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GOVERNMENT COPY

			EXTENDED TO MAY 15, 202			
For	_9	90	Return of Organization Exempt Frou Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	m Ir	ncome Tax	OMB No. 1545-0047
			<ul> <li>Do not enter social security numbers on this form as it i</li> </ul>			
		of the Treasury enue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the I</li> </ul>	-	-	Open to Public Inspection
AF	or the	e 2018 calenc			JN 30, 2019	
	Check if		f organization		D Employer identifi	
а		le:	5		. ,	
	Addre		ATE FAMILY RESOURCE CENTER			
	Name Chang	pe Doing b	usiness as		06-1	806404
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	/suite	E Telephone numbe	
	Final return termir	ő-	OLD FURNACE ROAD			578-1379
	ated TAmen	City or t	own, state or province, country, and ZIP or foreign postal code ING SPRINGS, SC 29316	- F	G Gross receipts \$	673,458.
	_lreturn ∏Applio		ING SPRINGS, SC 29516 nd address of principal officer: KELLEY EZELL		H(a) Is this a group re	
	_ltion pendi		AS C ABOVE		for subordinates H(b) Are all subordinates in	
<u> </u>	[2V-0V	empt status:		527		list. (see instructions)
					H(c) Group exemptio	
						A State of legal domicile: SC
	art I			Tour or		
	1		be the organization's mission or most significant activities: OUR MIS	SION	IS TO CON	TRIBUTE TO
nce	·	THE HEA	ALTH AND PROSPERITY OF OUR COMMUNITY			
Governance	2	Check this bo	x ► if the organization discontinued its operations or disposed of	more	han 25% of its net a	ssets.
ove			ting members of the governing body (Part VI, line 1a)			10
Ğ			dependent voting members of the governing body (Part VI, line 1b)			10
Activities &			of individuals employed in calendar year 2018 (Part V, line 2a)			9
viti			of volunteers (estimate if necessary)			115
(cti)			d business revenue from Part VIII, column (C), line 12			0.
4			business taxable income from Form 990-T, line 38			0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		723,128.	634,672.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		0.	0.
sev.	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,030.	27,779.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		742,158.	662,451.
			milar amounts paid (Part IX, column (A), lines 1-3)		150,030.	172,448.
			to or for members (Part IX, column (A), line 4)		0.	0.
es			r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots\dots}$		265,274.	333,857.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Т.			ing expenses (Part IX, column (D), line 25)  41,523.		211 040	1.61 400
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		311,949.	161,489.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		727,253. 14,905.	667,794. <5,343.>
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		<b>T</b> -+-! +- /			inning of Current Year 144,830.	End of Year 139,694.
Asse Bala	20	-	Part X, line 16)		0.	0.
let / und	21		s (Part X, line 26) fund balances. Subtract line 21 from line 20		144,830.	139,694.
	22 Art II	Signatur		_	144,030.	1 100,004.
		_	I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best of m	v knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which pre-			,
				1	,	
Sig	n	Signatur	e of officer		Date	
Her		KELL	EY EZELL, EXECUTIVE DIRECTOR			
			print name and title			
		Dulat	Dura and a simulation	Da	te Chaok	1 PTIN

	Print/Type preparer's name	Preparer's signature	Date	Check	_   <sup>P</sup>	TIN	
Paid				self-employe	d		
Preparer	Parer Firm's name						
Use Only	Dnly Firm's address						
	-			Phone no.			
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			🗌	Yes	No

	2 12-31-18	SEE SCHEDUL	E O FOR CONTIN		
4e	Total program service expenses	568,729.		Form	<b>)90</b> (2)
		luding grants of \$	) (Revenue	\$)	
4c	(Code:) (Expenses \$	including gra	nts of \$	) (Revenue \$)	
	*STRIVE TO THRIVE UNIV NETWORK OF RESOURCES A SELF-SUFFICIENCY. IT FINANCIAL LITERACY EDU	AVAILABLE TO ALSO OFFERS	FAMILIES WHO A INCENTIVES FOR	ARE WORKING TOWARDS R PARTICIPATION IN	
	FOR FAMILIES IN NEED. ASSISTANCE, SCHOOL SUE SNAP APPLICATION PROCE	PPLIES, CHRIS		ERGENCY FOOD, UTILIT CE, AND MEDICAID AND	
	*HARVEST FAMILY MINIST FROM THE COMMUNITY AND	O ORGANIZES T	HEM TO HELP WI	ITH CRISIS INTERVENT	'IOI
4b		34,724. including gra	nts of \$ 134 , 3		68
	*ACT WORKKEYS - THIS S SKILLS AND ARE THE FOU SYSTEM. THIS JOB CREE	JNDATION OF T	HE ACT NATIONA		
	CREDENTIAL THAT IS COM				
	*GED (GENERAL EDUCATIO				
	WORKFORCE READY AND SE				
	ADULT EDUCATION OPPORT	TUNITIES ARE	PROVIDED TO HE	ELP FAMILIES BECOME	
	COMMUNITY EDUCATION, C FAMILY SUPPORT ARE PRO				ΙT
4a		34,005. including gra			54
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization	is are required to report t			
	If "Yes," describe these changes on Schedu	ule O.			
3	If "Yes," describe these new services on Sc Did the organization cease conducting, or n		in how it conducts, any pro	ogram services?	X
2	Did the organization undertake any signification prior Form 990 or 990-EZ?	ant program services duri	ng the year which were not	listed on the	X
	OUR VISION IS TO BE TH	HE RECOGNIZED	LEADER IN STR		5.
	COMMUNITY BY PROVIDING AND SUPPORT SERVICES T			5, ENGAGING ACTIVITI	ES
1	Briefly describe the organization's mission: OUR MISSION IS TO CONT				
	Check if Schedule O contains a respo	onse or note to any line ir	this Part III		
	t III Statement of Program Servi	ce Accomplishmer	ITS		

Form 990 (		UPSTATE	
Part IV	Checklist c	of Required Sch	edules

UPSTATE FAMILY RESOURCE CENTER

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	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	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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		Х
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Form 990 (2018)
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 23	
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	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		Х
35 a	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990	(2018)	
1 UIIII	990	(2010)	

			Yes	No		
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 9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X		
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37		
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	_		v		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x		
	to file Form 8282?	7c		_ <u> </u>		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.				
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 74				
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g				
у ь						
h 8						
0						
9						
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				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c			X		
14a Did the organization receive any payments for indoor tanning services during the tax year?						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
excess parachute payment(s) during the year?						
	If "Yes," see instructions and file Form 4720, Schedule N.			37		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

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Form 990	(2018)
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## UPSTATE FAMILY RESOURCE CENTER

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

X

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.

4 -	Enter the number of voting members of the governing body at the end of the tax year <b>1a 1</b>	า	Yes	N
ia	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> If there are material differences in voting rights among members of the governing body, or if the governing	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 1	h		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		-
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization become aware during the year of a significant diversion of the organization is assets?	6		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		<u> </u>
1 a	more members of the governing body?	7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		2
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		2
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	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 to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
~	in Schedule O how this was done	12c 13	X	
	Did the organization have a written whistleblower policy?			
	Did the organization have a written document retention and destruction policy?	14		-
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		-
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			2
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
0.01	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ SC	N - ·		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(	s only	) avail	apl
	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         X       Upon request         Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	cial	
	statements available to the public during the tax year.	-		
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	KELLEY EZELL - 864-578-1379			
	TRADITION BUDNALE POAL BOILTING COPINES OF 79316			
	1850 OLD FURNACE ROAD, BOILING SPRINGS, SC 29316		1 <b>990</b>	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and Title					C)			(D)	(E)	(F)
	Average hours per week	box	not c , unle	Posi heck ss pe id a di	ition <sup>more</sup> rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PHILIP J. BALSAMO	2.00								0	0
VICE CHAIRMAN		X		X				0.	0.	0.
(2) NORMA BLANTON	2.00							0	0	0
DIRECTOR		X						0.	0.	0.
(3) SHELLEY CARTER	2.00									•
DIRECTOR		Х						0.	0.	0.
(4) WILLIAM CRAWFORD	2.00								•	•
DIRECTOR		х						0.	0.	0.
(5) DONNA HICKS	2.00								•	•
DIRECTOR		х						0.	0.	0.
(6) DR. DWAYNE HOSKINS	2.00									
DIRECTOR		х						0.	0.	0.
(7) KIM ASHBY	2.00									
SECRETARY		х		Х				0.	0.	0.
(8) MEREDITH KELLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) BLAKE PARKER	2.00									_
DIRECTOR		Х						0.	0.	0.
(10) LISA M. VANDYS	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(11) KELLY EZELL	50.00									
EXECUTIVE DIRECTOR				Х				61,481.	0.	17,374.
		l								
										Form <b>990</b> (2018)

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Form 990 (2018)

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Form 990 (2018) UPSTATE	FAMILY 1	RES	SOU	JRC	CE	CE	ΞN'	TER	06-18	8064	104	Page <b>8</b>
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	vees,	and	d Hi	ghes	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director	Institutional trustee	ss per	ition more rson i irecto	than d is both	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	in I S	Esti amo comp fro orga and	(F) mated ount of ther ensation m the nization related
	below	lividu	stitutio	Officer	/ emp	jhest ploye	Former				orgar	izations
	line)	Ind.	Inst	Offi	Key	Hig	For					
		-										
1b Sub-total								61,481.		0.	17	,374.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					I		0.		0.	17	0.
2 Total number of individuals (including but i									,000 of reportab	-		/0/10
compensation from the organization												0
												res No
3 Did the organization list any <b>former</b> officer					•			•			3	x
<ul><li>line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i></li><li>For any individual listed on line 1a, is the s</li></ul>										·····  -	3	
and related organizations greater than \$15									and england		4	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion fi	rom	any	unr	elat	ted organization or indiv	dual for services			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ich j	pers	son .					5	X
Section B. Independent Contractors									• · · · · · · ·			
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>	-									npensa	ation fro	om
(A)								(B)			(C)	
Name and business	s address	N	ONE	2				Description of s	ervices	Co	ompen	sation
2 Total number of independent contractors \$100,000 of compensation from the organ		iot li	miteo	d to		se lis )	stec	d above) who received n	nore than			
										F	orm <b>9</b>	<b>90</b> (2018)

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Par	t VI	Check if Schedule O contains a response or note	e to any line	in this Part VIII			
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			,000.				
n G		Membership dues     1b       Fundraising events     1c	645.				
ar A		Related organizations     1d	0450				
S, G			,388.				
i Si		All other contributions, gifts, grants, and	·				
the		similar amounts not included above <b>1f</b> 504	,639.				
duti	ç	Noncash contributions included in lines 1a-1f: \$ 136	,550.				
ခြိုင်	h	Total. Add lines 1a-1f	►	634,672.			
			ess Code				
/ice	2 a						
Ser	b						
n Ser	c						
Program Service Revenue	e	·					
Pro	f						
	ç	Total. Add lines 2a-2f	🕨				
	3	Investment income (including dividends, interest, and					
		other similar amounts)	► 🗋				
	4	Income from investment of tax-exempt bond proceed	ds 🕨 📘				
	5	Royalties	🕨				
			Personal				
		Gross rents 8,750.					
	b						
	c	Rental income or (loss) 8,750.		8,750.	8,750.		
			Other	0,1001	077000		
	10	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	c	Net gain or (loss)	🕨				
Other Revenue	8 a	Gross income from fundraising events (not including $ 645 $ of					
Rev		contributions reported on line 1c). See					
Jer		,	,552.				
₹		· · · · · · · · · · · · · · · · · · ·	· •	16,545.			16,545.
		Net income or (loss) from fundraising events     Gross income from gaming activities. See	······ 🚩 📔	10,545.			10,545
	58	Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances a 2	,484.				
	b	Less: cost of goods sold b	0.				
L	c	Net income or (loss) from sales of inventory	►	2,484.	2,484.		
Ļ			ess Code				
	11 a						
	b						
	c c						
	c	Total. Add lines 11a-11d					
	12	Total Add lines Training           Total revenue. See instructions	🖌 H	662,451.	11,234.	0.	16,545.
832009					,		Form <b>990</b> (2018

UPSTATE FAMILY RESOURCE CENTER

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UPSTATE FAMILY RESOURCE CENTER

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations ad domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22	172,448.	172,448.		
	rants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
tr	ustees, and key employees				
	ompensation not included above, to disqualified				
pe	ersons (as defined under section 4958(f)(1)) and				
pe	ersons described in section 4958(c)(3)(B)				
7 0	ther salaries and wages	252,353.	217,856.	17,858.	16,639
	ension plan accruals and contributions (include				
Se	ection 401(k) and 403(b) employer contributions)				
<b>9</b> O	ther employee benefits	81,504.	71,306.	5,267.	4,931
<b>0</b> P	ayroll taxes				
	ees for services (non-employees):				
a N	lanagement				
b L	egal				
сA	ccounting				
d L	obbying				
<b>e</b> P	rofessional fundraising services. See Part IV, line 17				
f Ir	vestment management fees				
<b>g</b> O	ther. (If line 11g amount exceeds 10% of line 25,				
	olumn (A) amount, list line 11g expenses on Sch O.)	42,032.	42,032.		
	dvertising and promotion		<u> </u>		
<b>3</b> O	ffice expenses	15,000.	6,000.	4,500.	4,500
4 Ir	formation technology				
<b>5</b> R	oyalties				
<b>6</b> O	ccupancy	<b>-</b> 000	F 000		
	ravel	5,883.	5,802.		81
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	iterest				
	ayments to affiliates	1 261	1 261		
	epreciation, depletion, and amortization	1,361.	1,361.		
	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses in line 24e. If line				
	te amount exceeds 10% of line 25, column (A)				
	nount, list line 24e expenses on Schedule 0.)	40,459.	26,298.	10,115.	4,046
	PROGRAM COSTS	23,534.	4,700.	9,090.	9,744
	UILDING REPAIRS	15,820.	10,283.	3,955.	1,582
	UPPLIES	13,433.	6,676.	6,757.	±,302
		3,967.	3,967.	0,157.	
	Il other expenses	667,794.	568,729.	57,542.	41,523
	otal functional expenses. Add lines 1 through 24e	00/,/94.	500,729.	57,542.	41,043
	<b>bint costs.</b> Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20 <sup>-</sup>

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Form 990 (2018) UPSTATE FAML
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Part X Balance Sheet

		Check if Schedule O contains a response or i	note to any		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			142,279.	1	138,504.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compe					
						5	
	6	Loans and other receivables from other disqu					
		section 4958(f)(1)), persons described in sect	-				
		employers and sponsoring organizations of s					
s		employees' beneficiary organizations (see ins		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		. 8			
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or othe					
	100	basis. Complete Part VI of Schedule D		24,860.			
	ь			24,860. 23,670.	2,551.	10c	1,190.
	11	Investments - publicly traded securities		_,	11		
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, III			13		
	14				14		
	15	Intangible assets Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			144,830.	16	139,694.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		21			
ú	22	Loans and other payables to current and for					
Liabilities		key employees, highest compensated employ					
lide		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.	
		Organizations that follow SFAS 117 (ASC 9	)58), check	here X and			
ŝ		complete lines 27 through 29, and lines 33		,			
nce	27	Unrestricted net assets			144,830.	27	139,694.
Fund Balances	28	Temporarily restricted net assets				28	
d B	29					29	
<u>n</u>		Organizations that do not follow SFAS 117					
г Т		and complete lines 30 through 34.	(				
Net Assets or	30	Capital stock or trust principal, or current fun	ds			30	
sse	31	Paid-in or capital surplus, or land, building, or				31	
ťΑ	32	Retained earnings, endowment, accumulated				32	
Ne	33	Total net assets or fund balances			144,830.	33	139,694.
	34	Total liabilities and net assets/fund balances			144,830.	34	139,694.
	34	TOTAL HADHILIES AND HET ASSETS/TUND DAIANCES			111,0JU.	34	

## LY RESOURCE CENTER

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

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Form 990 (2018)

Form	1 990 (2018) UPSTATE FAMILY RESOURCE CENTER	06-180	6404	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			~ ~	~ 4	<b>F</b> 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{2,4}{7,7}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{43.}{20}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	4,8	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		<u> </u>	07.
8	Prior period adjustments	8		4	07.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		13	9,6	٥ <i>١</i>
Da	column (B)) rt XII Financial Statements and Reporting	10	13	9,0	94.
га					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
-	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other			103	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
Zđ	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		Za		
	separate basis, consolidated basis, or both:	uona			
	Separate basis, consolidated basis, or both.				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		х
D.	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20		
	consolidated basis, or both:	0 04313,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	•	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990	2018)

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**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
I	2018
	Open to Public Inspection
Employer	identification number

Name of the organization

Turri		UPST	ATE FAMILY	RESOURCE CE	NTER			0	6-1806404	0.		
Par	tl	Reason for Public				is part.) Se	ee instruction			_		
The o	rgan	ization is not a private found										
1 [		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(*	1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)						
з [		A hospital or a cooperative					ii).					
4 [		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
		city, and state:										
5 [		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in <b>s</b>	section 17	70(b)(1)(A)	(v).					
7	Х	An organization that norma	Ily receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in			
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: 11.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or			
-		university:										
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from	m		
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment										
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
-		See section 509(a)(2). (Complete Part III.)										
<b>11</b>		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
<b>12</b>		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or										
		more publicly supported or	-						Check the box in			
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		<b>Type I.</b> A supporting orga	-	-	•							
		the supported organization			a majority o	of the dire	ctors or trust	ees of the s	supporting			
		organization. You must o	-									
b		<b>Type II.</b> A supporting org	-				•		-			
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported			
-		organization(s). You mus					avad fuwa ati awa		a alitla			
С		J Type III functionally inte		•••				iny integrate	ea with,			
A		its supported organization						rtad argani	zation(a)			
d	L	J Type III non-functionally that is not functionally int		• •				-				
		requirement (see instruct			•		-	u an allem	IVEIIE33			
е		Check this box if the orga	,	• •								
C	L	functionally integrated, or					a type i, type	, n, rype m				
f	Ente	er the number of supported of		inan) integratea capport								
		vide the following information	• • • • • • • • • • • • • • • • • • • •	ed organization(s).					·			
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instruction	ıs)		
Total												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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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	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	639,921.	761,312.	673,376.	723,128.	634,672.	3432409.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	639,921.	761,312.	673,376.	723,128.	634,672.	3432409.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4.						3432409.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014 639,921.	(b) 2015 761,312.	(c) 2016 673, 376.	(d) 2017 723,128.	(e) 2018 634,672.	(f) Total 3432409.
	Amounts from line 4	039,921.	/01,312.	0/3,3/0.	123,128.	034,0/2.	3432409.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2422400
	Total support. Add lines 7 through 10						3432409. 135,175.
	Gross receipts from related activities,	· ·	,				135,175.
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
				alumn (f)		14	100.00 %
	Public support percentage for 2018 ( Public support percentage from 2017						100.00 % $100.00$ %
	33 1/3% support test - 2018. If the c						
102	stop here. The organization qualifies	•					
r	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17:	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	-	•	•	
r	10% -facts-and-circumstances tes						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
			, • -	. , ,		dule A (Form 990	

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#### Schedule A (Form 990 or 990-EZ) 2018 UPSTATE FAMILY RESOURCE CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ng in) ▶ (a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	nd					
membership fees received. (D	Do not					
include any "unusual grants."	')					
2 Gross receipts from admission	ins,					
merchandise sold or services						
formed, or facilities furnished any activity that is related to t						
organization's tax-exempt pur						
<b>3</b> Gross receipts from activities						
are not an unrelated trade or						
iness under section 513						
4 Tax revenues levied for the or	roan-					
ization's benefit and either pa	•					
·						
5 The value of services or facilit						
furnished by a governmental						
the organization without charg						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1,						
3 received from disqualified p b Amounts included on lines 2 and 3 rece			<u> </u>			
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						_
8 Public support. (Subtract line 7c from Section B. Total Support	n line 6.)					
Calendar year (or fiscal year beginnin	ng in) ▶ (a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		(0) 2013	(0) 2010	(u) 2017	(e) 2018	
<b>10a</b> Gross income from interest,						
dividends, payments received	d on					
securities loans, rents, royaltie						
and income from similar source						
<b>b</b> Unrelated business taxable incom						
(less section 511 taxes) from bus	linesses					
c Add lines 10a and 10b						
11 Net income from unrelated bu activities not included in line 1						
whether or not the business is	s					
regularly carried on						
regularly carried on 12 Other income. Do not include	e gain					
regularly carried on 12 Other income. Do not include or loss from the sale of capita	e gain al					
regularly carried on 12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.) ····	9 gain al					
<ul> <li>regularly carried on</li> <li>12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11,</li> </ul>	and 12.)	's first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) orga	inization,
<ul> <li>regularly carried on</li> <li>12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11,</li> <li>14 First five years. If the Form 9 check this box and stop here</li> </ul>	e gain al , and 12.) 090 is for the organization e		d, fourth, or fifth ta	-		nization, ▶
<ul> <li>regularly carried on</li> <li>12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, 14 First five years. If the Form 9 check this box and stop here</li> <li>Section C. Computation o</li> </ul>	e gain al , and 12.) 090 is for the organization e of Public Support Po	ercentage				inization, ▶□
<ul> <li>regularly carried on</li> <li>12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, 14 First five years. If the Form 9 check this box and stop here</li> <li>Section C. Computation o</li> </ul>	e gain al , and 12.) 090 is for the organization e of Public Support Po	ercentage				<b>&gt;</b>
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<ul> <li>regularly carried on</li> <li>12 Other income. Do not include or loss from the sale of capita assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, 14 First five years. If the Form 9 check this box and stop here</li> <li>Section C. Computation o</li> <li>15 Public support percentage for</li> <li>16 Public support percentage for</li> <li>Section D. Computation o</li> <li>17 Investment income percentage</li> <li>18 Investment income percentage</li> <li>19a 33 1/3% support tests - 201 more than 33 1/3%, check thi b 33 1/3% support tests - 201</li> </ul>	a gain al 2 gain al 200 is for the organization 5 Public Support Poly or 2018 (line 8, column (f), om 2017 Schedule A, Par 5 Investment Incom 10 ge for 2018 (line 10c, colu 10 ge from 2017 Schedule A 10 ge from 2017 Schedule A 11 the organization did 12 lf the organization did 13 %, check this box and s 13 ganization did not check a	ercentage divided by line 13, t III, line 15 <b>ne Percentage</b> umn (f), divided by li , Part III, line 17 not check the box e organization quali not check a box or stop here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a a, or 19b, check th 15	a 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo his box and see ins Scho	15         16         17         18         33 1/3%, and line         ation         ore than 33 1/3%         ported organization         structions         edule A (Form Structions)	e 17 is not 6, and 00 ► 0 0990 or 990-EZ) 201

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3a

3b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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?
- 6 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 (as 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.)

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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			
	activities but for the organization's involvement.	2b		
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			
	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 "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
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#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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			
	maintenance of property held for production of income (see instructions)	6		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 <b>Part VI</b> ):			
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		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u></u>
Sect	on D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
-	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
e	Excess from 2018			(Farma 000 an 000 F7) 0040

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VI			SOURCE CE				Page 8
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3d line 1; Part IV, Section D, lines 2 ar Section D, lines 5, 6, and 8; and Pa	c, 4b, 4c, 5a, 6, 9a, 9b, 9c, nd 3; Part IV, Section E, line	11a, 11b, and 11c; s 1c, 2a, 2b, 3a, ar	Part IV, Section Nd 3b; Part V, lir	n B, lines 1 and 2; Par ne 1; Part V, Section E	t IV, Section 8, line 1e; Pa	n C, rt V,
	(See instructions.)						
32028 10-11-1	8		20		Schedule A (Form	990 or 990-E	E <b>Z)</b> 20

Department of the Treasury

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

06	-1	8	0	6	4	0	4
00		U	v	v	Ξ.	v	Ξ.

Internal Revenue Service	
Name of the organization	

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

UPSTATE FAMILY RESOURCE CENTER

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

#### **General Rule**

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

#### Special Rules

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

X

X

X

Х

X

X

Employer identification number

Name of organization 06 - 1806404UPSTATE FAMILY RESOURCE CENTER Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 MARY BLACK FOUNDATION Person Payroll 99,820. 49 EAST MAIN STREET, STE. 100 Noncash \$ (Complete Part II for SPARTANBURG, SC 29302 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** PASOS PROGRAMS ARNOLD SCHOOL OF PUBLIC 2 HEALTH Person Payroll 30,946. 730 DEVINE STREET Noncash (Complete Part II for COLUMBIA, SC 29208 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 UNITED WAY OF THE PIEDMONT, INC. Person Payroll 203 E MAIN STREET 30,000. Noncash (Complete Part II for SPARTANBURG, SC 29319 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 SPARTANBURG COUNTY CDBG Person Payroll P. O. BOX 5666 24,980. Noncash (Complete Part II for SPARTANBURG, SC 29394 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 J M SMITH FOUNDATION Person Payroll 101 WEST ST. JOHN STREET, STE. 305 20,000. Noncash (Complete Part II for SPARTANBURG, SC 29306 noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 6 ROCKEFELLER PHILANTHROPY ADVISORS Person Pavroll 20,000. 6 WEST 48TH STREET, 10TH FL Noncash \$

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(Complete Part II for

noncash contributions.)

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NEW YORK, NY 10036

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of	organization
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06 - 1806404

#### UPSTATE FAMILY RESOURCE CENTER

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 (a)	UPTOWN SERTOMA P.O. BOX 5135 SPARTANBURG, SC 29304 (b)	\$ <u>13,531.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	SPARTANBURG COUNTY FOUNDATION 424 E KENNEDY ST SPARTANBURG, SC 29302	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SPARTANBURG COUNTY P. O. BOX 5666 SPARTANBURG, SC 29394	\$8,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	UNITED METHODIST CHURCH OF THE COVENANT 9020 ASHEVILLE HWY SPARTANBURG, SC 29316	\$5,760.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	C.J. COMPTON PLUMBING AND HEATING 7606 PRINCE STREET SPARTANBURG, SC 29303	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 823452 11-0	STEVE MURPH 380 BENFORD DRIVE BOILING SPRINGS, SC 29316 8-18	\$ <u>5 , 0 0 0 .</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018)
	23		

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Name of organization

Employer identification number

06 - 1806404

#### UPSTATE FAMILY RESOURCE CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

12220512 746301 UFRC

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	

|--|

Name of o	organization		Employer identification number
UPSTA	TE FAMILY RESOURCE CEN	ITER	06-1806404
Part III		outions to organizations described in se (a) through (e) and the following line entry is, charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
·	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
823454 11-08	l 18-18	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2018

12220512 746301 UFRC 2018.05090 UPSTATE FAMILY RESOURCE CEN UFRC\_\_\_1

**SCHEDULE D** 

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

#### UPSTATE FAMILY RESOURCE CENTER

Employer identification number 06 - 1806404

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(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 advise	ed funds	s
	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	advisors in writing that grant funds can be	used on	ly
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferrir	ng
Par		÷	Part IV, lii	ne 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			
	Protection of natural habitat	Preservation of a certi	fied histe	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	of a cons	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b			······ –	2b
	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
~	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organiz	ation during the tax
	year	exempt in located		
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe			
5	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
U		, narialing of violations, and emotering cons	ervation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	tion ease	ements during the year
-	► \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(	'h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes t	the orga	nization's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of pl	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of put	olic servi	ce, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical tre		gain, pr	rovide
	the following amounts required to be reported under SFAS 1			<b>.</b> .
а	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2018
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		<u> </u>		

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Par	rt III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	r Othe	r Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	are a sig	gnificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			hange prograi						
b	Scholarly research	e	• 🗆 C	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	XIII.		
5	During the year, did the organization solicit of							_	7		٦
Des	to be sold to raise funds rather than to be m								Yes		No
Par	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the o	organizatio	n answered "	Yes" on I	Form 990	), Part IV,	line 9, or		
4.			-lieu (feu e								
1a	Is the organization an agent, trustee, custod								] <b>X</b>		7.0.0
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	Yes		_ No
D	in res, explain the arrangement in Part XIII	and complete the id	nowing ta	able.					A.m.o.u.m	+	
~	Reginning balance						1c		Amoun	ι	
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										]
Par	rt V Endowment Funds. Complete	if the organization ar	swered "	Yes" on Fo	orm 990, Part I	IV, line 1	0.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	back (	<b>d)</b> Three y	ears back	(e) Four	' years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	ı, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administer	ed for th	e organiz	zation	I	Vee	N
	by:								2=(1)	Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								55		
Par	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere		0. Part IV.	line 11a. S	See Form 990.	Part X. I	line 10.				
	Description of property	(a) Cost or c			or other		cumulate	ed	(d) Boo	k valu	
		basis (investr		.,	(other)	• •	reciation		(, 200		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			2	4,860.		23,6	70.		1,1	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)					1,1	90.
									- /-	0001	

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D (Form 990) 2018 UPSTATE F	AMILY	RESOUR	CE (	CENTER		06-1806404 <sub>P</sub>	age
Part VII Investments - Other Securities.							
Complete if the organization answered "Y			/, line 1				
(a) Description of security or category (including name of secur	ity) (	<b>b)</b> Book value		(c) Method of v	aluation: Cost	or end-of-year market valu	ie
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D) (E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							
Part VIII Investments - Program Related							
Complete if the organization answered "Y		rm 990, Part IV	/, line 1	1c. See Form 990,	Part X, line 13.		
(a) Description of investment		<b>b)</b> Book value		(c) Method of v	aluation: Cost /	or end-of-year market valu	ie
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) Total (Cal. (b) must actual Form 000, Dart V, acl. (D) line 10.)			-				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.							
Complete if the organization answered "Y	'es" on Foi	m 990 Part IV	/ line 1	1d See Form 990	Part X line 15		
	(a) Descri		, 1110		, i uit X, iiio io.	(b) Book value	;
(1)	. ,	·					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B	8) line 15.)					🕨	
Part X Other Liabilities.	<del>.</del>						
Complete if the organization answered "Y (a) Description of liability	es" on Foi	m 990, Part IV		1e or 11t. See For <b>b)</b> Book value	m 990, Part X, II 1	ne 25.	
			()	b) BOOK value	-		
(1) Federal income taxes					-		
(2)					-		
(3)					-		
(4)							
(5)					-		
(6) (7)							
(7) (8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B	3) line 25.)	<b>&gt;</b>					
, , , , , , , , , , , , , , , , , , , ,	, -/	····· •					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

#### Schedule D (Form 990) 2018

832053 10-29-18

12220512 746301 UFRC

Sche	dule D (Form 990) 2018 UPSTATE FAMILY RESOURCE	CENTER	06-1806404 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Pai	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2018					
Department of the Treasury	U U	rganization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	UPSTATE	FAMILY RESOURCE C					06-1806	
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o ted in Form 990, P ) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus iundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
			1					
		n is registered or licensed to solicit		butions	s or has been notified	d it is	exempt from re	egistration
or licensing.		-						
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraicing event contributions and gross income on Form 990 F7 lines 1 and 6b List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			(c) Other events	
			(a) Event #1	(b) Event #2 MOHAWK TO	(c) Other events	(d) Total events
			AFAC	REMEMBER	1	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
PUEVEIUE					(total hombol)	
	1	Gross receipts	14,662.	13,535.		28,197
	2	Less: Contributions		645.		645
_	3	Gross income (line 1 minus line 2)	14,662.	12,890.		27,552
	4	Cash prizes				
Ω.	5	Noncash prizes				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
<sup>ב</sup>	8	Entertainment				
	9	Other direct expenses		9,987.	1,020.	11,007
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	11,007
_		Net income summary. Subtract line 10 from I	· · · · · · ·			16,545
'a	irt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
-		\$15,000 on Form 990-EZ, line 6a.	i	(1.) Dull take (instant		(n=
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
ובגבווחב				biligo/progressive biligo		
		0				
╉	1	Gross revenue				
	2	Cash prizes				
20	-					
D D	3	Noncash prizes				
הוובתו דעהבוואבא	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		🕨	
		ter the state(s) in which the organization cond				
				states?		Yes I N
а	ls t	the organization licensed to conduct gaming a				
а	ls t					
а	ls t	the organization licensed to conduct gaming a				
a b	Is t If "I	the organization licensed to conduct gaming a No," explain:				
a b 0a	Is t If "I	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes N
a b Da	Is t If "I	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes N
a b Da	Is t If "I	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes N
a b )a	Is t If "I	the organization licensed to conduct gaming a No," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes N

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 UPSTATE FAMILY RESOURCE CENTER 06	-1806404	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	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?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party ▶ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?		
D	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 <b>&gt;</b> \$	l.	
Pa	rt 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.		, 00, 100,
83208	33 10-03-18 Schedule G (Fo	rm 990 or 990	)-EZ) 2018
	54		

Part IV	Supplemental Infor	mation (contin	ued)		
Schedule (	G (Form 990 or 990-EZ)	UPSTATE	FAMILY	RESOURCE	CENTER

832084 04-01-18		Schedule G (Form 990 or 990-EZ)
	33	

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         Department of the Treasury Internal Revenue Service       Attach to Form 990.         Go to www.irs.gov/Form990 for the latest information.								
Name of the org								Employer identification number
Part I Gen	UPSTATE F eral Information on Grants a		OURCE CENTE	R				06-1806404
-	-			· · · · ·		<u> </u>		
criteria use	organization maintain records t ed to award the grants or assis	stance?						
	n Part IV the organization's pro		¥¥¥					
	nts and Other Assistance to	-				anization answered "ץ	′es" on Form 990, Par	t IV, line 21, for any
	pient that received more than				1	(f) Method of		(1) 5
<b>1 (a)</b> Name :	and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter total	number of section 501(c)(3) a number of other organizations <b>rwork Reduction Act Notice</b>	s listed in the line <sup>-</sup>	1 table					Schedule I (Form 990) (2018)

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

#### Schedule I (Form 990) (2018) UPSTATE FAMILY RESOURCE CENTER

06-1806404

Page 2

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.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FOOD, SCHOOL SUPPLIES,
EMERGENCY FOOD, SUPPLIES AND SHELTER	5230	٥.	172,448.	FMV	UTILITIES, RENT, CHRISTMAS

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

. Inspection

20

Employer identification number 06-1806404

18

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.

Attach to Form 990

Go to www.irs.gov/Form990 for instructions and the latest information.

## Name of the organization

UPSTATE FAMILY RESOURCE CENTER

Pa	rt I Types of Property						
	·	(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribe	etermining	ints
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		45,688.	THIFT SHOP	VALUE	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	x		26 157			
19	Food inventory	X		30,13/.	RETAIL VALU		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24 25	Archeological artifacts Other ( CHRISTMAS TOY )	X	0	34 400.	RETAIL VALU	IE.	
25 26	Other (BACK TO SCHOO)	X	0		RETAIL VALU		
20 27	Other $\blacktriangleright$ ( )			20,0000			
28	Other ( )						
29	Number of Forms 8283 received by the organi	ization durin	n the tax year for a	contributions			
	for which the organization completed Form 82						
				J		Ye	s No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) 2018

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	/I (Form 990) 2018					
Part II	Supplementa	I Information	I. Provide the	information require	ed by Part I, lines :	30b, 32b

this part for any additional information.

06 - 1806404Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete

332142 10-18-18		Schedule M (Form 990) 2018
	37	. ,
	51	

12220512 746301 UFRC

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

UPSTATE FAMILY RESOURCE CENTER

Employer identification number 06-1806404

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSESSMENTS TO TARGET INSTITUTIONAL NEEDS AND HELPS TO SELECT, HIRE,

TRAIN, DEVELOP, AND RETAIN A HIGH-PERFORMANCE WORKFORCE.

\*ESOL •ENGLISH FOR SPEAKERS OF OTHER LANGUAGES- BEGINNER AND ADVANCED

ENGLISH CLASSES OFFER NON-NATIVE SPEAKERS OF ENGLISH THE OPPORTUNITY TO

IMPROVE THEIR LANGUAGE SKILLS. ESOL STUDENTS ENJOY SMALL CLASS SIZES

AND A PERSONALIZED APPROACH TO LEARNING.

\*DRESS FOR SUCCESS CLOTHING CLOSET - THIS PROGRAM PROVIDES ATTIRE FOR JOB INTERVIEWS. ITEMS INCLUDE: SUITS, PANTS, SHIRTS, DRESSES, SHOES, MAKEUP AND ACCESSORIES.

FAMILY DEVELOPMENT PROGRAMMING IS PROVIDED TO ASSIST IN CREATING

HEALTHY FAMILIES. PROGRAMS INCLUDE:

\* OUR CARE PROGRAM - (ADOLESCENT FAMILY SUPPORT) PROVIDES ONE ON ONE CASE MANAGEMENT AND PARENT EDUCATION FOR ADOLESCENT PARENTS WHO ARE STRIVING TO COMPLETE THEIR HIGH SCHOOL EDUCATION, GET THEIR GED OR CONTINUE ON TO SECONDARY EDUCATION. THIS PROGRAM ALSO FOCUSES ON

DELAYING A SECOND PREGNANCY BY ENCOURAGING OUR PARENTS TO SET

EDUCATIONAL GOALS.

\*THE FAMILY SOLUTIONS PROGRAM (FSP) IS A FAMILY GROUP PROGRAM WHICH

AIMS TO STRENGTHEN FAMILIES BY PROVIDING EXPERIENCES THAT INCREASE

 SKILLS FOR SUCCESSFUL LIVING AND POSITIVE RELATIONSHIPS. FAMILIES WORK

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

12220512 746301 UFRC

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Name of the organization

UPSTATE FAMILY RESOURCE CENTER

Employer identification number 06 - 1806404

Page 2

TOGETHER AND LEARN FROM EACH OTHER. FSP SESSION PROVIDE SUPPORT TO

FAMILIES AND HELP THEM TO DEVELOP STRONGER RELATIONSHIPS.

\*TRIPLE P - POSITIVE PARENTING PROGRAM IS A PARENTING AND FAMILY

SUPPORT SYSTEM DESIGNED TO PREVENT - AS WELL AS TREAT - BEHAVIORAL AND

EMOTIONAL PROBLEMS IN CHILDREN AND TEENAGERS. IT AIMS TO PREVENT

PROBLEMS IN THE FAMILY, SCHOOL AND COMMUNITY BEFORE THEY ARISE AND TO

CREATE FAMILY ENVIRONMENTS THAT ENCOURAGE CHILDREN TO REALIZE THEIR

POTENTIAL.

\*PASOS - PASOS PROVIDES LATINO FAMILIES WITH CULTURALLY RESPONSIVE EDUCATION ON FAMILY HEALTH, EARLY CHILDHOOD, AND POSITIVE PARENTING SKILLS; INDIVIDUAL GUIDANCE FOR PARTICIPANTS IN NEED OF RESOURCES; AND PARTNERSHIP WITH HEALTH CARE AND SOCIAL SERVICE PROVIDERS TO HELP THEM PROVIDE MORE EFFECTIVE SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: EXCHANGED IN THE THRIVE STORE FOR PREMIUM ITEMS, HYGIENE, PAPER AND CLEANING PRODUCTS, AS WELL AS ADULT AND CHILDREN'S CLOTHING.

FORM 990, PART VI, SECTION B, LINE 11B:

ELECTRONIC COPY AVAILABLE TO GOVERNING BODY BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A REVIEW IS DONE ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE DURING OFFICE HOURS.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

(Rev. January 2019)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

				Enter file	er's identifying nur	nber	
Type of print	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	UPSTATE FAMILY RESOURCE CEN	NTER		06-1806404			
File by the due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
return. S instruction							
Enter	he Return Code for the return that this application is for (file	e a separa	ate application for each return)			01	
Application			Application			Return	
ls For		Code	Is For			Code	
Form §	990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form §	990-BL	02	Form 1041-A			08	
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09	
Form §	990-PF	04	Form 5227			10	
Form §	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form §	990-T (trust other than above)	06	Form 8870			12	
	KELLEY EZELL					<u> </u>	
	books are in the care of <b>1850 OLD FURNAC</b>	CE RO		GS, S	C 29316		
	ephone No. ► 864-578-1379		Fax No. 🕨				
	ne organization does not have an office or place of business					•	
• If th	nis is for a Group Return, enter the organization's four digit						
box 🕨	$\blacktriangleright$ If it is for part of the group, check this box $\blacktriangleright$	and atta	ich a list with the names and EINs of	all memb	ers the extension is	s for.	
1	request an automatic 6-month extension of time until	MA	Y 15, 2020 , to file	the exem	npt organization ret	urn for	
t	he organization named above. The extension is for the organization's return for:						
	calendar year or						
I	X tax year beginning JUL 1, 2018	, an	d ending JUN 30, 2019				
				- inal retur			
2					'n		
	Change in accounting period						
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less				
	any nonrefundable credits. See instructions.	0,0000,		3a	\$	0.	
-	If this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and		Ψ		
	estimated tax payments made. Include any prior year overp			Зb	\$	0.	
•	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				Ψ		
	ing EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$				0.		
	on: If you are going to make an electronic funds withdrawal						
instruc	, , , , , , , , , , , , , , , , , , , ,			400 LO U		5 payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions. MAIL TO: DEPARTMENT OF THE TREASURY			Form <b>8868</b> (Rev. 1-2019)			
			UE SERVICE CENTER				
	OGDEN, UT						
	CODEN, OI	0 - 20					

823841 12-19-18