Department of the Treasury

Internal Revenue Service

EXTENDED TO MAY 15, 2017

Return or Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For th	e 2015 calendar year, or tax year beginning JUL 1, 2015 and ending	JUN 30, 201	6
В	Check if	day I	D Employer identi	fication number
	applicat	MEDICAL UNIVERSITY OF SOUTH CAROLINA		
L	Addre	FOUNDATION		
	Name chan	Doing business as	57-0	6028985
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone numb	er
	Final		(84)	3) 792-2677
	termi ated	City or town, state or province, country, and ZiP or foreign postal code	G Gross receipts \$	245,772,208.
	Amer	CHARLESTON, SC 29425	H(a) Is this a group	return
	Appli	F Ivame and address of principal officer: I NOMAS P ANDERSON	for subordinate	s? Yes X No
************	pend	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527 If "No," attach	a list. (see instructions)
		te: ► WWW.MUSC.EDU/FOUNDATION	H(c) Group exempti	
		forganization: X Corporation Trust Association Other L	Year of formation: 1966	M State of legal domicile: SC
P	art I			
ø	1	Briefly describe the organization's mission or most significant activities: THE MED		***************************************
Governance		CAROLINA FOUNDATION (THE "FOUNDATION") WAS I		IN JULY 1966
ern	2	Check this box  if the organization discontinued its operations or disposed of		\$
30	3	Number of voting members of the governing body (Part VI, line 1a)		
¤ರ	4	Number of independent voting members of the governing body (Part VI, line 1b)		·
Activities	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		\$88\$~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
El Vİ	6	Total number of volunteers (estimate if necessary)	<u>6</u>	······································
Aci		Total unrelated business revenue from Part VIII, column (C), line 12		<del></del>
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		1
			Prior Year	Current Year
ne ne	8	Contributions and grants (Part VIII, line 1h)	42,481,650.	
Revenue	9	Program service revenue (Part VIII, line 2g)	7,788,916.	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,411,433.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-164,806.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,517,193.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,692,777.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	· · · · · · · · · · · · · · · · · · ·
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	55,000.	0.
Ë	D	Total fundraising expenses (Part IX, column (D), line 25) 1,954,317.	7 212 262	0 070 600
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,212,862.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>29,960,639</u> .	
- CO		Revenue less expenses. Subtract line 18 from line 12	38,556,554.	1
ans c	20	Total assets (Bort V. line 16)	Beginning of Current Year	End of Year
Ass	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	541,147,193.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	183,936,658. 357,210,535.	
	art II	Signature Block	337,410,333.	372,624,277.
-		ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	ov knowledge and helief it is
		at, and complete. Declaration of preparer (other than officer) is based on all information of which prep		is mornings and bollogic to
~~~~~	<u>i.,</u> ,,,			
Sig	n	Signature of officer	Date	
Her		ROBYN M FRAMPTON, CHIEF FINANCIAL OFFICER	•	
		Type or print name and title	**************************************	
- thinesenan		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	i	MELONIE HAMMOND-TRACE, CP	if self-emplo	P00497186
Prep	arer	Firm's name ELLIOTT DAVIS DECOSIMO, LLC /PLLC	Firm's EIN 📐	57-0381582
Use	Only	Firm's address 100 CALHOUN STREET, SUITE 300	The second secon	
		CHARLESTON, SC 29401	Phone no. 84	3-577-7040
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION IS AN EDUCATIONAL,
	CHARITABLE, ELEEMOSYNARY FOUNDATION ORGANIZED TO PROMOTE THE
	EDUCATIONAL, RESEARCH, CLINICAL AND OTHER FACILITIES AND PROGRAMS OF
	THE MEDICAL UNIVERSITY OF SOUTH CAROLINA AND THE MEDICAL UNIVERSITY OF
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(1000)
	GIFTS AND GRANTS TO THE MEDICAL UNIVERSITY OF SOUTH CAROLINA AND THE
	MEDICAL UNIVERSITY OF SOUTH CAROLINA HOSPITAL AUTHORITY TO PROMOTE
	EDUCATION, RESEARCH AND OTHER PROGRAMS.
4b	(Code: ) (Expenses \$ 1,733,391. including grants of \$ 1,733,391. ) (Revenue \$ )
	STUDENT SCHOLARSHIPS
4c	(Code: ) (Expenses \$ 2,919,164. including grants of \$ ) (Revenue \$ )
	SUPPORT OF STUDENT AND FACULTY FACILITIES AT THE MEDICAL UNIVERSITY OF
	SOUTH CAROLINA.
1d	Other program services (Describe in Schedule O.)
. <b></b>	
16	(Expenses \$ 78,537 • including grants of \$ ) (Revenue \$ )  Total program service expenses ► 27,570,645 •
10	Form <b>990</b> (2015)
	Point <b>330</b> (2015)

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# Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	<u> </u>	Yes	No
	If "Yes," complete Schedule A	1	Х	www
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	1	<del> </del>
	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		X
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		7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b> -</b>		X
•				٦,
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		Х
J		NAME AND ADDRESS OF THE PERSON ADDRESS OF TH	 	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	- Constitution		7.
0	If "Yes," complete Schedule D, Part IV	9		X
u	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		<u>-</u> -	
_	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
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	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	LANGUIS	Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		~~~
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		-1	v
ta	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
ب	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
				7-
=	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
õ	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
3	Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of aggregate grants or other assistance to	-	2	
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17,000		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	No.	**************************************	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
3	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	i	1	Х

Form 990 (2015) FOUNDATION

Part IV | Checklist of Required Schedules (continued)

	Did the exemplestion asserts as a superior of the state o		Yes	-
:ua	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<b>-</b>	3
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			***************************************
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	and the same of th		
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
3	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	X	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			A 1000
	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 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	***************************************	2
C	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		2
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		2
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		2
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Luc		-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	AL JOSEPH AND	40000	3
	Schedule L, Part I	25b		3
š	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	255		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	A P A P A P A P A P A P A P A P A P A P		
		00	j	3
	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	***************************************	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	į		
	of any of these persons? If "Yes," complete Schedule L, Part III			,
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		2
	instructions for applicable filing thresholds, conditions, and exceptions):			
			***************************************	,
	A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV	28a		2
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		2
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		Ì	_
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		2
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
	Did the organization liquidate, terminate, or dissolve and cease operations?	WALES OF STREET	-	
	If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		2
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		***************************************	
	Part V, line 1	34	X	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	-	x	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-		4
				X
i	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		

# Form 990 (2015) FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

(S) anni de de de de de	Check if Schedule O contains a response or note to any line in this Part V					
J				3.1.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	175			1
b	The state of the s		0			
С			ble gaming	1		
	(gambling) winnings to prize winners?	->*******		1c	Х	And the second s
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	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	Ī
						***************************************
За	Did the experience have constant to since a second control of the		::v::v:.vv.	За	Х	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	*****************************	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► <u>CAYMAN ISLANDS</u>	tillitätetembustilannama.				
		Accoun	ts (FBAR).			
	· · · · · · · · · · · · · · · · · · ·			5a		X
		action?	*******************	5b	**********	X
				5c		
6a		he orga	ınization solicit		ļ	
				6a	X	****
D			gifts			
<b>-</b> ,	O-++++++++++++++++++++++++++++++++++++		. > = < 1 > - 4 . = 1 = 1	6b	X	
7	•			_	7.7	
a	Ef Wan II alial blan annualization make the above a fill out of the soul of th			7a	X	······································
	-			7b		**************
Ü				7.	Commission	Х
đ		1	*******************	7c		- 11
е			ł?	7e	TVF amounts	Х
f				7f		X
g				7g		
h				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	and the state of t			·
	sponsoring organization have excess business holdings at any time during the year?	. > > . 2	10-74-1466330,33363,6022-2	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		معقب معمدت
10		1 6	TANA CANADA			
		10a	***************************************		-	
		10b				
1	· · · · · · · · · · · · · · · · · · ·	! 1		-		1.
		11a			1	1.
D	As least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) hid 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? If "No," to line 3b, provide an explanation in Schedule O  stary time during the calendar year, did the organization have an interest in, or a signature or other authority over an account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS  see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Ff Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  "Yes," did the organization include with every solicitation an express statement that such contributions or your contributions that were not tax deductible as charitable contributions?  "Yes," did the organization include with every solicitation an express statement that such contributions or gifts year, did the organization include with every solicitation and express statement that such contributions or gifts year, did the organization notify the donor of the value of the goods or services provided?  Preparizations that may receive deductible contributions under section 170(c), did the organization notify the donor of the value of the goods or services provided?  Preparization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  Yes, "indicate the number of Forms 8282 filed during the year  If yell the organization sel				-	
-O		00.00.			***************************************	
			ļ	12a		
3		120				
			***************************************	49-		
₽			American	13a	<del>-</del>	**************
h			No.		-	
~		13h		1		
c	Enter the amount of reserves on hand	3		- Paragraphic Control of the Control	}	
	Mid the expenientian remains any asymptotic fact all a thought and the second and			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		

Form 990 (2015) FOUNDATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			*******		X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		30	1	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х
6	Did the organization have members or stockholders?					X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			*	***************************************	
а	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?	,		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				i	
				······	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			**		
	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 bod				Х	***************************************
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	**	***************************************		ne establica de la
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		**-!******************	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	hine had a single and a single a
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva			-		amando, meses bodes.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ		
а	The organization's CEO, Executive Director, or top management official			. 15a	Х	
	Other officers or key employees of the organization				X	
	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 arrangen	nent v	vith a	ļ		
	taxable entity during the year?	*-<*!<*>	***************************************	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?		<u></u>	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶SC		~			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only	y) availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	oflict o	f interest policy, a	ind financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records: ➤	***************************************	hidioidhidanaa.	***************************************
	ROBYN M FRAMPTON - (843) 792-2677		·			
	18 BEE STREET, CHARLESTON, SC 29425					

532006 12-16-15

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

### 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.

(A)	(B)			(C Pos	C) itior	1		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	15			r -	]		the	organizations	compensation
	hours for	Qilet				5		organization	(W-2/1099-MISC)	from the
	related	0 993	63			25		(W-2/1099-MISC)	·	organization
	organizations	100	23		88.6	được 9				and related
	below	Individual frustee or director	ashtutonal tustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	1 =	<u>63</u>	5	280	£.	Ē			
(1) ROGER G. ACKERMAN	2.00									
DIRECTOR		X						<u>O.</u>	0.	<u>0</u>
(2) PAULA HARPER BETHEA	0.00								_	
EMERITA		X			-014404.0420			0.	0.	0
(3) WILLIAM A. BAKER, JR.	0.00	ļ							_	_
EMERITUS		X						0.	0.	0
(4) W.H. BEST	0.00									_
EMERITUS		X					************	0.	0.	0
(5) WILLIAM H. BINGHAM, SR	2.00									
DIRECTOR		X						0.	0.	
(6) FRANK W. BRUMLEY	0.00						ļ	_	_	_
EMERITUS		X						0.	0.	0 .
(7) HARRY JULIUS BUTLER, JR.	0.00								and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
EMERITUS		X					****	0.	0.	0.
(8) JOHN E. CAY, III	2.00			ļ						•
DIRECTOR		X						<u>0.</u>	0.	0.
(9) KAY K. CHITTY	5.00	**		***************************************						
DIRECTOR	1 00	X						0.	0.	0.
(10) L.JOHN CLARK	1.00	77								•
DIRECTOR	1 00	X		anish shakindada				0.	0.	0.
(11) JOHN CAHILL	1.00			-						
DIRECTOR		X		*******				0.	<u> </u>	0.
(12) RICHARD D. ELLIOTT	0.00	72	***				- II-line and a second			
EMERITUS	4 00	X			***********			0.	0.	0.
(13) CARLOS E. EVANS	4.00	7.5	-				***************************************	•		
CHAIRMAN	1 00	X		X		-		0.	0.	
(14) MARCIA GRIFFIN FALK	1.00	ਦ	THE CHARLES		İ		Ì	_	_	^
DIRECTOR		X						0.	0.0	0.
[15] THEODORA L. FELDBERG	0.00	3.7	N. A. C. C. C. C. C. C. C. C. C. C. C. C. C.		***************************************	***************************************	AVIEWWENTAL.	_		~
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(16) CLEVELAND CHRISTOPHE	1.00	ų,	ļ		-		more property	_		
DIRECTOR	~ ~ ~ ~	X						0.	0.	0.
17) RAYMOND S. GREENBERG	2.00	٠,٠	-	ADDRESS PRODUCT	1		ļ	•	•	
IONORARY 32007 12-16-15		X						0.	0.	0 . Form <b>990</b> (2015

FOUNDATION Form 990 (2015)

Part VII   Section A. Officers, Directors, 1	(B)	לטועו	rees	, an //	<u>а пі</u> С)	9116	<u>si U</u>				***************************************	
(A) Name and title	(D) Average			Pos		1		( <b>D)</b> Reportable	(E)	]		F)
Name and title	hours per		note	heck	more	than is bot		compensation	Reportable compensation			nated unt of
	week					or/trus		from	from related			her
	(list any	ctor			Management of the second			the	organizations	(		nsation
	hours for	er dire			THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	ted.		organization	(W·2/1099-MISC)	-	•	n the
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	organizations below	ial fru	onet.		a for	CO EB	-			-		elated
	line)	fatividual frustes or director	ashtutlonal trustae	Officer	Key employee	Highest compensated employee	Former				organi	zations
(18) WILLIAM B. HEWITT	0.00			<u> </u>	<u> </u>					1		
EMERITUS		X		ļ	<u> </u>			0.	0	•		0.
(19) FELICE HIRSCH	1.00											
DIRECTOR		X	ļ			ļ		0.	<u>0</u>			0.
(20) HAROLD B. HOLMES, JR.	0.00			ļ								
EMERITUS		X			ļ			<u> </u>	0	•		0.
(21) MIKE HEATH	1.00	-								}		
DIRECTOR		X		ļ	<u> </u>			0.	0	•		0.
(22) ELIZABETH H. MCCULLOUGH	1.00											
DIRECTOR		X						0.	0	•		0.
(23) VERNON E. MERCHANT, JR.	0.00							ļ		A. 2000.00		
EMERITUS		X						0.	0	•		0.
(24) JOHN TUCKER MORSE	0.00									į		
EMERITUS		X						0.	0	•	v	0.
(25) BENJAMIN NAVARRO	1.00											
DIRECTOR		X						0.	0	•		0.
(26) KELLEY O'QUINN	0.00					e incompany						
EMERITA		X						0.	0		7.44.44.44.44.44.44.14.14.14.14.14.14.14.	0.
1b Sub-total							<b>&gt;</b>	0.	0			0.
c Total from continuation sheets to Par							>	92,500.	756,428			817.
d Total (add lines 1b and 1c)					,	,		92,500.	756,428	. 2	<u>278,</u>	817.
2 Total number of individuals (including bi	ut not limited to th	ose	liste	d at	oove	e) wh	o re	ceived more than \$100	,000 of reportable			
compensation from the organization								· · · · · · · · · · · · · · · · · · ·				0
5 Did the againstine line and to act		4	. 1				4	·			Ye	es No
3 Did the organization list any former offic						-		•			_	7.
line 1a? If "Yes," complete Schedule J fo						<>>>>-:		· · · · · · · · · · · · · · · · · · ·		-3	3	X
4 For any individual listed on line 1a, is the										-		-
and related organizations greater than \$										1	4 2	2
5 Did any person listed on line 1a receive	· ·				-				dual for services		_	**
rendered to the organization? If "Yes," of Section B. Independent Contractors	ompiete Scheauk	e J 10	or su	<u>ıcn ı</u>	oers	on .			<u> </u>		5	X
	acres areated in		al a				41		P400 000 +4			artinina dilitara dilitara di dalla di di
Complete this table for your five highest the examination. Panert companyation.									•	satio	on fron	Π
the organization. Report compensation	ior the calendar y	eare	noir	ng w	/itn c	or wi	tnın		ear.	******	············	
(A) Name and busin	ess address						ļ	( <b>B)</b> Description of se	ervices	Com	(C) ipensa	ition
LCG ASSOCIATES, 400 GAI		יז עד כ	77\ \U	,r	·····	****************	-  -	NVESTMENT			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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							VP III. AND III. III.					
2 Total number of independent contractor	s (includina but n	ot lin	niter	i to i	thos	e lis	ted:	above) who received me	ore than	territorio Leno.		MANAGEMENT SWITTERS AND AND AND AND AND AND AND AND AND AND
		***				- ~ * * * * * * *			nor no hit that t			

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII   Section A. Officers, Directors		1				11-1-		O	57-602	10303
	j .	mpi	oyee			ligh	est			
(A) Name and title	(B) Average hours	(c	heck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual Luxies or director	institutional trustee	Officer	Xey employee	Mighest compensated employee	former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WILBUR J. PREZZANO, JR. EMERITUS	0.00	X						0.	0.	0
(28) J.R. RICHARDSON DIRECTOR	1.00	X						0.	0.	0
(29) THOMAS C. ROWLAND, JR. EMERITUS	0.00	X						0.	0.	0
(30) WALTER G. SEINSHEIMER EMERITUS	0.00	x		hinkininin <b>a</b>				0.	0.	0
(31) DANIEL J. SULLIVAN VICE-CHAIRMAN	2.00	X		Х				0.	0.	0
(32) ROBERT J. SYWOLSKI EMERITUS	0.00	X						0.	0.	0
33) JOHN E. THOMPSON, JR.	0.00	X						0.	0.	C
34) THOMAS WARING	0.00	Х						0.	0.	O
35) DOUGLAS P. WENDEL DIRECTOR	1.00	X						0.	0.	O
(36) ANITA ZUCKER EMERITA	0.00	X						0.	0.	0
37) JOHN W. BARTER DIRECTOR	2.00	x						0.	0.	0
38) HELEN "COKIE" BERENYI DIRECTOR	1.00	x						0.	0.	0
39) RICHARD HAGINS DIRECTOR	2.00	X						0.	0.	0
40) LOU HAMMOND	3.00	X						0.	0.	0
41) HAROLD JABLON	1.00	Х						0.	0.	0
42) KEVIN LUZAK DIRECTOR	1.00	Х						0.	0.	0
43) ANDREW T BARRETT IRECTOR	1.00	X						0.	0.	0
44) ALLAN J THOMPSON IRECTOR	1.00	X					1	0.	0.	0
45) JAMES A. BATTLE IRECTOR	1.00	X						0.	0.	0
46) DAVID J. COLE	2.00	X					************	75,000.		144,684

Form 990

Form 990 FOUNDATIO	OT/I								57-602	0700
Part VII   Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	ind l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) sition that		ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	(astiusonal fusite	Officer	X57 877 10 10 10 10 10 10 10 10 10 10 10 10 10	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(47) CELESTE PATRICK DIRECTOR	1.00	Х						0.	0.	0
OTRECTOR (48) BRIAN POPLIN DIRECTOR	1.00	X				j		0.	0.	0
(49) MARVA SMALLS DIRECTOR	1.00	X						0.	0.	0
(50) RONALD L. THOMPSON DIRECTOR	1.00	Х				ntrainints == /		0.	0.	0
(51) SUSAN PEARLSTINE DIRECTOR	1.00	х						0.	0.	0
(52) TOM PARRINGTON DIRECTOR	1.00	х		.,				0.	0.	0
53) BEVERLY WYSE DIRECTOR	1.00	X					~~~~	0.	0.	0
(54) ROBYN FRAMPTON CHIEF FINANCIAL OFFICER/TR	40.00			Х			~~~~	17,500.	136,799.	45,304
(55) THOMAS P. ANDERSON CHIEF EXECUTIVE OFFICE/SEC	40.00				X		•••••••••••••••••••••••••••••••••••••••	0.	333,629.	88,829
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otal to Part VII, Section A. line 1c								92,500.	756,428.	270 017

Part VIII Statement of Revenue

***************		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII		*****************	<u> </u>
					( <b>A</b> ) Total revenue	(B) Related or exempt function revenue	( <b>C</b> ) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
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Gift.		Related organizations						
ξĒ	е	Government grants (contribut	tions) <b>1e</b>					
E S	f	All other contributions, gifts, gran	nts, and					
亞美		similar amounts not included abo	ove 1f	36,180,050.				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f: \$	5,327,465.				
<u>ठ</u> ह	h	Total. Add lines 1a-1f			39 055 619.		***************************************	
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Program Service Revenue	c d							
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	3	Investment income (including						
		other similar amounts)			6,016,128.			6,016,128.
	4	Income from investment of ta					**************************************	<u> </u>
	5	Royalties			***************************************			
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000	d	Net rental income or (loss)	·	<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory	190 524 902.	28,358,	Commission to			
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		and sales expenses		21,975.				
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- Andreason	e	Total. Add lines 11a-11d		7"		-	330003330000000000000000000000000000000	
	12	Total revenue, See instructions.		<u></u>	67,296,412,	9,612,975,	0,1	18 627 818.
532000	12-16	i⊶15						Form <b>990</b> (2015)

# Form 990 (2015) FOUNDATION Part IX | Statement of Functional Expenses

Da	Check if Schedule O contains a respon not include amounts reported on lines 6b.	(A)	(B)	( <b>C</b> )	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	välli killi killi läitä ankila kirkisissa sisissa aa aakan koomman on amman iin amman an anaan amman.			
	and domestic governments. See Part IV, line 21	22,925,615.	22,925,615.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	etalli eta kiita kiita ka ka ka ka ka ka ka ka ka ka ka ka ka			-
5	Compensation of current officers, directors,			TAXABLE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	
	trustees, and key employees	teritabbledelesteradistiti terratika eritika eritika eritika eritika eritika eritika eritika eritika eritika e			
6	Compensation not included above, to disqualified		modes a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
	persons (as defined under section 4958(f)(1)) and		ANA MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARINE MARIN	-	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				***************************************
8	Pension plan accruals and contributions (include			***************************************	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			Accommonwe	
а	Management				oosta ee aa aa aa aa aa aa aa aa aa aa aa aa
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C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	<u> 126,175.</u>	52,007.	74,168.	
12	Advertising and promotion				
13	Office expenses	85,063.		85,063.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,034.		3,034.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,231,068.	1,231,068.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,274,563.	1,249,879.	24,684.	
23	Insurance				
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM RELATED E	1,795,843.	1,795,843.		
b	DEVELOPMENT COST	1,699,750.			1,699,750
c	INVESTMENT AND BANK FEE	1,352,922.	420.	1,352,502.	
d	PERSONNEL	1,152,007.	315,813.	805,949.	30,245.
e	All other expenses	359,273.		134,951.	224,322.
25	Total functional expenses. Add lines 1 through 24e	32,005,313.	27,570,645.	2,480,351.	1,954,317.
26	Joint costs. Complete this line only if the organization		-	-	
	reported in column (B) joint costs from a combined			***************************************	
	educational campaign and fundraising solicitation.		MANAGE CONT.	mar/www.	

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		******	
			( <b>A</b> ) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	8,839,967.	1	16,350,181.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	32,180,844.		35,366,192.
	4	Accounts receivable, net	549,257.		758,368.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
	<u> </u> 	Part II of Schedule L		5	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ş	4,00	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 112,509,943.			
	b	Less: accumulated depreciation 10b 16,808,697.			95,701,246.
	11	Investments - publicly traded securities			267,579,118.
	12	Investments - other securities. See Part IV, line 11	162,823,952.	12	141,942,732.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,873,073.	<u> 15</u>	4,607,337.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	541,147,193.	16	<u>562,305,174.</u>
	17	Accounts payable and accrued expenses	20,700,039.	17	12,875,853.
	18	Grants payable		18	
	19	Deferred revenue	7,251,387.	19	6,518,722.
ļ	20	Tax-exempt bond flabilities	45,333,383.	20	<u>56,468,350.</u>
TOTAL COMMISSION OF THE PERSON	21	Escrow or custodial account liability. Complete Part IV of Schedule D	***************************************	21	***************************************
es	22	Loans and other payables to current and former officers, directors, trustees,			: :
Hic		key employees, highest compensated employees, and disqualified persons.		***************************************	
Liabilities		Complete Part II of Schedule L.		22	
_	23	Secured mortgages and notes payable to unrelated third parties	87,232,505.	23	89,623,947.
	24	Unsecured notes and loans payable to unrelated third parties		24	
1000000	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24). Complete Part X of	22 410 244		04 104 005
2500	00	Schedule D	23,419,344.		24,194,025.
	26	Total liabilities. Add lines 17 through 25	183,936,658.	26	189,680,897.
		Organizations that follow SFAS 117 (ASC 958), check here X and			•
Ces	07	complete lines 27 through 29, and lines 33 and 34.	42 744 776	]	EQ 01E 060
E	27	Unrestricted net assets	42,744,776.	27	52,215,868.
or Fund Balances	28 29	Temporarily restricted net assets  Permanently restricted net assets	174,186,038. 140,279,721.	28	170,726,148.
nuc	23		140,2/3,/21.	29	149,682,261.
II		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		Ì	
c S	20	· · · · · · · · · · · · · · · · · · ·		-	
se	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	**************************************	30	eelikkin kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabahan kalabah
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	000400000000000000000000000000000000000	31	
S	33	Total net assets or fund balances	357,210,535.	32	272 624 277
AVAILA TURA HI	33 34	Total liabilities and net assets/fund balances	541,147,193.	33	372,624,277.
	<u> </u>	rotal sabilities and not assets for a palatices	<u> </u>	34	562,305,174. Form <b>990</b> (2015)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	67	29	6,4	112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	00	5,3	313.
3	Revenue less expenses. Subtract line 2 from line 1	3				99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	357	21	0,5	35.
5	Net unrealized gains (losses) on investments	5				18.
6	Donated services and use of facilities	6				
7	Investment expenses	7				haddeddamara.m.a
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,	22	9,4	139.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	372,	62	4,2	277.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-			
2a				2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	***************************************			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		TO A THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	Ì		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	I	l		
	consolidated basis, or both:		**************************************			
	Separate basis X Consolidated basis Both consolidated and separate basis		MANAGERA			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	www			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			ļ		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	COMMENTAL PARTIES			
	Act and OMB Circular A-133?			За	~	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		A PROPERTY OF THE PARTY OF THE			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MED	ICAL UNIVER	SITY OF SOUT	TH CAF	ROLINA	<u>,</u>	Employer	identification number
FOUL	NDATION					5	7-6028985
Part I Reason for Public	Charity Status	All organizations must c	omplete th	nis part.) S	ee instructions	•	
The organization is not a private foun	dation because it is:	(For lines 1 through 11,	check only	one box.	)		100
1 A church, convention of cl	hurches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(i).		
2 A school described in sec	tion 170(b)(1)(A)(ii). (	Attach Schedule E (For	m 990 or 9	90-EZ).)			
3 A hospital or a cooperative	e hospital service org	anization described in s	ection 17	D(b)(1)(A)(i	iii).		
4 A medical research organi	zation operated in co	njunction with a hospita	ıl describe	d in <b>secti</b> o	on 170(b)(1)(A)(	(iii), Enter	the hospital's name,
city, and state:			id distribution of the edition of the desired and the entire of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of the edition of th				
5 An organization operated	for the benefit of a co	ollege or university owne	d or opera	ited by a g	overnmental ur	nit describ	ed in
section 170(b)(1)(A)(iv). (	Complete Part II.)						
6 A federal, state, or local go	overnment or governr	mental unit described in	section 1	70(b)(1)(A)	)(v).		
7 An organization that norm	ally receives a substa	intial part of its support	from a gov	/ernmenta	l unit or from th	e general	public described in
section 170(b)(1)(A)(vi). (0							
8 A community trust describ							
9 An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	pport from	contributi	ons, membersh	nip fees, ar	nd gross receipts from
activities related to its exe							_
income and unrelated bus		(less section 511 tax) fr	om busine	esses acqu	ired by the org	anization a	after June 30, 1975.
See section 509(a)(2). (Co							
10 An organization organized					,		
11 X An organization organized						-	• •
more publicly supported o							heck the box in
lines 11a through 11d that	= -			•		~	
a Type I. A supporting org							
the supported organization			a majority	or the dire	ctors or trustee	is of the st	pponing
organization. You must b Type II. A supporting org			stion mitte			·/m\ toto	da a
control or management							_
organization(s). You mus			arrie berse	JIIS HIALCE	millor or manay	le me subl	oortea
c X Type III functionally into			in connec	tion with	and functionally	. intograto	d with
its supported organization						y integrate	u witti,
d Type III non-functionall						ed organiz	ration(s)
that is not functionally in							
requirement (see instruc						and bacconten	
e Check this box if the org						l. Type III	
functionally integrated, o					37		
f Enter the number of supported							2
g Provide the following informatio	n about the supporte					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Marine-000000000000000000000000000000000000
(i) Name of supported	(ii) EIN			rganization n your		1	(vi) Amount of
organization		(described on lines 1-9 above (see instructions))	governing	document?	support (s		other support (see
			Yes	No	instructio	ns)	instructions)
MEDICAL UNIVERSITY							
OF SOUTH CAROLINA	57-6007222	6	X		21,784,	,558.	312,877.
MUSC HOSPITAL	**************************************						
AUTHORITY	57-1098556	<u>6</u>	X	wieteland beweiten der einer der einer der einer der einer der einer der einer der einer der einer der einer d	828,	,180.	
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	OLINIO ATTENDA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE LA CALLA DE						
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

57-6028985 Page 2

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		N F COMMON A LAW	-direction	PO000000000000000000000000000000000000	O DOMINIO DE COMPANIO DE COMPA	
	include any "unusual grants.")		Anna Pari		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
2	Tax revenues levied for the organ-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			30-1200ch-00-00-00-00-00-00-00-00-00-00-00-00-00		
	ization's benefit and either paid to		T SALAS				
	or expended on its behalf		000000000000000000000000000000000000000	ŧ.	***************************************		
3	The value of services or facilities						
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4	Total. Add lines 1 through 3						
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	calumn (f)		-		A Parameter		1
6	Public support. Subtract line 5 from line 4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			***************************************		
	ction B. Total Support			<u> </u>			Amoonometrus — — — — — — — — — — — — — — — — — — —
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						WO.
	securities loans, rents, royalties				ST-Con		
	and income from similar sources					DESTRUCTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
9	Net income from unrelated business	Source 27	***************************************			<u> </u>	
_	activities, whether or not the					A A AMERICAN PARE	
	business is regularly carried on					III AAAA AAAI	
10	Other income. Do not include gain					-	
	or loss from the sale of capital						
	assets (Explain in Part VI.)					and the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the f	
11	Total support. Add lines 7 through 10	***************************************					
	Gross receipts from related activities, e	etc. (see instructi	ions)	***************************************		12	Notes de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la comp
	First five years. If the Form 990 is for					**************************************	
	organization, check this box and stop				•	,	<b>&gt;</b>
Sec	ction C. Computation of Public	c Support Pe	rcentage				······································
14	Public support percentage for 2015 (lir	ne 6, column (f) d	livided by line 11, c	olumn (f))		14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the or						x and
	stop here. The organization qualifies a	s a publicly supp	orted organization	() ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		>= <b>1</b>	▶□
b	33 1/3% support test - 2014. If the or						
	and stop here. The organization qualif	ies as a publicly	supported organiza	ation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****************************	<b>&gt;</b> □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "facts						
	meets the "facts-and-circumstances" to						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circu						
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION

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 t	o
avalify constant has been been been been been a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a second to be a sec	

Section A. Public Support	elow, please com	npiete Part II.)				
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1 Gifts, grants, contributions, and			10/2010	1 10) 2014	1 (6) 2010	(y rotal
membership fees received. (Do not		TO A COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE COLOR OF THE		A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	OU WARRANTA I	
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513		Terra i i ponenza de paraca.				Allipani
4 Tax revenues levied for the organ-			-00-00000000000000000000000000000000000		***************************************	<del></del>
ization's benefit and either paid to or expended on its behalf		* Comprome a transportation				
5 The value of services or facilities				***************************************		
furnished by a governmental unit to		***************************************		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM	**************************************	
the organization without charge		demonstration of the second		11000	Para Para Para Para Para Para Para Para	
6 Total. Add lines 1 through 5						
7a 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				WOODCOM CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	NOVE TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN T	
c Add lines 7a and 7b		2000				
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6					j	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income	110000000000000000000000000000000000000					
(less section 511 taxes) from businesses acquired after June 30, 1975				110000000000000000000000000000000000000		
c 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	with the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of t					ndine di Samusia ndine di Amelika Saraji Samusia Saraji Amelika di Amerika Saraji Saraji Saraji Saraji Saraji
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	940000000000000000000000000000000000000				- Annual Control	
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	x vear as a sectio	n 501(c)(3) organiz	ation.
check this box and stop here				•	. ,	
Section C. Computation of Publi	c Support Pe	rcentage				American American
15 Public support percentage for 2015 (li	·····		olumn (fi)	didition to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	15	%
16 Public support percentage from 2014					16	%
Section D. Computation of Inves					<del> </del>	<u></u>
17 Investment income percentage for 20		· <del></del>	e 13. column (f))		17	%
18 Investment income percentage from 2					18	<del>~</del> %
19a 33 1/3% support tests - 2015. If the					-	***************************************
more than 33 1/3%, check this box an						anneal trade (all all all all all all all all all al
b 33 1/3% support tests - 2014. If the						
line 18 is not more than 33 1/3%, chec						***********
20 Private foundation. If the organization						

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## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
		No
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Po	rt IV   Supporting Organizations (continued)	7 002090	, <u>, , , , , , , , , , , , , , , , , , </u>	age 5
ı d	rt IV   Supporting Organizations (continued)	ulikainelinennenineliääääänennisterranaisen in innen	T	Mgmballhallmi(()()assa).
11	Has the organization accepted a gift or contribution from any of the following persons?	F-0-0000000000000000000000000000000000	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	
-	below, the governing body of a supported organization?	44-	athanosuroa	Х
h	A family member of a person described in (a) above?	11a 11b	·	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	X
	tion B. Type I Supporting Organizations			L42
***************************************			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	<del>                                    </del>
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			:
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	***************************************	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Samuel Control		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
A-00.000.00	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		· • · · · · · · · · · · · · · · · · · ·	
		printeticininemeticetitiitea	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	***************************************	X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	MATEROCOM		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	***************************************		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		tr
200	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	X
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Instruc	#F		
a	X The organization satisfied the Activities Test. Complete line 2 below.	uons):		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	eee instructions	1	
2	Activities Test. Answer (a) and (b) below.	ce manuchons,	Yes	No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
***	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined	***************************************		
	that these activities constituted substantially all of its activities.	2a	x	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	procedurate and the second		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Year	***************************************	
	activities but for the organization's involvement.	2b	Х	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический политический полит	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	***************************************	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Red VI, the role placed by the organization in this mound	25		

MED AL UNIVERSITY OF SOUTH CAF INA
Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION

Sche	edule A (Form 990 or 990-EZ) 2015 FOUNDATION			57-6028985 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970. See in	structions. All
***************************************	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	4411		-
sheldinish shares	maintenance of property held for production of income (see instructions)	6		17 0000
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
<u>7</u>	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		VOTE
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting o	organization (see

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instructions).

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Schedule A (Form 990 or 990-EZ) 2015	FOUNDATI	ON			

Pa	rt V	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	janizations (continued)	
Sect		Distributions			Current Year
1	Amoun	ts paid to supported organizations to accomplish ex	empt purposes		
2	Amoun	ts paid to perform activity that directly furthers exem	pt purposes of supported		
	organiz	ations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpos	ses of supported organizatio	ns	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)		ithe 400 kell birli 600 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee 30 ee	
6	Other c	istributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which	the organization is responsiv	·····	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2015 from Section C, line 6			
10	Line 8 a	mount divided by Line 9 amount		\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	000
			(i)	(ii)	(iii)
	. <b>_</b> -		Excess Distributions	Underdistributions	Distributable
Secti	ion E - C	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distribu	table amount for 2015 from Section C, line 6	**************************************		
2	Underd	istributions, if any, for years prior to 2015			
		able cause required-see instructions)			***************************************
3		distributions carryover, if any, to 2015:			
а					***************************************
b	***************************************				
С			***************************************		
đ	From 20	013			
е	From 20	014			
f	Total of	lines 3a through e	***************************************		**************************************
		to underdistributions of prior years			
	,,	to 2015 distributable amount			
ì		er from 2010 not applied (see instructions)			
i		der. Subtract lines 3g, 3h, and 3i from 3f.		***************************************	**************************************
4		tions for 2015 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
		to 2015 distributable amount			
		der. Subtract lines 4a and 4b from 4.			
5	····	ng underdistributions for years prior to 2015, if			
		otract lines 3g and 4a from line 2 (if amount	į		
		than zero, see instructions).			
6	Remain	ng underdistributions for 2015. Subtract lines 3h			(*************************************
		from line 1 (if amount greater than zero, see	Section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a section and a se	PRINCE PARAMETERS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS	
	instruct	ons).	n. A PACAGE STREET	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	
		distributions carryover to 2016. Add lines 3j			
	and 4c.			PRINCE PRINCE	
8		own of line 7:			
а					
b	F				
************	Excess	from 2013	***************************************		
		from 2014		<u> </u>	
		from 2015			

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Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION E, LINE 2A
MUSC FOUNDATION'S (THE FOUNDATION) PRIMARY MISSION IS TO SUPPORT THE
MEDICAL UNIVERSITY OF SC. PLEASE SEE PART 1, LINE 1 OF FORM 990. THE
FOUNDATION MANAGES A FUNCTION ON BEHALF OF MUSC. MUSC IS REQUIRED BY
STATE LAW TO ENSURE THIS FUNCTION IS PROVIDED. THE FOUNDATION'S PROGRAM
EXPENSES ARE SPENT IN SUPPORT OF MUSC. THE PROGRAM EXPENSES ACCOUNT FOR
AROUND 90% OF ALL OF THE FOUNDATION'S EXPENSES. THE REMAINING 10% OF
EXPENSES ARE FOR MANAGEMENT AND GENERAL EXPENSES. THEREFORE,
SUBSTANTIALLY ALL OF THE ACTIVITIES ARE TO SUPPORT MUSC.
PART IV, SECTION E, LINE 2B
MUSC IS REQUIRED BY STATE LAW TO PERFORM THIS SERVICE. WITHOUT THE
FOUNDATION PERFORMING THESE SERVICES, MUSC WOULD HAVE TO DO THEM
INTERNALLY.

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

Inspection

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. MEDICAL UNIVERSITY OF SOUTH CAROLINA Name of the organization

FOUNDATION

Employer identification number 57-6028985

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	PT	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	, , , , , , , , , , , , , , , , , , , ,		
C			
d			
3	listed in the National Register		
3	year	eased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>	.,	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	**************************************	Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
*********	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	243033444
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	libition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descrit	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	·	, <b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	······································	> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 17	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	***************************************	<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>b.</b> ¢

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

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chedule D (F	orm 990) 2015	FOUNDATI	ON				57	-6028985	Page 2

Pа	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures,	or Other	Similar A	ssets(continued	1)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	at are a sig	nificant use o	of its collection ite	ms
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progr	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizati	on's exem	pt purpose ir	Part XIII.	
5	During the year, did the organization solicit or							
·····	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?	<u> </u>		Yes	No
Pa	rt IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the organizatio	n answered	"Yes" on F	form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par				····	***************************************		
1a	Is the organization an agent, trustee, custodi		*					
	on Form 990, Part X?						Yes	No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			[	***************************************	***************************************
							Amount	
	Beginning balance					1 1		MM10410400000
	Additions during the year					1d		
	Distributions during the year					!		***************************************
f	Ending balance					<u> </u>		
	Did the organization include an amount on Fo				•	/?	L Yes	No
	If "Yes," explain the arrangement in Part XIII.  rt V Endowment Funds. Complete if						<u></u>	
***************************************	Endownient and Complete a	(a) Current year		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	·	*******************************		
1a	Beginning of year balance	322 643 944.	(b) Prior year	(c) Two year		) Three years b		wood and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same
b		6,550,801.	312,580,019.			239,472,4		
	Net investment earnings, gains, and losses	-3.802.009.	4,664,717. 16,691,042.		0,534.	8,304,7		229,
	Grants or scholarships	~3,002,005,	10,691,042,	44,41	2,232,	32,761,5	69. 11,549	4/5,
	Other expenditures for facilities							
-	and programs	13,391,011.	11,291,834.	10,13	640	ת מור ם	34 6 115	
f	Administrative expenses	13,331,011,	11,231,034,	10,13	1,040.	8,219,9	24. 0,110	808,
g	End of year balance	312,001,725,	322,643,944.	312,580	1 119	272,318,8	93. 239.472	177
2	Provide the estimated percentage of the curri				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2,2,010,0		
	Board designated or quasi-endowment	6.97	%	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ь	~	%	~``					
С	Temporarily restricted endowment ▶ 22	2.24 %						
	The percentages on lines 2a, 2b, and 2c shou	ild equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	nd administe	red for the	organization		
	by:					-	Yes	No
	(i) unrelated organizations	<pre>600</pre>	>->#<+++>-++++++++++++++++++++++++++++++	2.10//	*>>-><			X
	(ii) related organizations	******************************		**************			3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.		· · · · · · · · · · · · · · · · · · ·			
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990.	Part IV, line 11a. S	ee Form 990	, Part X, lin	ie 10.	grano	
tonoisonoisono	Description of property	(a) Cost or oth basis (investme	<b>, , , , , , , , , , , , , , , , , , , </b>			umulated ciation	(d) Book valu	16
1a	Land			6,944.			61,784,9	38.
	Buildings		38. 54	2,972.	16,44	16,994.	33,583,3	16.
c	Leasehold improvements				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
d	Equipment			6,358.	36	1,703.	144,5	28.
	Other	188,4			**************************************		188,4	
otal	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	. column (B), line 1	Oc.)	66.6.6.6.6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	<b>&gt;</b>	<u>95,701,2</u>	46.

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Schedule D (Form 990) 2015	FOUNDAT:	ION			· ·

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other (A) PARTNERSHIPS	0/ /17 EE	O END OF MEN	D REAL PROPERTY AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER
	84,417,55		R MARKET VALUE
(B) HEDGE FUNDS (C) OTHER INVESTMENTS	53,440,34		R MARKET VALUE
(C) OTHER INVESTMENTS (D)	4,084,82	8. END-OF-YEA	R MARKET VALUE
(E)			
(F)	***************************************		
(G)			
(H)		**************************************	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	141,942,73	2.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11c. See Form 990. Part	X. fine 13.
(a) Description of investment	(b) Book value		ion: Cost or end of year market value
(1)		***************************************	
(2)			
(3)			
(4)			
(5)			
(6)	**************************************		
(7)			
(8)			
(9)		·····	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			700000
Part IX Other Assets.			
Complete if the organization answered "Yes" (	on Form 990, Part IV, Description	line 11d. See Form 990, Part	
	263CHPt(0H		(b) Book value
(1) (2)			
(3)		**************************************	
(4)			
(5)			
(6)		\$\$\$\$\$\$\$\$\frac{1}{2}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	
(7)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
(8)			
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otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	7-4-0-7-0-10-0-10-10-10-10-0-10-0-10-0-1	
Part X Other Liabilities.			rmana-autobasi zzi i. i. i. i. i. i. Ferrir ferrirere ronssministratione monitorio monitorio sacioni
Complete if the organization answered "Yes" of	on Form 990, Part IV, I	line 11e or 11f. See Form 990	, Part X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
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(2) ANNUITIES PAYABLE	į (	2,614,087.	
(2) ANNUITIES PAYABLE (3) INTEREST RATE SWAP			
		17,852,400.	
(3) INTEREST RATE SWAP		17,852,400.	
(3) INTEREST RATE SWAP (4) CONTRIBUTIONS PAYABLE		17,852,400.	
(3) INTEREST RATE SWAP (4) CONTRIBUTIONS PAYABLE (5)		17,852,400.	
(3) INTEREST RATE SWAP (4) CONTRIBUTIONS PAYABLE (5) (6)		17,852,400.	
(3) INTEREST RATE SWAP (4) CONTRIBUTIONS PAYABLE (5) (6) (7)		24,194,025.	

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5	7	****	6	0	2	8	9	8	5	Page	4

	edule D (Form 990) 2015 FOUNDATION				57-	6028985	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Finar	ncial Statements	Wi	th Revenue per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial state	ements		************	1	47,095	,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	,				
а	Net unrealized gains (losses) on investments		3 -	18,647,918.		WWW.	
b	Donated services and use of facilities		2			A F A COMMISSION AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE A	
c	* * ** *** ****************************		2				
d	vere/initementalization			<u>-695,213.</u>		Africa managa	
e					<u>2e</u>	<u>-19,343</u> ,	
3	Subtract line 2e from line 1			**>**>**>	3	66,439,	<u>,014.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1	0.55		444	
	Investment expenses not included on Form 990, Part VIII, line 7b		T	857,398.		ļ	
	Other (Describe in Part XIII.)						
c	Add lines 4a and 4b				4c		398.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 12.)	167	*1.	5	67,296,	412.
ra	rt XII Reconciliation of Expenses per Audited Fina		VV	tn Expenses per	Hett	ırn.	
	Complete if the organization answered "Yes" on Form 990,	***************************************					***************************************
1	Total expenses and losses per audited financial statements	()(/%)++(41)1+/)+//4/4/4/4/1/2/2/2/4/4/			1	31,682,	141.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1				
a	Donated services and use of facilities		***************************************				
b	Prior year adjustments						
С	Other losses			E O A O O C			
ď	***************************************	1-1-1-11		534,226.	_	F 3.4	226
	Add lines 2a through 2d				<u>2e</u>		<u>226.</u>
3	Subtract line 2e from line 1		4 4 > + 4 1	<	3	31,147,	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		i	057 200			
a	Investment expenses not included on Form 990, Part VIII, line 7b			857,398.			
b	Other (Describe in Part XIII.) Add lines 4a and 4b					057	200
					4c		398.
5 Par	rt XIII Supplemental Information.	an i, iine i 8.)		***************************************	5	32,005,	212.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				l; Part	X, line 2; Part X	<b>(</b> 1,
	RT XI, LINE 2D - OTHER ADJUSTMENTS		de en de la companya de la companya de la companya de la companya de la companya de la companya de la companya	4		-1,277,	652
	ANGES IN VALUE OF SPLIT INTEREST A						223.
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TOT	AL TO SCHEDULE D, PART XI, LINE 2	D	***************************************		rom monomentality	-695,	213.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENT	S:					
SPE	CIAL EVENT EXPENSES					534,	226.

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Schedule D (Form 990) 2015 Part XIII Supplemental Inform	mation (continu	LOIN		₩. 1.12°	57-6028985 Page 5
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532055 09-21-15

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

FOUNDAT	ION ONTVERSITY OF SOU	UTH	CAR	COLINA	57-6028	intification number
Part I Fundraising Activities required to complete this part	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,		
<ul> <li>1 Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f Solicita g X Specia  or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pure	ation of ation of I fundra I (inclui profess	non-g gover aising ding o ional f	overnment grants inment grants events fficers, directors, trus fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustadv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			macadada de de deservante			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2015

CAL UNIVERSITY OF SOUTH CA Schedule G (Form 990 or 990-EZ) 2015 FOUNDATION 57-6028985 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through VARIOUS col. (c)) (event type) (event type) (total number) 3,409,795. Gross receipts 3,409,795. 2,875,569. 2,875,569. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 534,226. 534,226. 4 Cash prizes Noncash prizes Rent/facility costs Food and beverages 8 Entertainment 534,226. Other direct expenses 534,226. 10 Direct expense summary. Add lines 4 through 9 in column (d) 534,226. Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

532082 09-14-15 Sch

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain:

# CAL UNIVERSITY OF SOUTH CA Schedule G (Form 990 or 990-EZ) 2015 FOUNDATION 57-6028985 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > Gaming manager information: Name > Gaming manager compensation > \$\_\_\_\_\_ Description of services provided > Director/officer Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

532083 09-14-15

Schedule G	3 (Form 990 or 990-F7)	MEI CAL	UNIVERSITY	OF	SOUTH	CA LINA	57-6028985 Page 4
Part IV	(Form 990 or 990 EZ) Supplemental Infor	mation (contin	ued)				31 0020303 Page 4
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047 2015 Open to Public

Inspection

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57-6028985

Employer identification number X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. MEDICAL UNIVERSITY OF SOUTH CAROLINA General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part II Grants and Other Assistance to Domestic Organizations and Domestic Concernant Complete if the constitution and other Assistance to Domestic Organizations and Domestic Concernant Complete if the constitution and Other Assistance to Domestic Organizations and Domestic Concernant Complete if the constitution and Other Assistance to Domestic Organizations and Domestic Concernant Complete if the constitution and Other Assistance to Domestic Organizations and Domestic Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of the Concernation of th	ocedures for moni	toring the use of grant	funds in the United	States.	X postorione existential	100 OCO mac 1 at 100	W first O4 free	***************************************
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z enter total number of section 50.1(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	e line 1 table				<b>A</b>	

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2015)

MEDICAL UNIVERSITY OF SOUTH CAROLINA

FOUNDATION

Schedule I (Form 990) (2015)

Part III

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

Page 2

57-6028985

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THEIR REQUESTS MUST REMAIN WITHIN THE DONOR'S INTENT AND WE REVIEW IT TO DETERMINE THAT THE (d) Amount of non-cash assistance (c) Amount of cash grant WE PROVIDE SUPPORT TO OUR SUPPORTED ORGANIZATIONS. (b) Number of recipients REQUEST DOES MEET ALL THE REQUIREMENTS. (a) Type of grant or assistance ~ LINE PART I,

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

Department of the Treasury

Part I

# Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

**Questions Regarding Compensation** Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? X 2 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, but explain in Part III. X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? X 5a Any related organization? Х If "Yes" to line 5a or 5b, describe in Part III. For persons listed on 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? X b Any related organization? X 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? Q

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

# MEDICAL UNIVERSITY OF SOUTH CAROLINA

FOUNDATION Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 57-6028985

Page 2

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	oiner deferred compensation	Denemis	(a)·(i)(a)	in column (B) reported as deferred on prior Form 990
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# MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Schedule J (Form 990) 2015

57-6028985

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

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

Supplemental Information on Tax-Exempt Bonds

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

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

2015 Open to Public Inspection

OMB No. 1545-0047

MEDICAL UNIVERSITY OF SOUTH CAROLINA Name of the organization

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( Page 2 % % % × × ٥ N Yes % 8 % % 2 × × × × × ပ Yes 57-6028985 % % % 8 2 × × × × Yes 8 % % % 2 × × × ×  $\times$ ⋖ Yes counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? A A b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Ves" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another 3a Are there any management or service contracts that may result in private Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government FOUNDATION Regulations sections 1.141-12 and 1.145-27 business use of bond-financed property? Part III Private Business Use (Continued) Schedule K (Form 990) 2015 1.141-12 and 1,145-2? Total of lines 4 and 5 Part IV Arbitrage õ O 4 ιD 9

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1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	N	Yes	No.
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2 If "No" to line 1, did the following apply?	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a Rebate not due yet?		×		X		×		×
b Exception to rebate?		×		×		×		<b>*</b>
c No rebate due?		×	TO THE PERSON NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN	×		×		×
if "Yes" to line 2c, provide in Part VI the date the rebate computation was	A VALUE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER 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57-6028985 Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)

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Schedule K (Form 990) 2015 532123 10-22-15

## SCHEDULE M (Form 990)

## Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization MEDICAL UNIVERSITY OF SOUTH CAROLINA 57-6028985

Part I Types of Property

(a) (b) (c) (d) Method of determining amounts reported on amounts reported on process to contribution amounts.

		(a)	(b)	(c)	: La			الـ		***************************************
		Check if applicable	Number of contributions or	Noncash contr amounts repor		POL	Method of e cash contril			to
				Form 990, Part VI	II, line 1g		reasir contin	JUNION	31110011	13
1	Art - Works of art	X	14	30	<u>,325.</u>	FMV		*********	December of the later of the la	
2	Art - Historical treasures						~~~	Ciedania in incidentia in inci	~	
3	Art - Fractional interests								debeshingen beskylve	·
4	Books and publications	X		2	,645.	FMV		·		
5	Clothing and household goods	X		43	,068.	FMV				
6	Cars and other vehicles								Obedomede Lidikere useri.	
7	Boats and planes									***************************************
8	Intellectual property									ionemoconema Juana.
9	Securities - Publicly traded	X	67	4,906	,508.	FMV		titikakitinahenianinn		***************************************
10	Securities - Closely held stock						***************************************			***************************************
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12	Securities · Miscellaneous				********************************	***********		++**Tidhuh)dadhaddadumi	~	***************************************
13	Qualified conservation contribution			** ***********************************	***************************************	<u> </u>			*************	
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14	Qualified conservation contribution - Other		······································		***********************	1	***************************************	<b></b>	~~~	***************************************
15	Real estate - Residential						·····		n i California de la companione de la companione de la companione de la companione de la companione de la comp	
16	Real estate - Commercial			**************************************			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
17	Real estate - Other						-	*************		alternative and the same
18	Collectibles							***************************************		
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20	Drugs and medical supplies		T-3	<u>4                                </u>	<u>, 0 / U .</u>	FMV		***************************************		*****************
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22	- 1-01000100000000000000000000000000000							*************		
23	Historical artifacts				***************************************	FECUSION PLANSAGEMENT				***************************************
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24	Archeological artifacts	v	4	220	F C O	T13.67.7				
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29	Number of Forms 8283 received by the organia				-					
	for which the organization completed Form 826	33, Part IV, D	onee Acknowledg	ement	29	***************************************		*************	T	
									Yes	No
30a	During the year, did the organization receive by						at it	***************************************		
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?	?	*>				<>	30a		X
þ	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any non-standar	d contribu	utions?	> < > + > + > + > + > + > + > + > + > +	31	X	
32a	Does the organization hire or use third parties	or related org	ganizations to solic	it, process, or sell	noncash					
	contributions?	/2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*********************	<> </td <td></td> <td>~ &lt; / &lt; - &gt; &lt; - &gt; + - &gt; + - &gt; + - &gt; + - &gt; + - &gt;</td> <td>32a</td> <td>Х</td> <td></td>		~ < / < - > < - > + - > + - > + - > + - > + - >	32a	Х	
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which columi	n (a) is ch	ecked,		***************************************		
	describe in Part II.									:
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

532142 08-21-15

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Inspection

Name of the organization

MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

Employer identification number 57-6028985

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNDER THE LAWS OF SOUTH CAROLINA AS AN EDUCATIONAL, CHARITABLE,
ELEEMOSYNARY FOUNDATION TO PROMOTE EDUCATIONAL, RESEARCH, CLINICAL, AND
OTHER FACILITIES AND PROGRAMS OF THE MEDICAL UNIVERSITY OF SOUTH
CAROLINA ("MUSC"). IN 2005, THE FOUNDATION EXPANDED ITS PURPOSE BY
AMENDING ITS BYLAWS TO PROMOTE THE SAME TYPES OF PROGRAMS THROUGH THE
MEDICAL UNIVERSITY HOSPITAL AUTHORITY ("MUHA"), A COMPONENT UNIT OF
MUSC. IF THE FOUNDATION IS DISSOLVED, ITS ASSETS SHALL BE TRANSFERRED
TO MUSC AND USED BY MUSC IN ITS ACTIVITIES. THEREFORE, THE FOUNDATION
MEETS THE DEFINITION ESTABLISHED BY THE GOVERNMENTAL ACCOUNTING
STANDARDS BOARD AS A COMPONENT UNIT OF MUSC. MUSC IS REQUIRED TO
INCLUDE FINANCIAL INFORMATION OF THE FOUNDATION IN ITS REPORTING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOUTH CAROLINA HOSPITAL AUTHORITY.
FORM 990, PART VI, SECTION B, LINE 11:
MANAGEMENT PROVIDES AN ELECTRONIC COPY OF THE 990 TO THE BOARD OF DIRECTORS
ALONG WITH AN EXECUTIVE SUMMARY FOR THEIR REVIEW AND FEEDBACK. IN
ADDITION, THE 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND
APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
THE POLICY IS PROVIDED TO ALL DIRECTORS, PRINCIPAL OFFICERS, AND TOP
MANAGEMENT ANNUALLY. THEY ARE ASKED TO SIGN A STATEMENT AFFIRMING THAT
THEY HAVE RECEIVED A COPY OF THE POLICY, HAVE READ AND UNDERSTAND THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON INTEREST RATE SWAP

-1,277,662.

CHANGES IN VALUE OF SPLIT INTEREST AGREEMENTS

48,223.

TOTAL TO FORM 990, PART XI, LINE 9

-1,229,439.

WEBSITE.

## SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▼ Attach to Form 990.

2015

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.ins.gov/form990. MEDICAL UNIVERSITY OF SOUTH CAROLINA

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

FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Part

Open to Public Inspection

Employer identification number 57-6028985

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value, address, and Env (i applicable) of disregarded entity	Filmary activity	Legal domicile (state or foreign country)	r Total income	e End-of-year assets		Direct contralling entity
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Part II Identification of Related Tax-Exempt Organizations Complete if the organizations during the tax year.	itions Complete if the organization a	organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one or	more related tax-exe	mpt
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of related organization		foreign country)	section	status (if section 501(c)(3))	entity	otity?
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Schedule R (Form 990) 2015

FOUNDATION Schedule R (Form 990) 2015

Page 2 57-6028985 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

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(a)  Name, address, and EIN  of related organization	Z _	Prima	(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	Sh end- as	(g) Share of Per end-of-year ow assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	***
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Schedule R (Form 990) 2015 FOUNDATION

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

Page 3

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Method of determining amount involved 5 <del>---</del> = 共 9 <u>....</u> S 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. 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? 22,097,435.FMV 426,552.FMV 4,226,178.FMV 18,151.FMV (c) Amount involved (b) Transaction type (a·s) Performance of services or membership or fundraising solicitations for related organization(s) þ, m Performance of services or membership or fundraising solicitations by related organization(s) Μ  $\Xi$ 0 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) SOUTH CAROLINA SOUTH CAROLINA (3) MEDICAL UNIVERSTIY OF SOUTH CAROLINA (4) MEDICAL UNIVERSTIY OF SOUTH CAROLINA Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) MEDICAL UNIVERSTIY OF (2) MEDICAL UNIVERSTIY OF Sale of assets to related organization(s) Dividends from related organization(s) **=** 0 Ω. N

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MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION

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Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
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FOUNDATION Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part (V, line 37,

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

(b) (c) (d)	(Q)	(0)	(P)	(e)	W	- T	9	W.	9	(b)
Name, address, and EIN of entity	Primary activity	micile oreign y)	related, tax und 2-514)	patitions sec 501(c)(3) er 0003.7	Share of total income	Share of end-of-year assets	Disproportionale affocations?	Code amount of Sch (Forr	General or managing partner?	Percentage ownership
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