

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**THE SCHOOL FOUNDATION, INC.**  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**320 WEST CHEVES STREET 175**  
City or town, state or province, country, and ZIP or foreign postal code  
**FLORENCE, SC 29501**

**D** Employer identification number  
**57-1092759**

**E** Telephone number  
**(843)-662-9996**

**G** Gross receipts \$ **1082340.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**F** Name and address of principal officer: **JEFF HELTON**  
**SAME AS C ABOVE**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **THESCHOOLFOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2000** **M** State of legal domicile: **SC**

**H(c)** Group exemption number

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **THE SCHOOL FOUNDATION, INC. ("ASSOCIATION") IS A VOLUNTARY ASSOCIATION OF INDIVIDUALS OPERATED**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3** **21**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **21**

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5** **0**

**6** Total number of volunteers (estimate if necessary) **6** **0**

**7 a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	200693.	171428.
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54863.	109822.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	255556.	281250.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	150016.	169653.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41355.	45057.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>26275.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59333.	62263.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	250704.	276973.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4852.	4277.
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2107882.	2157613.
<b>21</b> Total liabilities (Part X, line 26)	462.	1000.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2107420.	2156613.

**Part II Signature Block**

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

**Sign Here**

Signature of officer  
**JEFF HELTON, CHAIRMAN**  
Date

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **ALBERT A. MUNN, IV, CPA** Preparer's signature Date

Check if self-employed  PTIN **P00354493**

Firm's name **MUNN & ASSOCIATES, PC** Firm's EIN **57-0902671**

Firm's address **1461 WEST EVANS STREET FLORENCE, SC 29501** Phone no. **843-678-9544**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE SCHOOL FOUNDATION PROMOTES EDUCATIONAL EXCELLENCE IN FLORENCE, S.C. SCHOOL DISTRICT 1 THROUGH GRANTS FOR INNOVATIVE LEARNING AND THROUGH HIGH IMPACT INITIATIVES DESIGNED TO PREPARE ALL STUDENTS FOR SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 42557. including grants of \$ 42557. ) (Revenue \$ ) BOTS, DASH AND DOTS PROJECT DIRECTOR - TONI ALLEN CO-PROJECT DIRECTOR - MEGAN GAUSE, WILLIAM VOLK, DEIDRE HARLEY TIMROD, WALLACE GREGG, GREENWOOD AND MCLAURIN ELEMENTARY SCHOOLS - \$42,557.26

THIS GRANT WILL PROVIDE THESE SCHOOLS IN FLORENCE SCHOOL DISTRICT ONE (FSD1) WITH STEM EDUCATION WITH A ROBOTIC IMPLEMENTATION FOCUS. THE SOUTH CAROLINA DEPARTMENT OF EDUCATION NOW HAS STANDARDS FOR THE STUDENTS IN SOUTH CAROLINA CLASSROOMS TO INTEGRATE THE FOUR DOMAINS; SCIENCE, TECHNOLOGY, ENGINEERING AND MATH. PROVIDING ROBOTICS AND CODING TO THE STUDENTS OF FSD1, THE STUDENTS WILL DEVELOP THE SKILLS

4b (Code: ) (Expenses \$ 38200. including grants of \$ 38200. ) (Revenue \$ ) SATURATING THE CURRICULUM WITH STEM PROJECT DIRECTOR - JUDY LEE CO-PROJECT DIRECTORS - SUSAN RHODES, JULIE PROMMASIT, JOY GOODSSELL, NICOLE SCIPIO, JEFF CHATLOSH WEST FLORENCE HIGH SCHOOL - \$38,199.97

WEST FLORENCE HIGH SCHOOL RECEIVED ADVANCED STEM CERTIFICATION IN 2017-18. OUR COMMITMENT TO STEM EDUCATION COMPELS US TO CONTINUOUSLY ENHANCE OUR USE OF TECHNOLOGY, FINE-TUNING OUR PROGRAM OF INTERDISCIPLINARY AND CROSS-CURRICULAR COURSE WORK. WE ARE CREATING A MODEL THAT COULD BE USED BY OTHER SCHOOLS WITHIN THE DISTRICT AND BEYOND. AT THE SAME TIME, WE SEEK TO MEET THE NEEDS OF OUR STUDENTS,

4c (Code: ) (Expenses \$ 49550. including grants of \$ 49550. ) (Revenue \$ ) GOLDEN KEYS TO SCHOOL READINESS CAMPAIGN PROJECT DIRECTOR - DR. FLOYD CREECH CHILD DEVELOPMENT CENTER AT WOODS ROAD - \$49,550.00

FLORENCE SCHOOL DISTRICT ONE WILL BRING TOGETHER COMMUNITY STAKEHOLDERS ACROSS SECTORS TO INCLUDE EDUCATORS, HEALTH CARE PROVIDERS, AND THE BUSINESS COMMUNITY TO SUPPORT A COMPREHENSIVE SCHOOL READINESS POLICY AGENDA, THE GOLDEN KEYS TO SCHOOL READINESS CAMPAIGN. WHILE HEALTH AND EARLY CARE AND EDUCATION EFFORTS ARE OFTEN APPROACHED SEPARATELY, THEY SHARE A COMMON VISION - TO PROMOTE THE OPTIMAL DEVELOPMENT OF YOUNG CHILDREN AND BUILD A STRONG FOUNDATION FOR THEIR FUTURE SUCCESS IN SCHOOL AND OVERALL WELL-BEING. THE STAKEHOLDERS WILL

4d Other program services (Describe in Schedule O.) (Expenses \$ 39346. including grants of \$ 39346. ) (Revenue \$ )

4e Total program service expenses 169653.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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 "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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 "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Part 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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and sub-headers like 1a, 1b, 1c, etc.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: COURTNEY CRIBB, TREASURER - (843)-662-9996 320 WEST CHEVES STREET, FLORENCE, SC 29501

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF HELTON CHAIRMAN	15.00	X		X			0.	0.	0.	
(2) ED A LOVE VICE CHAIRMAN	15.00	X		X			0.	0.	0.	
(3) COURTNEY CRIBB TREASURER	15.00	X		X			0.	0.	0.	
(4) MARION FORD SECRETARY	15.00	X		X			0.	0.	0.	
(5) DEBBIE HYLER EXECUTIVE DIRECTOR	40.00	X		X			69737.	0.	0.	
(6) DR ANNIE BROWN BOARD MEMBER	5.00	X					0.	0.	0.	
(7) TRISHA CAULDER BOARD MEMBER	5.00	X					0.	0.	0.	
(8) BOBBIE CHOWDHARY BOARD MEMBER	5.00	X					0.	0.	0.	
(9) MEGERLYN DAVIS BOARD MEMBER	5.00	X					0.	0.	0.	
(10) BROOKE EVANS BOARD MEMBER	5.00	X					0.	0.	0.	
(11) RICHARD HARRINGTON BOARD MEMBER	5.00	X					0.	0.	0.	
(12) CHARLIE JORDAN BOARD MEMBER	5.00	X					0.	0.	0.	
(13) JUDITH KAMMER BOARD MEMBER	5.00	X					0.	0.	0.	
(14) JEAN LEATHERMAN BOARD MEMBER	5.00	X					0.	0.	0.	
(15) ROBERT LEMASTER BOARD MEMBER	5.00	X					0.	0.	0.	
(16) BEVERLY MCKEE BOARD MEMBER	5.00	X					0.	0.	0.	
(17) RICHARD O'MALLEY BOARD MEMBER	5.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TAMMY PAWLOSKI BOARD MEMBER	5.00	X						0.	0.	0.
(19) TOMMY PRUITT BOARD MEMBER	5.00	X						0.	0.	0.
(20) JAMES SHEEHY BOARD MEMBER	5.00	X						0.	0.	0.
(21) JEFF STEVENS BOARD MEMBER	5.00	X						0.	0.	0.
(22) MINDY TAYLOR BOARD MEMBER	5.00	X						0.	0.	0.
(23) BRENT TILLER BOARD MEMBER	5.00	X						0.	0.	0.
(24) BARRY TOWNSEND BOARD MEMBER	5.00	X						0.	0.	0.
(25) CARLOS WASHINGTON BOARD MEMBER	5.00	X						0.	0.	0.
(26) KATIE WILCOX BOARD MEMBER	5.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								69737.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								69737.	0.	0.

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	114180.					
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	57248.					
	g	Noncash contributions included in lines 1a-1f: \$	22700.					
	h	<b>Total.</b> Add lines 1a-1f	171428.					
	Program Service Revenue	2 a						
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	50344.	50344.				
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	700957.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	641479.			
			c	Gain or (loss)	59478.			
	d	Net gain or (loss)	59478.	59478.				
	8 a	Gross income from fundraising events (not including \$ 114180. of contributions reported on line 1c). See Part IV, line 18	159611.					
	b	Less: direct expenses	159611.					
c	Net income or (loss) from fundraising events		0.					
9 a	Gross income from gaming activities. See Part IV, line 19							
b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.		281250.	109822.	0.	0.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	169653.	169653.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	31382.		6974.	24408.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10473.		10473.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3202.		1335.	1867.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8500.		8500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23736.		23736.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2800.		2800.	
13 Office expenses	3888.		3888.	
14 Information technology				
15 Royalties				
16 Occupancy	9005.		9005.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4197.		4197.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	933.		933.	
23 Insurance	1530.		1530.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	3141.		3141.	
b EQUIPMENT EXPENSE AND M	2954.		2954.	
c DUES & SUBSCRIPTIONS	1579.		1579.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	276973.	169653.	81045.	26275.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1		1		
	2	9727.	2	8374.	
	3		3		
	4	2800.	4		
	5		5		
	6		6		
	7		7		
	8		8		
	9	546.	9	727.	
	10a				
		10a	12866.		
	b				
		10b	8905.	10c	3961.
	11			11	
	12		2090682.	12	2144551.
	13			13	
14			14		
15			15		
16		2107882.	16	2157613.	
Liabilities	17	462.	17		
	18		18		
	19		19	1000.	
	20		20		
	21		21		
	22		22		
	23		23		
	24		24		
	25		25		
	26		462.	26	1000.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	2104020.	27	2156613.	
	28	3400.	28	0.	
	29		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30		30		
	31		31		
	32		32		
33	2107420.	33	2156613.		
34	2107882.	34	2157613.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	281250.
2	Total expenses (must equal Part IX, column (A), line 25)	2	276973.
3	Revenue less expenses. Subtract line 2 from line 1	3	4277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2107420.
5	Net unrealized gains (losses) on investments	5	44916.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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, column (B))	10	2156613.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27683.	102843.	199966.	194693.	165428.	690613.
2 Tax revenues levied for the organization'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 .....	6000.	6000.	6000.	6000.	6000.	30000.
4 <b>Total.</b> Add lines 1 through 3 .....	33683.	108843.	205966.	200693.	171428.	720613.
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						720613.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	33683.	108843.	205966.	200693.	171428.	720613.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	49396.	99264.	14297.	45796.	50344.	259097.
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.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						979710.
12 Gross receipts from related activities, etc. (see instructions) .....					12	978235.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	73.55 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	69.43 %
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	15	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.	<b>1</b>	
<b>2</b> 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.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3</b> 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.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	<b>2a</b>	
<b>b</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.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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.	<b>3a</b>	
<b>b</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 Part VI the role played by the organization in this regard.	<b>3b</b>	

**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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2017**

Name of the organization

**THE SCHOOL FOUNDATION, INC.**

Employer identification number

**57-1092759**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>THE SCHOOL FOUNDATION, INC.</b>	Employer identification number <b>57-1092759</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORENCE-DARLINGTON TECHNICAL COLLEGE 2715 WEST LUCAS STREET FLORENCE, SC 29501	\$ 6000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DUKE ENERGY FOUNDATION P O BOX 1007 CHARLOTTE, NC 28202	\$ 8075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FIRST RELIANCE BANK 2170 WEST PALMETTO STREET FLORENCE, SC 29501	\$ 6650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HONDA OF SC MANUFACTURING, INC 1111 HONDA WAY TIMMONSVILLE, SC 29161	\$ 13000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MCLEOD HEALTH P O BOX 100551 FLORENCE, SC 29501	\$ 6250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GERALD W EVANS JR 4401 BENT TREE FARM ROAD WINSTON SALEM, NC 27106	\$ 5000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE SCHOOL FOUNDATION, INC.</b>	Employer identification number <b>57-1092759</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>ADAM OUTDOOR ADVERTISING</u>  <u>1385 ALICE DRIVE</u>  <u>FLORENCE, SC 29505</u>	\$ <u>10000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>MORNING NEWS</u>  <u>310 S DARGAN STREET</u>  <u>FLORENCE, SC 29506</u>	\$ <u>5000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE SCHOOL FOUNDATION, INC.</b>	Employer identification number <b>57-1092759</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	<u>OFFICE SPACE DONATED</u> _____ _____	\$ <u>6000.</u>	<u>06/30/18</u>
7	<u>BILLBOARD ADVERTISING AND PROMOTION</u> _____ _____	\$ <u>10000.</u>	<u>06/30/18</u>
8	<u>NEWSPAPER ADVERTISING AND PROMOTION</u> _____ _____	\$ <u>5000.</u>	<u>06/30/18</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>THE SCHOOL FOUNDATION, INC.</b>	Employer identification number <b>57-1092759</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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 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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Name of the organization **THE SCHOOL FOUNDATION, INC.** Employer identification number **57-1092759**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other. Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICALLY TRADED		
(B) MARKETABLE SECURITIES		
(C) (MUTUAL FUNDS)	2144551.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2144551.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL CELEBRATION (event type)	DANCING FOR OUR FUTURE S (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	96406.	177385.	273791.
	2	Less: Contributions	15401.	98779.	114180.
	3	Gross income (line 1 minus line 2)	81005.	78606.	159611.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4532.	7867.	12399.
	7	Food and beverages	21809.	20912.	42721.
	8	Entertainment	300.		300.
	9	Other direct expenses	54364.	49827.	104191.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			159611.
	11	Net income summary. Subtract line 10 from line 3, column (d)			0.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**THE SCHOOL FOUNDATION, INC.**

Employer identification number  
**57-1092759**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIMROD ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		10640.	0.			BOTS, DASH AND DOTS
WALLACE GREGG ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		10639.	0.			BOTS, DASH AND DOTS
GREENWOOD ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		10639.	0.			BOTS, DASH AND DOTS
MCLAURIN ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		10639.	0.			BOTS, DASH AND DOTS
WEST FLORENCE HIGH SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		38200.	0.			SATURATING THE CURRICULUM WITH STEM
CHILD DEVELOPMENT CENTER AT WOODS ROAD - 319 SOUTH DARGAN STREET - FLORENCE, SC 29501	57-6000231		49550.	0.			GOLDEN KEYS TO SCHOOL READINESS CAMPAIGN

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2017)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVANNAH GROVE ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		27279.	0.			CODING IMMERSION PHASE TWO
BRIGGS ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		12067.	0.			ALIGNING ACADEMICS - LEVEL 2 OF THE LEADER IN ME

**THE SCHOOL FOUNDATION, INC.**

**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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE SCHOOL FOUNDATION, INC.

Employer identification number  
57-1092759

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLECTIVELY TO SERVE THE NEEDS AND INTERESTS AND ADVANCE THE GENERAL  
WELFARE TO THE FLORENCE, SOUTH CAROLINA SCHOOL DISTRICT NUMBER ONE.

THE SCHOOL FOUNDATION PROMOTES EDUCATIONAL EXCELLENCE IN FLORENCE, SC  
SCHOOL DISTRICT 1 THROUGH GRANTS FOR INNOVATIVE LEARNING AND THROUGH  
HIGH IMPACT INITIATIVES DESIGNED TO PREPARE ALL STUDENTS FOR SUCCESS.

THE ORGANIZATION ACHIEVES ITS GOALS BY CONTRIBUTIONS TO SCHOOLS, SCHOOL  
PROGRAMS AND ADVOCACY OF QUALITY PUBLIC EDUCATION.

THE ASSOCIATION WELCOMES EVERYONE IN FLORENCE SCHOOL DISTRICT NUMBER  
ONE WHICH IS A PUBLIC SCHOOL SYSTEM, REGARDLESS OF AGE, RACE, SEX,  
ETHNICITY, ABILITY OR RELIGION.

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

NEEDED TO UNDERSTAND AND SOLVE COMPLEX PROBLEMS. TEACHERS WILL WORK  
TOGETHER TO TRAIN AND BE TRAINED AND IMPLEMENT THE TRAINING INTO THE  
CLASSROOMS. STUDENTS WILL LEARN A VARIETY OF SKILLS FROM THE DIFFERENT  
ROBOTS USED IN THE CLASSROOM.

THE NEED OF BOTS, DASH AND DOTS IS TO PROVIDE OPPORTUNITIES TO  
STUDENTS AND THEIR ACCESS TO STEM AND STEM RELATED ROBOTS. THIS WILL  
HELP SUPPORT THE DISTRICT'S FOCUS ON STEM AND ROBOTICS IN THE  
ELEMENTARY SCHOOLS. WE WANT OUR STUDENTS IN FSD1 TO BE SCIENTIFICALLY  
LITERATE, CURIOUS ABOUT LEARNING AND BE ABLE TO HANDLE MORE COMPLEX  
THOUGHT PROCESSES. MANY SCHOOLS IN FSD1 HAVE PARTICIPATED IN THE

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

THE SCHOOL FOUNDATION, INC.

Employer identification number

57-1092759

ONLINE COURSE, HOUR OF CODE - INTRODUCTION TO PROGRAMMING, BUT CANNOT GO FURTHER WITH THE OTHERS PARTS OF STEM EDUCATION BECAUSE OF THE LACK OF ROBOTS FOR THEIR STUDENTS TO BE CREATIVE, INNOVATIVE AND COLLABORATIVE. RESEARCH HAS SHOWN HOW STEM AND ROBOTICS EDUCATION HAS INCREASED LEADERS WITHIN THE CLASSROOM, STUDENTS BECOMING BETTER COMMUNICATORS AND HOW STUDENTS ARE BUILDING ON THEIR TEAMWORK SKILLS. DATA HAS BEEN COLLECTED FROM THE TEACHERS AT THE PARTICIPATING SCHOOLS, GREENWOOD, HENRY TIMROD, MCLAURIN AND WALLACE GREGG, THE TOP SIX ROBOTS WERE DETERMINED AND INCLUDED FOR PURCHASE IN THE GRANT. THERE IS A HIGH DEMAND IN THE CURRENT AND FUTURE JOB MARKETS FOR ROBOTICS AND OTHER TECHNOLOGICAL ADVANCED POSITIONS.

THE BOTS, DASH AND DOTS FUNDING WILL ALLOW INDIVIDUAL SCHOOLS AND CLASSROOMS THE ROBOTS AND CODING TECHNOLOGY TO HELP MEET THE STANDARDS IN INFORMATION TECHNOLOGY. THE DISTRICT INSTRUCTIONAL TECHNOLOGY DEPARTMENT WILL WORK ALONGSIDE TEACHERS AND COACHES TO TRAIN THE CLASSROOM TEACHERS ON HOW TO USE THE NEW ROBOTS AND CODING TECHNOLOGY. THE TRAINED TEACHERS WILL BE ABLE TO USE THE BOTS, DASH AND DOTS ROBOTS WITH THEIR STUDENTS AND TEACH THEM AT THE HIGHER LEVEL OF STANDARDS THAN BEFORE THE ROBOTS. WITH STEM EDUCATION, THE STUDENTS WILL ENJOY THE TIME THEY SPEND WITH THE HANDS-ON APPROACH TO PROBLEM SOLVING, CRITICAL THINKING AND GROUP BASED PROJECTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
 INCREASING THEIR COLLEGE AND CAREER READINESS BY BUILDING PROBLEM SOLVING SKILLS, COGNITIVE THINKING, AND TECHNICAL SKILLS THAT CAN BE USED ON THE SAT, ACT, ASVAB AND IN THE WORKPLACE. WE WILL ADD A STEM PROFESSIONAL LEARNING COMMUNITY TO COORDINATE COLLABORATIVE LESSONS THROUGHOUT OUR SCHOOL AND PERHAPS BEYOND ITS WALLS. THIS REQUIRES

Name of the organization THE SCHOOL FOUNDATION, INC.	Employer identification number 57-1092759
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EQUIPMENT AND TRAINING OUTSIDE OF WHAT IS CURRENTLY AVAILABLE, AND WE LACK FUNDING TO MAKE THESE PURCHASES. WE ARE SEEKING FUNDING AND SUPPORT OF COMMUNITY LEADERS TO ENSURE ALL STUDENTS ARE CAREER OR COLLEGE READY AS 21ST CENTURY GRADUATES.

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

COLLABORATE TO LAUNCH A COMMUNICATION CAMPAIGN ON EARLY CHILDHOOD WITH KEY MESSAGES FOR PARENTS, GRANDPARENTS, AND THE COMMUNITY. SCHOOL READINESS ENCOMPASSES ALL ASPECTS OF A YOUNG CHILD'S DEVELOPMENT - SOCIAL AND EMOTIONAL DEVELOPMENT, PHYSICAL WELL-BEING AND MOTOR DEVELOPMENT, COGNITION AND GENERAL KNOWLEDGE, AND LANGUAGE DEVELOPMENT.

THE GOLDEN KEYS TO SCHOOL READINESS CAMPAIGN WILL ADDRESS THE BASIC COMPREHENSIVE NEEDS OF YOUNG CHILDREN, AS WELL AS THE INTERCONNECTIONS OF THE PROGRAMS AND SERVICES REQUIRED TO MEET THOSE NEEDS, TO ENSURE WE ARE MAXIMIZING THE IMPACT. THE "GOLDEN KEYS" WHICH CHILDREN NEED ARE COMPARED TO FIVE SPOKES OF A WHEEL AND CHILDREN NEED ALL OF THE SPOKES OF THE WHEEL TO WORK IN HARMONY FOR OPTIMAL CHILD DEVELOPMENT. THE COMMON MESSAGES OF THE CAMPAIGN WILL BE CENTERED ON THE FIVE GOLDEN KEYS WHICH INCLUDE; LOVE, NUTRITION, MOVEMENT, ROUTINES AND SLEEP. THE ULTIMATE GOAL OF THE PROJECT IS FOR FRAGILE FAMILIES IN FLORENCE ONE TO BENEFIT THROUGH RESOURCES AND COMBINED EFFORTS OF PARTNERS DEVELOPED THROUGH THIS INITIATIVE. PARTNERS WILL DEVELOP A RESOURCE FOR PARENTS OF YOUNG CHILDREN WHICH WILL SERVE AS A REFERRAL GUIDE FOR COMMUNITY-WIDE SERVICES FOR YOUNG CHILDREN. THERE WILL BE A BROADER EARLY IDENTIFICATION OF CHILDREN WITH DEVELOPMENTAL GAPS THROUGH THE UNIVERSAL SCREENING OF ALL CHILDREN, AGES 2.5 TO AGE 5. THIS UNIVERSAL SCREENING INITIATIVE WILL BE MODELED AFTER THE INITIATIVE THE SCHOOL READINESS COMMITTEE LEARNED ABOUT WHILE VISITING BEAUFORT COUNTY. OUR

Name of the organization

THE SCHOOL FOUNDATION, INC.

Employer identification number

57-1092759

INITIATIVE WILL HAVE THE SAME GOAL FOR THE EARLY IDENTIFICATION OF CHILDREN WITH RISK FACTORS WHICH MAY IMPACT THEIR READINESS FOR SCHOOL. THIS PROJECT WILL FUND THE CUTTING EDGE EQUIPMENT FOR VISION AND HEARING SCREENING. IN ADDITION, THIS PROJECT WILL FUND AN EVENT TO BRING PARTNERS TOGETHER TO FURTHER LAUNCH THE GOLDEN KEYS TO SCHOOL READINESS CAMPAIGN. THIS EVENT WILL PROVIDE THE NEEDED SYNERGY ACROSS SECTORS WITH STAKEHOLDERS COMING TOGETHER TO HEAR A COMMON MESSAGE. BILLBOARDS, FLYERS, AND SOCIAL MEDIA WILL BE USED TO TAKE THIS COMMON MESSAGE ON THE GOLDEN KEYS TO SCHOOL READINESS TO A BROAD AUDIENCE TO INCLUDE MANY IN THE FLORENCE AREA TO INCLUDE; PARENTS, GRANDPARENTS, EDUCATORS, POLICY MAKERS, AND OTHERS ESSENTIAL IN THE LIVES OF OUR YOUNG CHILDREN. SERVICES OF OUR PARTNERS AND CURRENT PARENT EDUCATION PROGRAMS WILL BE STRENGTHENED AND EXPANDED THROUGH THE STRATEGIES FUNDED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CODING IMMERSION PHASE TWO

GRANT WRITER - KELLEY TANNER (INTERN UNDER DAVID COPELAND)

PROJECT DIRECTOR - APRIL LEROY

CO-PROJECT DIRECTORS - DIANNA BETTS, DAVID COPELAND

SAVANNAH GROVE ELEMENTARY SCHOOL - \$27,279.10

SAVANNAH GROVE ELEMENTARY SCHOOL IS IN NEED OF MATERIALS TO ENHANCE THE CODING IMMERSION PROGRAM. WE WOULD LIKE TO REQUEST FUNDING FOR SPECIFIC MATERIALS THAT ARE NEEDED TO IMPART PHASE TWO OF THE CODING IMMERSION CYCLE ALREADY TAKING PLACE WITHIN OUR SCHOOL. KINDERGARTEN AND FIRST GRADE STUDENTS WILL BE UTILIZING LEGO PIECES TO CONSTRUCT FIGURES AND ENGINEER REAL LIFE MODELS OF CODING PROPONENTS. SECOND AND

Name of the organization THE SCHOOL FOUNDATION, INC.	Employer identification number 57-1092759
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THIRD GRADES WILL BE UTILIZING "WE-DO KITS" WHICH ALLOW FOR STUDENTS TO ENGAGE IN 21ST CENTURY LEARNING WITH A SPECIFIC FOCUS ON THE SCIENCES (EARTH, LIFE, SPACE, AND PHYSICAL) AS WELL AS MATHEMATICAL AND ENGINEERING PRACTICES. FOURTH THROUGH SIXTH GRADE WILL BE USING EVS MINDSTORM KITS. THESE KITS WILL ALLOW STUDENTS TO DESIGN AND BUILD ROBOTS; THUS TAKING TWO DIMENSIONAL DRAWINGS, DESIGNS AND MISSIONS, BRINGING THEM TO FRUITION THROUGH ROBOTICS. THE PROCEDURES FOR IMPLEMENTING THESE COMPONENTS WILL FOLLOW AN EIGHT WEEK CYCLE. FOR EIGHT WEEKS, STUDENTS ENGAGE IN LITERACY SKILLS BY RESEARCHING, ANALYZING, AND DEVELOPING PRESENTATIONAL MODELS TO PROVIDE EVIDENCE OF THEIR CODING CYCLE AND LEARNING OBJECTIVES. STUDENTS ALSO ENGAGE IN INQUIRY SKILLS BY FINDING SOLUTIONS TO PROBLEMS WITH AN EMPHASIS ON MATHEMATICS, SCIENCE AND LITERACY SKILLS. NO LONGER ARE STUDENTS THE PLAYER; THROUGH CODING AND COMPUTER SCIENCE PROPONENTS, THEY BECOME THE CREATORS. THE EXPECTED BENEFITS AND OUTCOMES ARE TO ALLOW STUDENTS AN OPPORTUNITY TO ENGAGE IN 21ST CENTURY SKILLS BY HAVING HANDS ON MATERIALS IN WHICH TO COLLABORATE WITH STUDENTS, SEE HOW TECHNOLOGY WORKS TO ENHANCE SOCIETY, AND TO ACTIVELY BECOME INVOLVED IN THEIR OWN LEARNING PROCESS. STUDENTS WILL BE ENGAGED IN STRATEGIC PROBLEM SOLVING, ANALYTICAL AND CRITICAL THINKING, AND A FOCUS OF LOGICAL REASONING.

ALIGNING ACADEMICS - LEVEL 2 OF THE LEADER IN ME

PROJECT DIRECTOR - TARA NEWTON

CO-PROJECT DIRECTORS - AMY RHODES, ASHLEY DAWKINS, JEN COLEMAN, SUZETTE NEW, AMBER HARRELSON

BRIGGS ELEMENTARY SCHOOL - \$12,066.27

Name of the organization <b>THE SCHOOL FOUNDATION, INC.</b>	Employer identification number <b>57-1092759</b>
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UPON ENTERING BRIGGS ELEMENTARY SCHOOL, ONE MIGHT HEAR OUR STUDENT LEADERS PLAYING THE PIANO, MAKING MORNING AND AFTERNOON ANNOUNCEMENTS AND READING WITH YOUNGER STUDENTS. ATTEND AN AWARDS DAY OR EVENT AND YOU WILL SEE STUDENTS ORGANIZING, GREETING AND PRESENTING. STUDENTS ARE EXCITED, ENTHUSIASTIC AND SELF-MOTIVATED TO CARRY OUT THEIR ROLES AND RESPONSIBILITIES AS LEADERS. AT BRIGGS, WE ARE TEACHING 21ST CENTURY LIFE SKILLS TO A DIVERSE POPULATION OF STUDENTS. WE ARE CREATING A CULTURE OF STUDENT EMPOWERMENT BASED ON THE IDEA THAT EVERY CHILD CAN BE A LEADER. FRANKLIN COVEY'S THE LEADER IN ME IS ALIGNED WITH BEST IN CLASS CONTENT AND CONCEPTS PRACTICED BY GLOBAL EDUCATION THOUGHT LEADERS. THE 7 HABITS WILL HELP OUR STUDENTS LEARN TO LIVE A PRINCIPLED LIFE WHILE GROWING AND DEVELOPING IN ALL AREAS CONCERNING THE PROFILE OF THE SOUTH CAROLINA GRADUATE.

WE ARE PROPOSING THE SCHOOL FOUNDATION PARTNER WITH US IN OUR SECOND YEAR OF IMPLEMENTATION OF THE LEADER IN ME PROCESS, ALIGNING ACADEMICS. THIS GRANT WILL PROVIDE OUR FACULTY AND STAFF WITH PROFESSIONAL DEVELOPMENT, ONLINE RESOURCES, AND FIELD GUIDES TO ALLOW US TO EMPOWER STUDENTS TO GAIN ACADEMIC SUCCESS. BRIGGS ELEMENTARY SCHOOL HAS APPROXIMATELY 600 STUDENTS THAT TRANSITION INTO ALL FLORENCE SCHOOL DISTRICT ONE'S MIDDLE AND HIGH SCHOOLS. OUR ALUMNI BECOME FUTURE LEADERS IN ALL GEOGRAPHIC AREAS OF THE FLORENCE COMMUNITY.

IMAGINE THE POSSIBILITIES IF OUR SCHOOLS WERE FILLED WITH STUDENTS WHO WERE RESPONSIBLE, SHOWED INITIATIVE, WERE CREATIVE, KNEW HOW TO SET GOALS AND MEET THEM, WHO GOT ALONG WITH PEOPLE OF VARIOUS BACKGROUNDS AND CULTURES AND WHO COULD RESOLVE CONFLICTS AND SOLVE PROBLEMS. PRINCIPAL MURIEL SUMMERS, OF A.B. COMBS ELEMENTARY, BEGAN THE LEADER IN ME PROCESS IN 2009. WHEN SHE MET WITH PARENTS AND BUSINESS LEADERS, SHE ASKED WHAT THEY WANTED IN THEIR SCHOOLS. WHAT SHE HEARD REINFORCED

Name of the organization

THE SCHOOL FOUNDATION, INC.

Employer identification number

57-1092759

WHAT MOST PEOPLE BELIEVE; THAT OUR SCHOOLS SHOULD NOT MERELY BE FOCUSED ON IMPROVING TEST SCORES, BUT SHOULD PROVIDE OPPORTUNITIES FOR STUDENTS TO DEVELOP THEIR FULL POTENTIAL. A.B. COMBS WENT FROM A FAILING PUBLIC SCHOOL TO BEING NAMED THE NUMBER ONE MAGNET SCHOOL IN THE UNITED STATES BY FOLLOWING THE 7 HABITS. "WE ONLY GET ONE CHANCE TO PREPARE CHILDREN FOR A WORLD NONE OF US CAN POSSIBLY PREDICT, WHAT ARE WE GOING TO DO WITH THAT ONE CHANCE?" (PRINCIPAL MURIEL SUMMERS, A.B. COMBS ELEMENTARY).

WE EMPOWER CHILDREN TO BE PROACTIVE, BEGIN WITH THE END IN MIND, PUT FIRST THINGS FIRST, THINK WIN-WIN, SEEK FIRST TO UNDERSTAND, SYNERGIZE AND SHARPEN THE SAW.

EXPENSES \$ 39346. INCLUDING GRANTS OF \$ 39346. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THE EXECUTIVE DIRECTOR USES A BOARD MEMBER'S ACCOUNTING FIRM.

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

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH THE ASSISTANCE AND OVERSIGHT BY MANAGEMENT. MANAGEMENT PRESENTED THE PREPARED FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR FIRST-LEVEL APPROVAL. FOLLOWING THAT, THE FINANCE COMMITTEE PRESENTED THE PREPARED FORM 990 TO THE FULL BOARD AT THE FIRST SCHEDULED BOARD MEETING AFTER ITS COMPLETION AND PRIOR TO FILING THE FORM WITH THE IRS. DISCUSSION OF THE FORM 990 WITH THE FULL BOARD WAS RECORDED IN THE MINUTES OF THE MEETING. QUESTIONS AND CONCERNS WERE ADDRESSED BY MANAGEMENT AND THE FINANCE COMMITTEE.

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

THIS IS QUESTIONED AT THE BOARD MEETINGS.

Name of the organization

THE SCHOOL FOUNDATION, INC.

Employer identification number

57-1092759

FORM 990, PART VI, SECTION B, LINE 15A:

EVERY THREE YEARS (OR MORE FREQUENTLY IF NECESSARY), THE COMPENSATION FOR EACH SCHOOL FOUNDATION POSITION AND EMPLOYEE WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND/OR SUPERVISOR. THE COMPENSATION REVIEW IS BASED ON A VARIETY OF FACTORS, INCLUDING, BUT NOT LIMITED TO THE EDUCATION, EXPERIENCE, QUALIFICATIONS AND PRIOR PERFORMANCE OF THE EMPLOYEE; THE EXPERTISE REQUIRED FOR THE POSITION; THE COMPENSATION PAID TO SIMILARY-QUALIFIED PERSONS IN FUNCTIONALLY-COMPARIABLE POSITIONS; AND THE COMPENSATION OFFEERED BY ORGANIZATIONS SIMILAR TO THE SCHOOL FOUNDATION. COMPARIABLE SALARY INFORAMTION IS OBTAINED FROM COMPENSATION STUDIES CONDUCTED BY EMPLOYER AND HUMAN RESOURCES ORGANIZATIONS AS WELL AS OTHER SCHOOL FOUNDATIONS.

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

THE SCHOOL FOUNDATION MAKES ITS FORM 990, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND BY EMAILING IT TO THE SPECIFIC REQUESTS, AS WELL AS PHOTOCOPIES OF RECENT FILINGS OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ADMINSTRATIVE OFFICE OF THE ORGANIZATION.

GOVERNMENT COPY