17 is not more than 331/3%, check this	-	-	-		•••••					
b	b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and										
	line 18 is not more than $331/3$ %, check	this box and st	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 📃				
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19t	o, check this be	ox and see instr	ructions 🕨				

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACHMENT 1			
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS				
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT	
FURMAN UNIVERSITY	57-0314395	02	Х	х	Х	124,588.	

TOTAL AMOUNT OF SUPPORT

124,588.

Page 4

SCHED	JLE D
(Form 9	90)

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public

	rtment of the Treasury		, 9, 10, 11a, 11b, 11c, 1 Form 990. ► See separ			Inspection
_	al Revenue Service of the organization		i onni 330. 🖝 See Separ		Employer identif	
	-	Y FOUNDATION INC.			57-1061	
Par		tions Maintaining Donor Adv	ised Funds or Other S	Similar Funds (
i ai		ion answered "Yes" to Form 9				
			(a) Donor advise	ed funds	(b) Funds a	nd other accounts
1	Total number at e	nd of year				
2		utions to (during year)				
3		from (during year)				
4		at end of year				
5		on inform all donors and donor	advisors in writing that t	the assets held i	in donor advised	
•	•	inization's property, subject to the	•			. Yes No
6	-	on inform all grantees, donors, ar	-	-		
		purposes and not for the benefi				
		issible private benefit?				. Yes No
Par	t Conserva	tion Easements. Complete if	the organization answ	vered "Yes" to	Form 990, Part l	V, line 7.
1		servation easements held by the	organization (check all th	nat apply).		
	Preservation	of land for public use (e.g., recr	eation or education)	Preservation	of an historically	important land area
	Protection of	f natural habitat		Preservation	n of a certified hist	oric structure
	Preservation	of open space				
2		through 2d if the organization he	eld a qualified conservat	tion contribution	in the form of a co	onservation
	easement on the I	ast day of the tax year.				
						he End of the Tax Year
а		onservation easements				
b		tricted by conservation easements				
С		vation easements on a certified		. ,	_ <u>2c</u>	
d		vation easements included in (c)	-			
-		isted in the National Register				
3		vation easements modified, tran	sterred, released, exting	guisned, or term	inated by the organ	nization during the
4		where property subject to conse	ruation assembnt is locat			
4 5		ation have a written policy regard				
5		forcement of the conservation ea				. Yes No
6		er hours devoted to monitoring, in				
Ū		-	opeoting, and emotoling			
7		es incurred in monitoring, inspec	ting, and enforcing cons	servation easem	ents during the ve	ar
	►\$		<u>,</u>		- <u> </u>	
8		rvation easement reported on line	e 2(d) above satisfy the	requirements of	section 170(h)(4)(B)
)(h)(4)(B)(ii)?				
9	In Part XIV, descr	ibe how the organization reports	conservation easement	s in its revenue a	and expense statem	ient, and
		d include, if applicable, the text o		anization's finar	ncial statements the	at describes the
		counting for conservation easeme				
Par	t III Organiza	tions Maintaining Collections if the organization answered	of Art, Historical Tre	asures, or Oth	er Similar Asset	S.
	•	v				
1a	If the organization	n elected, as permitted under SF corical treasures, or other simila vide, in Part XIV, the text of the fo	-AS 116 (ASC 958), no ar assets held for publi	t to report in its	s revenue stateme	ent and balance sheet
	public service, pro	vide, in Part XIV, the text of the fe	ootnote to its financial st	atements that de	escribes these iten	ns.
b	If the organization	n elected, as permitted under S	SFAS 116 (ASC 958),	to report in its	revenue stateme	nt and balance sheet
		corical treasures, or other simila		ic exhibition, ec	ducation, or resea	arch in furtherance of
		vide the following amounts relation	-		L	¢
		uded in Form 990, Part VIII, line 1 d in Form 990, Part X				
2		n received or held works of a				
2	-	required to be reported under S				uai yain, provide (ne
а		d in Form 990, Part VIII, line 1				\$
b		Form 990, Part X				

b	ssets included in Form 990, Part X
For F	erwork Reduction Act Notice, see the Instructions for Form 990.

FURMAN UNIVERSITY FOUNDATION INC.

Schee	dule D (Form 990) 2011											Page 2
Par	t III Organizations Maintaini	ng Colle	ections of	Art, Hi	storica	l Treasu	ures, c	or Other	[·] Similar A	ssets (d	continued)
3	Using the organization's acquisitio		sion, and o	other re	ecords, c	check an	iy of th	ne follov	ving that ar	re a sigr	nificant us	e of its
	collection items (check all that appl	y):										
a	Public exhibition			d				inge pro	-			
b	Scholarly research			е		Other						
c	Preservation for future ge						f ()					in Deat
4	Provide a description of the organ XIV.	lization's	collections	s and e	explain n	ow they	furthe	r the or	ganizations	s exemp	t purpose	In Part
5	During the year, did the organizatio	n solicit	or receive of	donatior	ns of art,	historica	al treas	sures, or	other simila	ar		
	assets to be sold to raise funds rath	er than t	o be maint	ained as	s part of	the orga	inizatio	n's colle	ction?	• • •	Yes	No
Par	t IV Escrow and Custodial Au line 9, or reported an am						tion ar	nswered	l "Yes" to F	Form 99	0, Part IV	/,
1a	Is the organization an agent, trustee	e, custod	ian or othe	r interm	ediary fo	or contril	butions	or othe	r assets not	:		
	included on Form 990, Part X?									••• [Yes	No
b	If "Yes," explain the arrangement in	Part XIV	and comp	lete the	followin	g table:						
									Ar	nount		
С	Beginning balance							;				
d	Additions during the year							1				
е	Distributions during the year											
	Ending balance											
	Did the organization include an am			Part X,	line 21?	• • • •		• • • •		••• [Yes	No
	If "Yes," explain the arrangement in								0. D = (1)/	1		
Par	t V Endowment Funds. Com										(-) [
10	Reginning of year balance	(a) Cu	rrent year	(D)	Prior year	(C	;) Iwo ye	ars back	(d) Three ye	ears back	(e) Four ye	ears back
1a b	Beginning of year balance											
	Net investment earnings, gains,											
C	and losses											
h	Grants or scholarships											
	Other expenditures for facilities											
Ū	and programs											
f	Administrative expenses											
a	End of year balance											
2	Provide the estimated percentage of	of the cur	rent vear e	nd bala	ance (line		ımn (a') held as	<u>.</u>			
a	Board designated or quasi-endowr		rone your e	%		, oolo	unn (u	,) noia ac				
b	Permanent endowment ►											
	Temporarily restricted endowment		%									
	The percentages in lines 2a, 2b, an		uld equal 1	00%.								
3a	Are there endowment funds not in		-		nization	that are	held a	nd admi	nistered for t	the		
	organization by:										Y	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(ii), are the related org	anization	s listed as	required	d on Sch	edule R?					3b	
4	Describe in Part XIV the intended u											
Par	t VI Land, Buildings, and Equ	ipment	. See Forr	m 990,	Part X,	line 10.						
	Description of property		(a) Cost or (inves	r other bas stment)	sis (b) (Cost or oth (other)			cumulated reciation	(0	d) Book value	
1a	Land		6	593 , 10)3.	1,769	,392.				2,462	,495.
b	Buildings					221	,909.		90,736.		131	,173.
	Leasehold improvements											
d	Equipment											
e	Other											
Tota	I. Add lines 1a through 1e. (Column	(d) must	t equal Forr	n 990, F	Part X, co	olumn (B)	, line 1	0(c).)	· · · . ▶		2,593	,668.
										Sched	ule D (Form	990) 2011

JSA 1E1269 1.000

Schedule D (F	Form 990) 2011			Page 3
Part VII	Investments - Other Securities. See Fo	orm 990, Part X, Iir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
(D)				
<u>(E)</u>				
(F) (G)				
<u>(C)</u> (H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See Fo	orm 990. Part X. lii	ine 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
	(4)	(-)	Cost or end-of-year market val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, lin	20.15		
Failin		Description		(b) Book value
(1)	(4)	Description		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		• • • • • • • • • • • • • • • • • • • •	
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book val		
	alincome taxes	2,564,	299	
	TO OTHER FUNDS		,860.	
(4)		/ ± /		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,636,	159.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

FURMAN UNIVERSITY FOUN	IDATION INC.
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	ule D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	I	-34,088.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	188,044.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-222,132.
4	Net unrealized gains (losses) on investments	L I	-177,940.
5	Donated services and use of facilities	5	
6	Investment expenses	3	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	3	747,597.
9	Total adjustments (net). Add lines 4 through 8		569,657.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		347,525.
Part		-	
1	Total revenue, gains, and other support per audited financial statements	1	540,463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
a			
b		-	
c	Donated services and use of facilities 2b Recoveries of prior year grants 2c	-	
d	Other (Describe in Part XIV.)	-	
e	· · · · · · · · · · · · · · · · · · ·	20	-177,940.
3		2e 3	718,403.
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	3	/10,403.
4			
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV.) 4b -752,491.		750 401
c _	Add lines 4a and 4b	4c	-752,491.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		-34,088.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		100.000
1	Total expenses and losses per audited financial statements	1	192,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a	-	
b	Prior year adjustments 2b	-	
С	Other losses 2c		
d	Other (Describe in Part XIV.) 2d 4,894		
е	Add lines 2a through 2d	2e	4,894.
3	Subtract line 2e from line 1	3	188,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	188,044.
	XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, line	s 1b and 2b;
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	e this j	part to provide
any a	dditional information.		
SEE	PAGE 5		

Part XIV Supplemental Information (continued)

REVENUE RECONCILIATION SCHEDULE D, PART XII, LINE 4B OTHER REVENUE ITEMS INCLUDED IN TOTAL REVENUE ON FORM 990, BUT NOT ON THE FINANCIAL STATEMENTS AS FOLLOWS: RENTAL INCOME ON GROUND LEASE-TAX DIFFERENCE (\$760,873) RENTAL EXPENSES (\$ 4,894) INTEREST INCOME ON GROUND LEASE \$ 13,276 TOTAL (\$752,491)

EXPENSE RECONCILIATION

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES INCLUDED IN TOTAL EXPENSES PER THE FINANCIAL STATEMENTS, BUT NOT ON FORM 990 ARE AS FOLLOWS:

RENTAL EXPENSES \$4,894

CHANGE IN NET ASSETS

SCHEDULE D, PART XI, LINE 8

THE OTHER RECONCILING ITEMS IN THE CHANGE OF NET ASSETS FROM FORM 990 TO

THE FINANCIAL STATEMENTS ARE AS FOLLOWS:

RENTAL INCOME ON GROUND LEASE-TAX DIFFERENCE	\$760 , 873
INTEREST INCOME ON GROUND LEASE	(\$ 13,276)
TOTAL	\$747 , 597

SCHEDULE I (Form 990)	0 0 0	Grants and Government	d Other A its, and In	Grants and Other Assistance to Organizations, overnments, and Individuals in the United States	o Organiza the United	tions, I States		omb no. 1545-0047 2011
Department of the Treasury Intemal Revenue Service	Comple	ete if the or	ganization ans	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public Inspection
Name of the organization	TY FOIINDATTON INC						Employer identification number	on number
Part I General Inf		ssistance)) 	
1 Does the organize	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants		
the selection criter	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	r assistance' es for monit	? oring the use o	f grant funds in the	United States.			X Yes No
Part II Grants and to Form 99 Part II can I	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments recipient t pace is nee	and Organiza hat received eded	itions in the Unit more than \$5,00	ed States. Com 00. Check this bo	olete if the organiza ox if no one recipier	ition answered "Ye It received more th	is" an \$5,000. ►
1 (a) Name and a or g	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EURMAN UNIVERSITY		57-0314395	601 (C) (3)	124.588.				FUND IMPROVEMENTS TO RASERALL FACTLITY
(6)								
(1)-								
(8)								
(<u>6</u>)-								
(10)								
(11)								
(12)								
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations list	ed in the line 1 tabl	0			
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for	ructions for	Form 990.	•	•	•	Schedt	

JSA 1E1288 1.000

Schedule I (Form 990) (2011)					Page 2
Part II Grants and Other Assistance to Individuals in the UI Part III can be duplicated if additional space is needed.		i ited States . Co	mplete if the o	ganization answered	t he United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. eded.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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4					
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ω					
2					
Part IV Supplemental Information. Complete this part t	his part to prov	vide the informa	tion required in	Part I, line 2, and any	o provide the information required in Part I, line 2, and any other additional information.
MONITORING THE USE OF GRANT FUNDS					
SCHEDULE I, PART I LINE 2					
THE GRANT TO FURMAN UNIVERSITY IS DUE	TO THE SALE	OF REAL	ESTATE FOR		
WHICH THE DONOR REQUESTED THAT THE PRO	PROCEEDS BE TR	TRANSFERRED TO) THE		
UNIVERSITY TO HELP FUND IMPROVEMENTS T	TO THE BASEBALL	ALL FACILITY	Y. THE CASH		
IS TRANSFERRED TO THE UNIVERSITY AND RI	RECORDED TO	A SPECIFIC 1	PLANT FUND		
WHICH IS RESTRICTED ONLY FOR THE USE O	OF BASEBALL	FIELD IMPROV	IMPROVEMENTS.		

1E1504 2.000

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2011 Department of the instancy titemal Revenue Served > Complete if the organization answered 'Yes' to Form 990, > A tatch to Form 990. > See separate instructions. Employer identification inspection Department of the instancy titemal Revenue Served > A tatch to Form 990. > See separate instructions. Employer identification inspection Part I Questions Regarding Compensation 990. Part VII, Section A, line 1a. Complete Part III to 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Implete the trust Payments for business use of personal use Payments for busines use of personal residence Health or social club dues or initiation fees Parsonal services (e.g., maid, chauffeur, chef) Implete Part III to provide any relevant information regarding payment more relimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all offices. 3 Indicate which, if any, of the following the filing organization used to establish the compensation committee explain Written employment contract Compensation consultat Payments for busines are checked, all that apply. Do not check any boxes for methods used by a related organization to establish compensation orthe line organization committee 1b 4 Written employment contract Independent compensation consultat Payroval by the board or compensation com	SCH	EDULE J	Compensation Information	OMB No.	1545-0	047
Complete if the organization answired "Yes" to Form 990, Part VII, Section A, line 14. Complete in the organization and the organization provided any of the following to for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions First-class or charter travel Travel for companions First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Section 4. line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to repland the difference of the section of the CEO/Executive Director. Explain In Part III. Compensation committee Compensation committee Compensation committee Compensation consultant Compensation or aclusting the times checked in line 1a?,,,,,,,, .				- - - - - - - - - - - - - - - - - - -	11	
Inspection Path Paper Point Paper Pape	•		Complete if the organization answered "Yes" to Form 990,	20		
Name of the organization Endpoyre identification number PCIMMAN_UNITVERSITY FOUNDATION_INC. 57-1061363 PartI Questions Regarding Compensation Image: Compensation of the paranization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compensation of the parents for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account Parents for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account Ib Discretionary spending account Ib Discretionary spending account Parents for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Did the organization to example substantiation prior to reimbursing or allowing expenses incurred by all officers. directors, trustees, and the CEO/Executive Director. Explain Part III. Compensation committee Writen employment contract Compensation or anelated organizations Compensation or analted organizations Section A. line 1a, with respect to the filing organization 7 a challed organization? A a X During the year, did any person listed in Form 990, Part VII, Section A, line 1a		•				
PUBMAN UNIVERSITY FOUNDATION INC. 2ard Questions Regarding Compensation						n
Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 900, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these terms.		8			1	
Ves No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Trast-class or charter travel Trave if for companions Tax indemnification and gross-up payments Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chartfeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director. Explain in Part III. indicate which, if any, of the following the filing organization such compensation committee Written employment contract Compensation committee 4 During the year, did any person listed in Form 990. Part VII, Section A, line 1a, with respect to the filing organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X b						
990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to part vill. Section A, line 1a, with respect to the filling organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b 2 Did the organization complete Part III to organization SecO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization or setablish compensation or the CEO/Executive Director. Explain in Part III. 2 4 Compensation committee Written employment contract 4a X 4 Director of payment from, a supplemental nonqualified reliament plan? 4b X 6 During the year, did any person listed in Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation control payment? 4a X 6 During the year, did any person listed in Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent					Yes	No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Hastin to rescala club dues or initiation fees Payments for business use of personal residence Heatth or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation curred by all officers, and the organization to establish compensation curred by call officers, may of the organization consultat Written employment contract 1 Independent compensation consultat Written employment contract 4a X 2 Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation control payment? 4a X 4 Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5b X	1a	Check the ap	propriate box(es) if the organization provided any of the following to or for a person listed in Form	n		
Image: Travel for companions in the payments in the payments for business use of personal residence in the payment is in the payments in the payment in payment in the payments in the payments in the payments in the payment in payment in the payment is payment in the payment is payment in the payment in the payment is payment in the payment in the payment is payment is payment is payment in the payment is payment in the payment is payment is payment in the payment is payment in the payment payment is payment in the payment payment is payment payment in the payment payment is payment payment in the payment payment is payment pa		990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
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Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee						
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or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretio	onary spending account Personal services (e.g., maid, chauffeur, chef)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	b	If any of the	boxes on line 1a are checked, did the organization follow a written policy regarding payme	ent		
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directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Indicate which, if any, of the following the filing organization Written employment contract Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4a 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4b a Participate in, or receive payment from, an equity-based compensation arrangement? 4a X 4 Treorganization? 5a X b Participate in, or receive payment sont describe in Part III. Supproval the applicable amounts for each item in Part III. 4b X 0 Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5a X 5 For persons listed in Form 990, Part VII. Section A, line 1a, did the organization pay or	2	Did the order	nization require substantiation prior to reimbursing or allowing expenses incurred by all office	ers ID	-	<u> </u>
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.	-	directors, trus	tees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Written employment contract Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X b Any related organization? 5a X jf "Yes" to line 5a or 5b, describe in Part III. 5b X f "Yes" to line 6a or 6b, describe in Part III. 6a X f "Yes" to line 6a or 6b, describe in Part III. 6a X f "Yes" to line 6a or 6b, describe in Part III. 6a X f "Yes" to line 6a or 6b, describe in Part III. 7 X f Were any amounts reported				• -		
related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? For yeas listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Part III. For yeas misted in Form 990, Part VII, Sec	3	Indicate which	n, if any, of the following the filing organization used to establish the compensation of the			
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Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation paragement? d M d Term 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III. 6a X b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. for persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception descri		related organ	ization to establish compensation of the CEO/Executive Director. Explain in Part III.			
Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Darrice a severance payment or change-of-control payment? 4a X 4 Darricipate in, or receive payment from, an equity-based compensation arrangement? 4b X 4 C Participate in, or receive payment from, an equity-based compensation arrangement? 4c X 4 T"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 Any related organization? 5a X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X 6 The organization? 5a X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6b X 7 Yes" to line 6a or 6b, d		· ·				
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization: a a Receive a severance payment or change-of-control payment? 4a x b Participate in, or receive payment form, a supplemental nonqualified retirement plan? 4b x c Participate in, or receive payment from, an equity-based compensation arrangement? 4c x d C Participate in, or receive payment form, an equity-based compensation arrangement? 4c x d C Participate in, or receive payment form, an equity-based compensation arrangement? 4c x d C Participate in, or receive payment form, an equity-based compensation pay or accrue any compensation contingent on the revenues of: 5a x 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b x a The organization? 6a x 6b x 6 Participate in, or receive payment on the net earnings of: 6b x a The organization? 6a x 6 Any related organization? 6a x <						
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X dc Variable 4c						
a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X dc Variable 4c	4	During the ye	ar, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6a X b Any related organization? 6b X b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6b X b Any related organization? 7 X b Any related organization? 6b X b Any related organization? 7 X b Any related organization? <td< td=""><td>2</td><td>organization of</td><td>or a related organization:</td><td>12</td><td></td><td>x</td></td<>	2	organization of	or a related organization:	12		x
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5a X if "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6a X if "Yes" to line 6a or 6b, describe in Part III. 6a X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe and payments not described in Form 990, Part VII, paid or accrued pursuant t	a h	Participate in	or receive payment from a supplemental nonqualified retirement plan?	- 4a 4b		-
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Comparised of the persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Image: Same Same Same Same Same Same Same Same	c					
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				•		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X b Any related organization? 6a X b Any related organization? 6b X compension contingent on the net earnings of: 6b X b Any related organization? 6b X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 7 X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 </td <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>	-	-				
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b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X f "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	2		•	52		x
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 For persons listed in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a b	Any related o	rganization?	- 5a 5b		X
 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	~	If "Yes" to line	e 5a or 5b, describe in Part III.			
compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 6b 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	6					
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 7 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8 X		compensation	n contingent on the net earnings of:			
b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 7 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 7 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8 X	а	The organizat	ion?	<u>6a</u>		X
If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b	Any related o	rganization?	<u>6b</u>		X
payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe and the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		If "Yes" to line	e 6a or 6b, describe in Part III.			
 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 g 	7					
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	~					
in Part III	8	-				
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9			· · · · · · · · · · · · · · · · · · ·			v
Regulations section 53.4958-6(c)? 9	٩					
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Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	Ξ				0	0		
1 MARY LOU MERKT	: :	165,230.		42,815	26,831.	18,657.	253,533.	0
	Ξ							
2	(ii)							
	Ξ							
3	(ii)							
	Ξ							
4	(
	Ξ							
5	(ii)							
	Ξ							
9	(
	Ξ							
7	: :							
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	(jj							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	1							
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
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Part II Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service

Name of the organization FURMAN UNIVERSITY FOUNDATION INC.

REVIEW OF 990

PART VI SECTION A, LINE 10

THE BOARD OF DIRECTORS OF THE FURMAN UNIVERSITY FOUNDATION RECEIVED A COPY OF THE PREPARED FORM 990 AT THEIR MEETING HELD ON MARCH 13, 2013 WHICH WAS PRIOR TO THE FILING OF THE RETURN. THE FORM 990 WAS REVIEWED BY THE DIRECTORS AT THIS TIME AND ANY SPECIFIC ISSUES AND/OR QUESTIONS WERE ADDRESSED. A COPY OF THE FINAL FORM 990, AS WAS FILED WITH THE IRS, WAS ELECTRONICALLY PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

AUDITED FINANCIAL STATEMENTS

PART IV, LINE 12

THE FURMAN UNIVERSITY FOUNDATION IS CONSOLIDATED INTO FURMAN UNIVERSITY FOR FINANCIAL STATEMENT REPORTING PURPOSES. THE UNIVERSITY RECEIVES AN ANNUAL AUDIT AND ISSUES CONSOLIDATED FINANCIAL STATEMENTS OF THE UNIVERSITY AND FURMAN UNIVERSITY FOUNDATION.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12

THE FURMAN UNIVERSITY FOUNDATION ESTABLISHED A CONFLICT OF INTEREST POLICY FOR THE BOARD OF DIRECTORS IN APRIL 2010. EACH MEMBER OF THE BOARD IS REQUIRED TO COMPLETE A CONFLICTS OF INTEREST DISCLOSURE FORM ANNUALLY. PRIOR TO CONSUMMATING A TRANSACTION OR ACTING UPON A MATTER INVOLVING THE POSSIBLE EXISTENCE OF A DUALITY OR CONFLICT OF INTEREST, THE INDIVIDUAL INVOLVED SHALL MAKE A FULL DISCLOSURE OF ALL RELEVANT FACTS TO THE PRESIDENT OF THE BOARD. ADDITONALLY, THE FOUNDATION HAS INSTITUTED A POLICY RELATING TO CONFLICTS OF INTEREST SURROUNDING THE VARIOUS REAL ESTATE TRANSACTIONS CONDUCTED BY THE FOUNDATION. THE POLICY IS TO ASSURE THAT ALL REAL ESTATE TRANSACTIONS ARE HANDLED WITH PROPRIETY AND SENSITIVITY IN REGARDS TO CONFLICTS OF INTEREST.

WRITTEN POLICIES

PART VI, SECTION B, LINE 13 AND 14 FOR THE TAX YEAR ENDED JUNE 30, 2012, THE FURMAN UNIVERSITY FOUNDATION HAD NEITHER A WRITTEN WHISTLEBLOWER POLICY NOR A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. THE FOUNDATION FOLLOWS THE WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY AS SET FORTH BY FURMAN UNIVERSITY.

DISCLOSURE

PART VI, SECTION C, LINE 19 THE FURMAN UNIVERSITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST.

TRANSACTIONS WITH RELATED ORGANIZATIONS SCHEDULE R-PART V, LINES 1 AND 2 A PIECE OF PROPERTY HELD FOR INVESTMENT BY THE FURMAN UNIVERSITY FOUNDATION WAS SOLD DURING THE FISCAL YEAR ENDED JUNE 30, 2012. THE CASH RECEIVED FROM THE SALE OF PROPERTY WAS TRANSFERRED TO THE UNIVERSITY TO HELP FUND IMPROVEMENTS TO THE BASEBALL FACILITY PER THE DONOR'S

Schedule O (Form 990 or 990-EZ) 2011	Page
Name of the organization	Employer identification number
FURMAN UNIVERSITY FOUNDATION INC.	57-1061363

INSTRUCTIONS. ADDITIONALLY, FURMAN UNIVERSITY REMIBURSED THE FURMAN UNIVERSITY FOUNDATION FOR EXPENSES INCURRED ON A PROPERTY HELD FOR SALE BY THE FOUNDATION.

OTHER CHANGE IN NET ASSETS PART XI, LINE 5 THE OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING: RENTAL INCOME ON GROUND LEASE-TAX DIFFERENCE \$760,873 INTEREST INCOME ON GROUND LEASE (\$ 13,276) UNREALIZED LOSS ON INVESTMENTS (RE HELD FOR SALE) (\$177,940) TOTAL \$569,657

COMPENSATION

PART VI, SECTION B, LINE 15B

COMPENSATED OFFICERS ARE EMPLOYEES OF FURMAN UNIVERSITY, THE SUPPORTED

ORGANIZATION OF THE FURMAN FOUNDATION. COMPENSATION OF THESE OFFICERS IS

SUBJECT TO THE GUIDELINES AND POLICIES ESTABLISHED BY FURMAN UNIVERSITY.

ATTACHMENT 1

2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FURMAN UNIVERSITY FOUNDATION WAS INCORPORATED TO OPERATE AS A NONPROFIT PUBLIC BENEFIT CORPORATION TO SERVE THE NEEDS AND INTERESTS OF FURMAN UNIVERSITY, AN EDUCATIONAL ORGANIZATION. THE FOUNDATION ACCEPTS GIFTS OF REAL ESTATE AND PURCHASES AND HOLDS REAL ESTATE FOR THE EXCLUSIVE USE AND BENEFIT OF FURMAN UNIVERSITY. THE ASSETS OF THE FOUNDATION ARE DISTRIBUTED TO THE UNIVERSITY AS THE DISCRETION OF THE FOUNDATION'S BOARD OF DIRECTORS.

			Page 2
		Employer identification	number
		57-1061363	
		ATTACHMENT 2	
(A)	(B)	(C)	(D)
TOTAL	RELATED OR	UNRELATED	EXCLUDED
REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
13,27	6.		13,276.
13,27	6.		13,276.
	TOTAL REVENUE 13,27	TOTAL RELATED OR	(A) (B) (C) TOTAL RELATED OR UNRELATED REVENUE EXEMPT REVENUE BUSINESS REV. 13,276.

	ATTACHMENT 3
D LOANS RECEIVABLE	
BUYERS OF BARRY PROPERTY	
45,000.	
06/27/2012	
05/31/2015	
\$15,000 PER YEAR FOR 3 YEARS	
NONE	
SALE OF PROPERTY	
	45,000.
OANS RECEIVABLE	
	45,000. 06/27/2012 05/31/2015 \$15,000 PER YEAR FOR 3 YEARS NONE

TOTAL ENDING NOTES AND LOANS RECEIVABLES

45,000.

SCHEDULE R (Form 990)	LE R 30)	Related Orga	anizations and Unrelated Partnerships	d Unrelated	Partnersh	ips		<u> </u>
Department of the Treasury Internal Revenue Service	the Treasury ue Service	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. 	e organization answered "Yes" Attach to Form 990.	to Form 990, Part IV, line 33, 34 ▶ See separate instructions.	V, line 33, 34, 35, 3 instructions.	16, or 37.		Open to Public Inspection
Name of the organization FURMAN UNIVER	: organization UNIVERSITY	'Y FOUNDATION INC.					Employer identifica 57-1061363	Employer identification number $57 - 1061363$
Part I	ldentifica	Identification of Disregarded Entities (Complete if the	the organization answered "Yes" to Form 990, Part IV, line 33.)	wered "Yes" to F	⁻ orm 990, Part	IV, line 33.)		
		(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)								
(9)								
Part II	Identifica	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	. (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had the tax year.)	rganization answ	rered "Yes" to F	orm 990, Part IV	, line 34 because	e it had
	Name,	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
$-(1) \frac{\text{FURMAI}}{3300}$	-(1) FURMAN UNIVERSITY 3300 POINSETT HIGHWAY	57-0314395	F.DIICATTON		501 (C) (3)	~	A/N	Yes No
)		1		
(<u>6</u>)								
(7)								
For Paperw	ork Reduction A	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 2011

FURMAN UNIVERSITY FOUNDATION INC.

57-1061363

Schedule R (Form 990) 2011	orm 990) 2011										Page 2
Part III 6	Identification of Related Organizations Taxable as a Partnership (Complete if the organizat because it had one or more related organizations treated as a partnership during the tax year.)	ed Organizations 1	Taxable a izations t		Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 ted as a partnership during the tax year.)	e organization ne tax year.)	answered "Yes"	to Form (990, Part IV, li	ne 34	
Nan I	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispreportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(K) Percentage ownership
<u>(i)</u>											
<u>(ž)</u>											
(4)											
<u>(ē)</u>											
Bart IV	Identification of Related Organizations Taxable as a line 34 because it had one or more related organizati	ed Organizations I one or more relate	Faxable a	as a Corporation zations treated a	Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ons treated as a corporation or trust during the tax year.)	plete if the orga or trust during t	nization answer ıe tax year.)	ed "Yes"	to Form 990, I	⊃art IV,	
	(a) Name, address, and EIN of related organization	elated organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	tal (g) Share of end-of-year assets) e of ar assets	(h) Percentage ownership
(5)											
(9)											
<u>(7)</u>											
									Schedule	e R (Form	Schedule R (Form 990) 2011

57-1061363

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FURMAN UNIVERSITY FOUNDATION INC.

FURMAN UNIVERSITY FOUNDATION INC.

57-1061363

Page 3

Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

				H	ī
Ň	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No	1
÷	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations liste	ed in Parts II–IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.			1a X	
q	Gift, grant, or capital contribution to related organization(s)			1b X	
υ	Gift, grant, or capital contribution from related organization(s)	· · · ·		1 c X	
σ	Loans or loan guarantees to or for related organization(s)			1d X	I
Φ	Loans or loan quarantees by related organization(s)	· · · · ·			1
ч -	Sale of assets to related organization(s)			1f X	
g	Purchase of assets from related organization(s)			1 g X	
ح	Exchange of assets with related organization(s)			1h	
	Lease of facilities, equipment, or other assets to related organization(s)			1	1
-					
-					. 1
¥	Performance of services or membership or fundraising solicitations for related organization(s)			1k ×	1
-	Performance of services or membership or fundraising solicitations by related organization(s)			11 X	
ε	 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 			1 m	
2				1n X	
0	Reimbursement paid to related organization(s) for expenses	-	-	10 X	
٩	Reimbursement paid by related organization(s) for expenses			1p X	1
;					
σ,		· · · · · · · · · · · · · · · · · · ·		× ×	
-	Ourier manager of cash of property monin related of gamma and			_	. 1
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,		including covered relationships and transaction thresholds	iction thresholds.	1
	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved	
Ē	FURMAN UNIVERSITY	щ	124,588.	SALE PROCEEDS	I I
(5	FURMAN UNIVERSITY	Д	-50,609.	REIMB. EXPENSES	rol
(3)					1
(4)					1
(5)					1
(9)					1

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership																	
(j) General or managing partner?	Yes No																
(i) Code V-UBI amount in box 20 of Schedule K-1																	
(h) Disproportionate allocations?	Yes No																
(g) Share of end-of-year assets																	
(f) Share of total income																	
Are all partners section 501(c)(3)	Yes No																
(d) Predominant income (related, unrelated, excluded	from tax under section 512-514)																
(c) Legal domicile (state or foreign country)																	
(b)																	
Original was not a reaction of an income (a) (a) (b) (c) (c) (d) (e) (f) (f) <th< td=""><td></td><td>(1)</td><td>(2)</td><td>(3)</td><td>(4)</td><td>(5)</td><td>(ē)</td><td>(7)</td><td>(8)</td><td>(6)</td><td>(10)</td><td>(11)</td><td>(12)</td><td>(13)</td><td>(14)</td><td>(15)</td><td>(16)</td></th<>		(1)	(2)	(3)	(4)	(5)	(ē)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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Part VII	Supplemental I	nformation			

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).